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ASSOCIATIONS AMONG SEXUAL VICTIMIZATION EXPERIENCES, COPING STRATEGIES, AND PSYCHOPATHOLOGY IN HETEROSEXUAL AND SEXUAL MINORITY WOMEN

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BY

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DEDICATION

Para mis padres, quienes son la personificación de la dedicación, la paciencia, y la humildad. El esfuerzo que me tomó completar esta maestría no se compara a lo que ustedes han hecho por mí. Me han permitido transcender barreras culturales con el fin de perseguir mis sueños. Esta maestría es tanto suya como es mía.

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ABSTRACT

This study examined the associations among sexual minority status, adult sexual victimization, childhood experiences of abuse and neglect, coping strategies, and psychopathology in women's sexual assault experiences. One hundred and seventy-seven women ($n = 177$) were recruited via the Internet to complete an online study asking them about their most distressing/severe sexual victimization experience. Non-parametric tests were used to examine associations among the variables. There were significant associations between sexual minority status and both victimization severity and sexual revictimization, with sexual minority status being associated with higher levels of victimization severity and a higher likelihood of being revictimized. There were no statistically significant differences between sexual minority and heterosexual women in terms of contextual features of their most distressing/severe sexual victimization experience and the contextual features of their post-assault experience. Additionally,

there were no differences between the groups with respect to childhood abuse and neglect, coping strategies, and psychopathology. Nonetheless, sexual victimization is a major public health concern, and findings from this study provided valuable information about sexual minority women's victimization experiences, yet more research needs to be conducted with sexual minority women.

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Chapter 1

Introduction

Research has found that rape and attempted rape are two of the most severe types of trauma a person can experience. Women report higher rates of sexual victimization than men (Campbell, Dworkin, & Cabral, 2009), with between 12% and 22% of women in the United States experiencing adult sexual assault (Balsam, Rothblum, & Beacuchaine, 2005; Koss Gidycz, & Wisniewski, 1987; Martin, Fisher, Warner, Krebs, & Lindquist, 2011; Tjaden & Thoennes, 2000). Importantly, women are at higher risk than men for developing long-term, negative psychological consequences as a result of traumatic events (Campbell et al., 2009; Clum, Calhoun, & Kimerling, 2000; Simmons, & Granvold, 2005).

The negative psychological sequelae associated with victimization experiences have been well documented in the literature. These include posttraumatic stress disorder (Campbell et al., 2009; Faravelli, Giugni, Salvatori, & Ricca, 2004; Kessler, 2000; Littleton & Ullman, 2013; Ullman & Brecklin, 2003), depression (Acierno, Brady, Gray, Kilatric, Resnick & Best, 2002; Atkeson, Calhoun, Resick & Ellis, 1982), low self-esteem (Campbell, Dworkin & Cabral, 2009), drug and alcohol use (Resnick et al., 2012), and sexual dysfunction (Berman, Berman, Bruck, Pawar, & Goldstein, 2001; Campbell et al., 2009; Faravelli et al., 2004), to name a few.

Another significant consequence of sexual victimization is that, once victimized, women are at increased risk for revictimization. Indeed, research has shown consistently that being sexually victimized in the past is a risk factor for being victimized again in the future (Balsam, Lehavot, & Beadnell, 2011; Filipas & Ullman, 2007; Gidycz, Coble,

Latham, & Layman, 1993; Messman-Moore & Long, 2000; Morris & Balsam, 2003).

Moreover, research shows that being victimized in childhood significantly increases

women's risk of being revictimized in adulthood (Balsam, Lehavot, & Beadnell, 2011;

Filipas & Ullman, 2007; Gidycz, Coble, Latham, & Layman, 1993; Messman-Moore &

Long, 2000). Thus, assessing for past victimization experiences in childhood and/or

adulthood is fundamental to understanding women's post-victimization recovery

experiences since research shows that being sexually victimized again is likely to

increase psychological symptomatology, a factor that hinders recovery (Balsam, Lehavot,

& Beadnell, 2011).

Coping and Post Assault Recovery

Because of the negative consequences of victimization, research has attempted to

identify factors that may influence women's recovery after their assault. One factor that

may influence this recovery is differences in the victim-perpetrator relationship. For

instance, Abrahams, Jewkes, and Mathews (2013) found that women who had been

sexually assaulted and whose perpetrator was a stranger had a lower likelihood of

depression symptoms relative to women who knew their perpetrator. Additionally, Koss

et al. (1988) found that victims who had been victimized by strangers rated the offender

as more aggressive, felt more scared, and thought the man was more responsible for their

victimization experiences as compared to victims who had been assaulted by

acquaintances.

Coping also has been explored as a factor that may affect post-victimization

recovery. Coping can be better understood as an underlying orientation towards stress

that can be influenced by any of the following: time, situation, context, and

environmental support, and victims can use numerous coping strategies after they have been victimized. Campbell et al. (2009) found that victims can use a specific coping strategy throughout their recovery process, but their strategy may change depending on the availability of resources and people around them. Victims' coping strategies and responses are important because they have been shown to affect their post victimization psychological health. Generally, victims who engage in negative coping strategies (e.g., alcohol use, disengagement, withdrawing from people) unknowingly hinder their post victimization psychological health, as opposed to victims who utilize more positive coping strategies (e.g., expressing emotions, reducing stress, seeking social support) (Campbell et al., 2009).

As noted, victims can elicit different coping responses post-victimization; one of which may be maladaptive coping. Maladaptive coping can lead to harmful consequences for victims of sexual assault. For example, Najdowski and Ullman (2011) found that individuals who had been sexually victimized and engaged in maladaptive coping were twice as likely to be revictimized as individuals who did not use maladaptive coping. Maladaptive coping was measured by asking participants to indicate whether or not they drank alcohol or used drugs, withdrew from people, "acted out" sexually (i.e., having multiple sex partners), sought help from others by talking about their sexual victimization experience, went to a therapist, "acted out" aggressively, or tried to forget about the sexual victimization experience. Furthermore, maladaptive coping has been shown to be a significant predictor of psychological distress in sexually victimized women (Filipas & Ullman, 2007). Additionally, Ullman (1996) found that numbing symptoms or other PTSD symptoms have been shown to increase sexual revictimization

risk, which was observed to lead to problem drinking and subsequent revictimization. Thus, the way a victim copes with their sexual victimization experience can lead to increased psychological symptoms (Ullman, 1996).

Another factor that has been shown repeatedly to affect victim's post-victimization recovery is the victim's ability to disclose their victimization experience. Disclosure is thought to be one way in which victims' may seek social support. However, it is not only the victim's ability to disclose, but also how the person they are disclosing to responds to their disclosure that influences victim's post-victimization recovery. Carlson and Dalenberg (2000) found that social support systems have been shown to serve as a protective factor against the effects of trauma. Having more social support strengthens the victim's ability to cope with the traumatic event they experienced which leads to a better recovery. Furthermore, these researchers found that social support systems serve as moderators of the negative impact of traumatic experiences both in childhood and adulthood (Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Carlson & Dalenberg, 2000; Smith et al., 2011).

Although positive social support systems (e.g., taking care of the victim, being willing and making time to listen to the victim's experience, demonstrating support through phone calls, letter, and cards) can be beneficial to victims during their post-victimization recovery, having negative social support systems (e.g., blaming the victim, not being available or unwilling to listen to the victim's experience, not demonstrating any support, and reacting negatively when the victim discloses the traumatic event) can have harmful effects on victims' post-victimization recovery as well. Ullman (1996) found that rape survivors who received negative social support (e.g., people distancing

themselves from the victim, victim blame, being treated differently, and having control taken away from them) were more likely to use avoidance coping, and, as a consequence, reported increased PTSD symptomology. Orchowski, Untied, and Gidycz (2013) found that when victims disclosed their victimization experience and the other person's reaction was to try to control the victim's decisions on how they should react to their traumatic experience, this led the victim to report increased symptoms of PTSD, depression, and anxiety. In addition, the authors found that blaming reactions to disclosure were associated with lower levels of self-esteem and less engagement in problem-focused coping. Finally, when people's reaction after the victim disclosed their victimization experience was to provide emotional support, this lead the victim to show increased coping by seeking additional emotional support. Again, these research findings further illustrate how pivotal others' reactions to victims' disclosure are to their post-victimization recovery.

Substance abuse is frequently seen as a secondary symptom following a traumatic event such as sexual victimization. Thus, it is not uncommon for women to resort to increased drinking following sexual victimization in order to cope with the stress they might experience (i.e., maladaptive coping) (Bryant-Davis, Chung, Tillman, & Belcourt, 2009; Carlson & Dalenberg, 2011; Filipas & Ullman, 2007; Littleton & Ullman, 2013; Messman-Moore, Ward, & Brown, 2009; Resnick et al., 2012; Ullman, 2003). Women who consume alcohol prior to their sexual victimization experience have been found to have more self-blame, experience more stigma, receive fewer positive reactions when disclosing their victimization experience, and experience more violent victimization experiences (e.g., greater number of injuries, greater use of force) (Bedard-Gilligan,

Kaysen, Desai, & Lee, 2011; Koss, Figueredo, & Prince, 2002; Littleton, Axsom, & Grills-Taquechel, 2009) in comparison to women who do not consume alcohol prior to their sexual victimization experience.

Sexual Victimization and Sexual Minority Women

Most work has focused on heterosexual women's experience of sexual victimization; thus, less is known about sexual minority women's experiences of such violence. Notably, researchers have indicated that this area warrants further attention (Han et al., 2013; Heidt, Marx, & Gold, 2005). Approximately 4% of the US population identifies as lesbian, bisexual or gay, which equates to about 9 million people (Gates, 2011; Priola, Lasio, Simone, & Serri, 2014). It is important to conduct research in the area of victimization so that we can intervene, prevent, and treat victimization experiences in this population, especially for sexual minority women whose rates of adult sexual assault range from 21% to 40%, which are higher than the rates for heterosexual women (Balsam et al., 2011; Balsam, Rothblum, & Beauchaine, 2005; Hughes, McCabe, Wilsknack, West, & Boyd, 2010; Hughes et al., 2010; Long, Ullman, Long, Mason, & Starzynski, 2007; Martin et al., 2011; Rothman, Exner, & Baughman, 2011). Martin et al. (2011) found that before women entered college, 22.4% of lesbian women and 25.4% of bisexual women had already experienced a sexual assault compared to 10.7% of heterosexual women. Krahe and Berger (2013) conducted a study in Germany with the LGB population, differences in victimization rates were found based on the victim's types of sexual partners. They found that 47.4% of women who had sex with both men and women had been victimized compared to 33.3% of women who had sex with only men, and 8.7% of women who had sex with only women. In other words, victimization

rates were significantly higher for bisexual women than for lesbian and heterosexual women. Such work appears particularly important as lesbian and bisexual women also report more negative outcomes post-victimization (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002).

Additional research studies also have shown that bisexual women experience higher rates of sexual victimization than lesbian and heterosexual women (Balsam et al., 2005; Heidt et al., 2005; Hequembourg, Livingston, & Parks, 2013; Hughes et al., 2010; Hughes et al., 2010). Hequembourg et al. (2013) examined the relationship between child sexual abuse, risky alcohol use, and adult sexual victimization among a sample of lesbian and bisexual women. They found that in comparison to lesbian women, bisexual women reported more severe adult sexual victimization experiences, more victimization experiences involving male perpetrators, more revictimization experiences, and more heavy episodic drinking days. Heidt, Marx, and Gold (2005) found also that bisexual women were more likely to be revictimized than lesbian women, and that as women's child sexual abuse severity increased so did their chances of being revictimized in adulthood. Thus, assessing for past instances of child sexual abuse may be especially relevant for bisexual women.

Context

Although lesbian and bisexual women experience higher rates of sexual victimization, little is known about the context in which these victimization experiences occur. Specific details about the event in which the victimization takes place, such as where the event happened, who was present during the event, the perpetrator's motives for assaulting the victim, whether substances were involved, the relationship between the

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victim and perpetrator, and what occurred to the victim post-assault are important in understanding what precipitates these events, as well as how the sexual assault victim will do in their post-victimization recovery. The context of these crimes are not well understood for heterosexual women, and even less so for sexual minority women. Understanding the context of sexual victimization is relevant in the case of lesbian and bisexual women, who are at risk for hate crimes based solely on their sexual minority status, something that Non-Hispanic White heterosexual women are not at risk for (Bernhard, 2000; Eaton, 2014; Herek, Gillis, & Cogan, 1999). Being a victim of a hate crime can be extremely detrimental for the victim and can affect the post-victimization recovery process because this is an additional layer of the traumatic experience the victim has to cope with. Knowing differences in context could potentially inform post-victimization treatment for these women. For instance, if we knew that sexual minority women were being sexually victimized because of their sexual orientation (i.e., hate crime) then we could tailor post-victimization treatments to address that additional component of their traumatic experience. Interestingly, bisexual women have been shown to be less than satisfied with the resources they seek post-victimization than lesbian and heterosexual women (Long et al., 2007), yet the reasons why they are less satisfied still remains unclear and warrants further attention.

Many research studies on victimization fail to ask the perpetrator's relationship to the victim and the perpetrator's gender, even though it is clear that these aspects of the assault affect the victim's post-victimization recovery (Rothman et al., 2011). One way in which to gather rich and detailed information about women's sexual assaults is to conduct qualitative work.

Qualitative Research

Qualitative research often is done when researchers want to gather rich, detailed data that they may not be able to obtain through quantitative means or measures. This type of research is typically used when researchers are looking to obtain a deeper understanding of this phenomenon or construct from the perspective of the individual. Researchers use this type of research to gather information on different situations, and it produces data that takes the form of words and or observations. These words and/or observations can later be grouped together into themes to foster interpretation (Abawi, 2008). These researcher methods can be particularly useful in better understanding the victimization experiences of sexual minority women. By providing open-ended questions that can be answered in a qualitative fashion, participants presumably will have free reign to describe their victimization experiences.

Benefits of Online Research

Online research also has various benefits, such as participants being more forthcoming in their answers if they are alone in an environment of their own choosing compared to participants who might feel embarrassed or intimidated in answering questions honestly in face-to-face research (Possemato, Ouimette, & Geller, 2010). Indeed, researchers have found that participants who complete research studies online are more likely to admit having experienced mental illness in the past compared to participants who participate in face-to-face research (Henderson, Evans-Lacko, Flach, & Thornicroft, 2012). The presence of a researcher in face-to-face interviewing has been shown to influence participants' likelihood of providing socially desirable responses, in comparison to online data collection, where there is no researcher present, and which

produces less socially desirable responses. Participants often prefer online surveys because they provide more anonymity than in-person interviews, telephone interviews, or filling out questionnaires in the presence of a researcher (Henderson, Evans-Lacko, Flach, & Thorncroft, 2012). With respect to online research, it is convenient for participants to complete and answer qualitative questions about their traumatic experiences outside the lab and in the comfort of their own homes (Possemato et al., 2010). Online research eliminates traveling costs and gives researchers the opportunity to access a more diverse national population for their research study (Lehavot, Molina, & Simoni, 2012). In fact, online surveys have been found to be substantially less expensive than mail-in surveys but just as externally valid (Deutskens, Jong, Ruyter, & Wetzels, 2006).

Various researchers have been extremely successful in reaping the benefits of online surveys (e.g., collecting a large amount of participants in a small amount of time). Kosciw, Greytak, and Diaz (2009) were able to make their sample more representative through their recruitments strategies such as posting ads on social networking sites like MySpace. Through online advertising recruiting efforts, they were able to successfully recruit a more diverse sample of sexual minority participants. Furthermore, online research facilitates access to community participants, and thus, does not limit researchers to just a college sample. Another method of recruitment was used by Lehavot et al. (2012), who conducted an online survey in which participants were recruited by sending electronic flyers to over 200 LGB listservs, website groups, and organizations all over the Unites States. Participants then were asked to forward the survey link to friends or relatives who might also be eligible to participate in the study. Additionally, these

researchers successfully recruited an ethnically diverse sample, and they targeted yahoo groups and Craigslist to increase their chances of doing so. Gilmore et al. (2014) also successfully recruited lesbian and bisexual participants for their online survey by placing advertisements on social networking sites like Facebook and by advertising in select cities through Craigslist. Through these recruitment methods, they were able to get 1,094 women to complete their online survey. Online research is a novel way of recruiting participants and conducting research, and several researchers who have recruited sexual minority participants have been successful using this method. Moreover, the benefit of recruiting a large and diverse sample at nearly no cost is a huge advantage to using online research (Kosciw et al., 2009).

Coping

Just as we know less about the victimization experiences of sexual minority women, we also know less about how these women cope with a victimization experience. Coping may take the form of seeking treatment. Therapy groups for adult women who have experienced sexual victimization might overlook the issues that are relevant to only lesbian and bisexual women. Furthermore, bisexual women may face particular challenges seeking help as most of the services targeted for non-heterosexual women are generally focused on the needs of lesbians (Balsam, 2003). In general, bisexual women have been found to have more adverse life events, less support from family, more negative support from friends, and more financial difficulties than lesbian women. These are some differences that might come into play when bisexual women are seeking different, more individualized support (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002).

Social Support, Disclosure, and Victimization

Researchers have sought to identify the individuals' bisexual and lesbian women disclose their victimization experiences to, as well as how those people react when told of the assaults. Long et al. (2007) found that bisexual women were more likely to disclose their experience to a formal source (e.g., psychiatrist or other mental health counselor, medical doctor or any other medical person or emergency room staff, the police) compared to lesbian and heterosexual women. Additionally, bisexual women were also more likely to disclose their victimization experience to romantic partners, compared to lesbian and heterosexual women. However, when women were asked how helpful it had been to disclose their victimization experiences to different support systems, lesbian and heterosexual women said it was helpful to disclose to a doctor or other medical personnel in the emergency room, while significantly fewer bisexual women found this source helpful. Furthermore, when the women were asked about how others reacted to their disclosure, it was found that bisexual women received the fewest positive reactions in comparison to lesbian and heterosexual women. Towards the end of the study, all women were assessed on their levels of depression and PTSD, and results showed that once researchers controlled for age, education level, and race, sexual orientation significantly predicted depression and PTSD, with bisexual women reporting more symptoms of depression and PTSD relative to lesbian and heterosexual women. The researchers concluded that although education level and minority status were controlled for in the statistical analyses, lower levels of education and ethnic minority status were still strongly associated with greater depression and PTSD symptoms among women.

Lehavot et al. (2012) found that lesbians were significantly less likely to disclose any type of victimization experience relative to bisexual women. It is unknown why these differences exist between bisexual and lesbian women. However, it is known that lesbian and bisexual women sometimes perceive that they receive unequal medical treatment based on their sexual minority status, which may negatively affect their perceptions of support and add an additional layer to the recovery process (Long et al., 2007). This research finding only highlights the necessity to further understand why lesbian and bisexual women do not benefit the same way that heterosexual women do from disclosing their victimization experience.

One of the reasons why differences in disclosure might exist between these groups is because sexual minority women face special circumstances when disclosing their victimization experiences to others. For instance, they could face being threatened to be "outed" by the person they disclosed their victimization experience to. In addition, the simple fact that these women are sexual minorities may be enough to trigger a negative reaction from someone they disclose to. White and Kurpius (2002) found that people who still hold traditional attitudes towards women were more likely to blame the victim for being sexually assaulted. Furthermore, more traditional gender roles were associated with more negative attitudes about lesbian women. More negative attitudes towards lesbian women were positively associated with more blame being assigned to the rape victim as opposed to the perpetrator. Thus, the more negative the participants' attitudes towards sexual minority people, the more blame that the participants' attributed to the sexual minority rape victim. This study highlights the notion that sexual minority women are at a heightened risk post-victimization to receive negative social reactions,

relative to those of heterosexual women, when interacting with people who hold negative attitudes towards sexual minorities.

Psychopathology

Research has demonstrated differences in psychopathology symptoms among lesbian, bisexual, and heterosexual women who have not been sexually victimized. Hughes et al. (2010) found that bisexual women reported higher levels of perceived stress, depression symptoms, and anxiety symptoms than lesbian and heterosexual women. Furthermore, bisexual women were twice as likely as lesbian women and four times as likely as heterosexual women to report suicidal ideation. Bisexual women were also significantly more likely to report self-harm, binge drinking, and use of illicit drugs (Hughes et al., 2010; Hughes et al., 2010). Given that lesbian and bisexual women already have higher rates of psychopathology, this appears to place them at a higher risk for developing additional negative mental health outcomes relative to heterosexual women (Eaton, 2014).

Researchers also have found differences in psychopathology symptoms between sexually victimized lesbian, bisexual, and heterosexual women and nonvictimized lesbian, bisexual, and heterosexual women. Heidt et al. (2005) found that lesbian and bisexual nonvictims reported significantly lower scores on measures of depression, symptoms of PTSD, and general distress compared to lesbian and bisexual women who had experienced child sexual victimization only, adult sexual assault only, or sexual revictimization. Jorm et al. (2002) found that bisexual women reported worse mental health compared to heterosexual women on different measures of psychological distress (e.g., anxiety symptoms, depression symptoms, suicidality, alcohol misuse, negative

affect, positive affect), with lesbian women falling in between the two with respect to distress.

Double Minority Status

Being a sexual minority increases women's chances of lifetime victimization, and being an ethnic minority on top of that only seems to increase these women's victimization rates. Morris & Balsam (2003) found that ethnic minority women reported the highest rates of victimization and trauma compared to Non-Hispanic White women. Furthermore, it has been found repeatedly in the literature that American Indian/Alaskan Native women have a higher rate of victimization than Non-Hispanic White, African American, Asian, and Hispanic women (Bachman, Zaykowski, Lanier, Poteyeva, & Kallmyer, 2010; Koss et al., 1987; Morris & Balsam, 2003; Perry, 2004). It seems as though these ethnic minority women have to not only face homophobia, but they must also face racism, and this appears to place them at a disadvantage to experience even greater vulnerability to sexual victimization. For example, in a study in which women were asked to reference their most serious experience of sexual assault, heterosexual women were more likely to report experiencing a completed rape than lesbian or bisexual women (Long et al., 2007). This finding is inconsistent with previous research that shows that lesbian and bisexual women are more likely to experience completed rape (Balsam et al., 2005). A possible reason for this discrepancy might be that researchers are not capturing other fundamental components of sexual assault accurately, such as non-completed sexual assaults that are part of hate crimes. Indeed, it is important to understand the larger context in which sexual and ethnic minority women are experiencing sexual victimization (Long et al., 2007).

Minority Stress

Minority stress is best defined as "excess stress to which individuals from stigmatized social categories are exposed as a result of their social position. Often a minority, position" (Meyer, 2013, p. 675). When one applies this term to sexual minorities, it means that living in a heterosexist society is difficult for sexual minority people because they are constantly subjected to chronic stress that stems from their stigmatization (Meyer, 2013). Minority stress is something that Non-Hispanic White heterosexual women who have been victimized do not have to worry about because it does not affect them (Cochran, 2001; Eaton, 2014; Meyer, 2013). However, it does affect victimized lesbian and bisexual women. In fact, researchers have suggested that sexual minority women might have a more difficult recovery process compared to their heterosexual counterparts due to the chronic stress associated with their sexual minority status (Gold, Dickstein, Marx, & Lexington, 2009).

Not only do sexual minority women tend to have a harder recovery process because of the stigma that comes with being a minority, but they might also be the targets of victimization directly because of their sexual minority status. Dragowsky, Halkitis, Grossman, and D'Augelli (2011) found that 72% of LGB youth reported being verbally abused, 13% of the participants reported having had objects thrown at them, 11% reported having been physically attacked, and 3% of the participants reported that they had been threatened with weapons. These researchers call this type of violence sexual orientation victimization violence, because all of the violence stemmed from the fact that the LGB youth identified themselves as a sexual minority. D'Augelli and Grossman (2001) conducted a similar study with LGB adults and found similar results: participants

reported being verbally abused, threatened with violence, physically attacked, threatened with the disclosure of their sexual identity, and sexually assaulted. Additionally, research has found that sexual minority women are more likely than heterosexual women to do nothing about these types of nonsexual physical violence even though they experience more of these events (Bernhard, 2000). Given the high prevalence rates of these violent events against LGB youth, it is highly likely that sexual minority women are sexually victimized for the same reason. Indeed, it is not uncommon for lesbian and bisexual women to be targeted for verbal, physical, and sexual violence both by strangers or persons known to them (Balsam, 2003).

Frost, Lehavot, and Meyer (1999) examined the effects of minority stress on the physical health of lesbian and bisexual adults. The results indicated that experiencing a prejudice event, having higher expectations of rejection, and having more frequent experiences of everyday discrimination significantly influenced participants' chances of experiencing a health problem. Furthermore, these findings revealed that prejudice events that are experienced by sexual minorities could be more damaging to both mental and physical health than general stressful life events that do not involve prejudice. Specifically, sexual minority women who had experienced an assault or other hate crime in the previous five years based on their sexual identity reported significantly more symptoms of depression, anxiety, and traumatic stress than sexual minority women who had not experienced a hate crime. Additionally, researchers have found that being a victim of a hate crime increases the length of recovery time needed to recover from this crime as opposed to victims' recovery time from a non-hate crime (Herek et al., 1999). Overall, the stigma surrounding sexual minority status itself has been shown to play a

critical role in placing sexual minority women at a higher risk for psychiatric morbidity regardless of whether they have been victimized or not (Eaton, 2004). Hence, social stigma is a significant risk factor for psychological distress, depression, and anxiety (Cochran, 2001).

Substance Use

Hazardous drinking has been shown to be significantly associated with child sexual victimization and adult sexual victimization among sexual minority women (Han et al., 2013; Hughes, Johnson, & Wilsnack, 2011; Hughes et al., 2010). Bisexual women reported the highest rates of hazardous drinking compared to all other sexual minority groups (Hughes et al., 2010). Moreover, Hequembourg et al. (2013) found that bisexual women reported more severe victimization experiences compared to lesbians and more heavy episodic drinking days than lesbian women.

Child Sexual Victimization

It is also well documented in the literature that child sexual victimization disproportionately burdens lesbian and bisexual females (Austin et al., 2008; Balsam, et al., 2011; Hughes et al, 2001; Hughes, McCabe, Wilsnack, West, & Boyd, 2010). Furthermore, lesbian and bisexual women have also been found to have higher rates of childhood physical and emotional abuse (Balsam et al., 2005). Balsam et al. (2005) found that sexual minority status as an adult correlated significantly with self-reported childhood physical and psychological abuse. LGB participants were more likely to report these experiences than their heterosexual siblings. Additionally, researchers have found that lesbian women who reported childhood physical abuse were more likely to report lifetime victimization than those women who did not report a history of childhood

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physical abuse (Gold, Feinstein, Skidmore, & Marx, 2011). Thus, it might not only be

relevant to assess for childhood sexual victimization, but also childhood physical abuse in

lesbian and bisexual women, because it could lead to more lifetime victimization and

potentially greater symptoms of psychopathology.

Revictimization

Lesbian and bisexual women are more likely to be revictimized than their

heterosexual counterparts (Martin et al., 2011). For lesbian and bisexual women, having

a history of child sexual victimization is highly correlated with a higher risk of future

assaults in adulthood (Gilmore et al., 2014; Morris & Balsam, 2003). Heidt et al. (2005)

found that lesbian and bisexual women who had reported more severe child sexual

victimization experiences were more likely to be revictimized than lesbian and bisexual

women who had reported less severe child sexual victimization experiences.

Furthermore, bisexual women have been found to be at a greater risk than lesbian women

for revictimization (Hequembourg et al., 2013).

Martin et al. (2011) found that lesbian, bisexual, and heterosexual women were

significantly more likely to experience a sexual assault as an undergraduate if they had

been previously victimized before college. When the researchers compared the sexual

minority and heterosexual women that were assaulted before college to the heterosexual

women that were not assaulted before college, the sexual minority women were eight

times more likely to be sexually victimized during college compared to the heterosexual

women who were only four times as likely to be revictimized during college.

Limitations of Past Research

Several avenues still remain unexplored with respect to sexual minority women's experiences of sexual victimization. Research has focused heavily on heterosexual women's experiences of sexual victimization, and oftentimes researchers assume heterosexuality among all participants (Balsam, 2003; Gold et al., 2009; Han et al., 2013). Thus, not enough is known about bisexual women's sexual victimization experiences, and this is problematic as the research suggests that they endorse more child sexual victimization, have higher posttraumatic stress disorder symptomatology post-victimization, and more hazardous drinking habits (Long et al., 2007). That is, they appear to be a particularly high-risk group for experiencing both victimization, and the negative psychological consequences of sexual violence.

Additionally, research on sexual minority women has shown consistently that they are more likely to be victimized and/or revictimized than heterosexual women, yet little is known about the context in which these assaults happen, making this an area of importance. Examining the context of these assaults will help identify risk factors associated with these assaults that may be different than those that have been identified for heterosexual women. The context in which these victimizations experiences happen, such as the number of perpetrators, the gender of the perpetrators, where the victimization occurred, why it occurred (e.g., hate crime) can potentially affect women's post victimization recovery, ability to disclose their experience, and their mental health. Furthermore, most studies are heavily focused on male perpetrators. In fact, some studies do not even ask about the perpetrator's gender, which is problematic given that research has shown that lesbian women are oftentimes assaulted by women, and bisexual women are more likely to be assaulted by men (Long et al., 2007). Additionally, researchers

have not assessed the relationship of the perpetrator to the victim, for sexual minority women, which is critical given that there have been shown to be differences in women's perceptions of the offender, number of perpetrators, and number of times the assault was perpetrated based on the relationship to the perpetrator (Koss, Dinero, Seibel, & Cox, 1988). Better understanding of these contextual variables could inform treatment and interventions to prevent sexual victimization and revictimization.

The "coming out" process is unique to lesbian and bisexual women and needs to be further analyzed with respect to how it can affect women's experiences of victimization, meaning, if their victimization experiences are a result of their coming out, or whether, as a result of their victimization experiences, they do not disclose their experience to anyone because it would involve them "coming out" to the person that they disclose to. It also is important to analyze how the "coming out" process influences sexual minority women's coping abilities and to whom they disclose to (i.e., a formal source or a personal friend). Indeed, Balsam (2003) has noted that the coming out process may potentially influence how the experience of victimization affects lesbian and bisexual women by either helping women regain control of the situation by coming out and thus facilitating their post-victimization recovery, or hindering their ability to come out as a result of their sexual victimization experience.

Aims of the Study

The primary focus of this work was to (1) determine whether differences in the context of adolescent/adult victimization experiences exist between heterosexual, bisexual, and lesbian women; (2) evaluate differences between heterosexual, bisexual, and lesbian women in their coping responses to sexual victimization; (3) evaluate

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differences between heterosexual, bisexual, and lesbian women in terms of who they choose to disclose their victimization experience to, and how those people reacted to their disclosure; (4) examine the relationship between victimization and revictimization in heterosexual, bisexual, and lesbian women; that is, to determine whether rates of revictimization are higher among bisexual and lesbian women relative to heterosexual women, and (5) determine whether lesbian and bisexual women experience greater psychopathology relative to heterosexual women.

Specific Hypotheses

Given the paucity of research in this area, some hypotheses were exploratory in nature. Specifically, no specific predictions were made about the directionality of the associations between the contextual features of women's victimization experiences and their sexual minority status. However, as has been found in previous work, it was expected that this study would replicate the following relationships: (1) sexual minority women will report more severe child sexual victimization than heterosexual women, and relatedly, will report higher rates of revictimization compared to heterosexual women; (2) sexual minority women will have more severe trauma symptoms and higher levels of hazardous drinking than heterosexual women; (3) bisexual women will disclose their victimization experience to the most people and will receive the fewest positive reactions in comparison to lesbian and heterosexual women who disclose their victimization experience to others; (4) for all victimized women, more social support will be linked to less psychopathology and higher adaptive coping skills, and (5) maladaptive coping will be correlated with more hazardous drinking.

Chapter 2

Methods

Participants

Participants were 177 women who self-identified as heterosexual, lesbian, or bisexual. All participants were recruited via the Internet and had the opportunity to enter an Amazon card prize drawing for their participation in the study. Participants were biologically female, 18 years or older, and residents of the United States. They also were required to have experienced sexual victimization by the age of 14 or older to participate in this study. A large majority of women 69.70% ($n = 598$) started but did not finish the survey for unknown reasons, 7.93% ($n = 68$) were ineligible, and 1.75% ($n = 15$) were excluded because they had too much missing data.

Participants' mean age was 33.66 ($SD = 12.67$), their modal age was 23 with participants' ages ranging from 19 to 71 years old. The majority of the women were single (53.7%, $n = 95$), followed by married (20.3%, $n = 36$), living together (12.4%, $n = 22$), divorced (10.7%, $n = 19$), separated (1.7%, $n = 3$), and lastly, widowed (1.1%, $n = 2$). The majority of the women were Non-Hispanic White (64.4%, $n = 114$), followed by African American (14.1%, $n = 25$), Hispanic/Latino (12.4%, $n = 22$), Asian/Pacific Islander (9.0%, $n = 16$), "other" (4.5%, $n = 8$), and American Indian/Alaskan Native (3.4%, $n = 6$). The majority of women had a bachelor's degree (32.2%, $n = 57$), followed by some college (26.6%, $n = 47$), graduate school (21.5%, $n = 38$), an associate's degree (13.6%, $n = 24$), high school diploma (5.1%, $n = 9$), and some high school (1.1%, $n = 2$). The majority of women had an income of 0 - 14,999 (29.4%, $n = 52$), followed by 30,000 - 44,999 (21.5%, $n = 38$), 15,000 – 29,999 (18.6%, $n = 33$), 90,000+ (8.5%, $n = 15$),

60,000 – 74,999 (7.9%, *n* = 14), 75,000 – 89,000 (7.3%, *n* = 13), and 45,000 – 59,999

(6.8%, *n* = 12). A description of the qualitative questions and self-report measures

follows.

Measures

      Demographic Questionnaire (See Appendix A). The demographic questionnaire

asked participants about their biological sex, gender, age, marital status, sexual identity,

sexual partners, race, level of education, and yearly income.

      Qualitative Survey (QS; Lopez & Yeater, 2014) (See Appendix B). This 10-item

self-report measure, developed by the authors, was used to assess a deeper understanding

of the context in which participants' experienced sexual victimization. The survey asked

questions about specific contextual features of the assault such as location, relationship to

perpetrator, substances involved, previous consensual contact, verbal and physical

coercion, and information about the way others responded to their sexual assault

disclosure.

      Sexual Experiences Survey (SES; Koss, Gidycz, & Wiskiewski, 1987) (See

Appendix C). The SES is a 10-item self-report questionnaire designed to measure

degrees of severity of sexual victimization (i.e., unwanted sexual contact, sexual

coercion, attempted rape, and rape) since the age of 14. Koss and Gidycz (1985) reported

that the SES had an internal consistency of $\alpha = .74$, a one-week test-retest reliability of *r*

$= .93$, and a correlation of *r* = .73 with interview responses. The SES uses behaviorally

specific definitions of sexual assault and asks participants to indicate whether or not the

event occurred (i.e., no or yes). In the current study, all items on the SES were edited to

refer to a gender-neutral perpetrator. Participants were asked to indicate how many times

they had experienced the events on the SES since the age of 14. Additionally, participants were asked to provide a date of when their most recent experience occurred, or to provide their best estimate if they did not remember the exact date. Participants who reported multiple assaults were asked to answer questions on the Qualitative Survey regarding their "most distressing/most severe" experience. This approach was taken, because a woman's most severe assault experience as defined by answers on the Sexual Experiences Survey might not necessarily correspond to the sexual assault experience that they found the most distressing (Long et al., 2007). However, a different approach was used for the quantitative analyses, and the categorization approach follows.

The SES describes five categories of victimization with increasing levels of severity: (1) no sexual victimization; (2) unwanted sexual contact, defined by unwanted sexual play, such as kissing and fondling; (3) sexual coercion, defined by sexual intercourse that is a result of continued arguments or pressure or the use of authority; (4) attempted rape, defined as attempted sexual intercourse that is the result of threatening to use or using physical force or drugs, and (5) rape, defined by sexual intercourse, oral, anal, or vaginal intercourse that is the result of threatening to use or using physical force or drugs. Using the common categorization strategy used with the SES, women were categorized by the most severe victimization experience they reported since the age of 14 (e.g., unwanted sexual contact, sexual coercion, attempted rape, or rape). Women who had no adolescent or adult sexual victimization were excluded from the study. In the present study, the majority of women reported experiencing a completed rape (74%, $n =$ 131), followed by attempted rape (18.1%, $n = 32$), sexual coercion (4%, $n = 7$), and unwanted sexual contact (4%, $n = 7$).

Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) (See Appendix D). The CTQ is a 28-item self-report questionnaire developed to measure child abuse and neglect. The CTQ has five types of maltreatment: *emotional abuse* (e.g., people in my family said hurtful or insulting things to me), *physical abuse* (e.g., people in my family hit me so hard that it left me with bruises or marks), *sexual abuse* (e.g., someone tried to touch me in a sexual way or tried to make me touch them), *emotional neglect* (e.g., I felt that someone in my family hated me) and *physical neglect* (e.g., I didn't have enough to eat). Participants indicated how often each item occurred from 1 (never true) to 5 (always true). Higher scores on the CTQ indicate more abuse. The CTQ demonstrated high internal consistency and good test-retest reliability over an interval of 2-6 months (Bernstein, et al., 1994). In the current study, the internal consistency of the CTQ was .85.

Rape Attribution Questionnaire (RAQ; Frazier, 2003) (See Appendix E). The RAQ is a 25-item self-report questionnaire implemented to measure victims' beliefs about why their sexual victimization experience occurred. The scale measures two types of self-blame: *behavioral* (e.g., I should have resisted more) and *characterological* (e.g., I am just the victim type), and three types of external blame: *rapist* (e.g., the rapist thought he could get away with it), *society* (e.g., men are taught not to respect women), and *chance* (e.g., it was just bad luck). Additionally, the scale measures three types of control: *control over the recovery process* (e.g., the assault is going to affect me for a long time but there are things I can do to lessen its effects), *future control* (e.g., I have changed certain behaviors to try to avoid being assaulted again), and *perceived likelihood of future assault* (e.g., I am afraid that I will be assaulted again). The three aspects of

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control have shown good internal consistencies: control over recovery (α = .81), future control (α= .70) and perceived likelihood of future assaults (α= .83). In the current study, the internal consistency of the RAQ was .76.

Trauma Symptom Checklist (TSC; Briere, 1996) (See Appendix F). The TSC is a 40-item self-report measure developed to measure how often participants have experienced trauma symptoms in the past month using a scale from 0 (never) to 3 (often). The TSC has been shown to be associated with symptoms of PTSD and has good internal consistency (α = .89-.91) (Briere, 1996). In the current study, the internal consistency of the TSC was .99.

Alcohol Use Disorder Identification Test Consumption (AUDIT-C; Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998) (See Appendix G). The AUDIT-C is a 3-item self-report measure developed to identify persons who are dangerous drinkers or have alcohol use disorders. A sample question includes, "How often do you have a drink containing alcohol?" followed by these options: (1) never; (2) monthly or less; (3) 2-4 times a month; (4) 2-3 times a week; (5) 4 or more times a week. Each question is scored from 0 to 12 points for a grand total of 0 to 12 points. For women, a score of three or more is considered a cutoff score for hazardous drinking (Bradley et al., 2007). In the current study, the internal consistency of the AUDIT-C was .73.

Brief Symptom Inventory-18 (BSI-18; Derogatis, 2000) (See Appendix H). The BSI-18 is a shorter, more concise version of the BSI. It is used to measure psychopathology by asking participants to indicate how much a problem has distressed them in the last three days. The BSI-18 is used to assess three different types of symptoms: somatization (e.g., faintness or dizziness), depression (e.g., feeling no interest

in things), and anxiety (e.g., nervousness or shakiness inside) on a scale of 0 (not at all) to 4 (extremely). The measure has good internal consistently $\alpha = .89$ and is highly correlated with the Symptom Checklist-90-Revised (i.e., $r = .91-.96$), a widely used measure shown to be reliable and valid tool for evaluating symptoms of psychopathology and general psychological distress (Derogatis, 2000). In the current study, the internal consistency of the BSI-18 was .86.

      Brief COPE (Carver, 1997) (See Appendix I). This 28-item self-report measure is used to assess fourteen different kinds of coping by the participants: *active coping* (e.g., I've been concentrating my efforts on doing something about the situation I'm in), *planning* (e.g., I've been trying to come up with a strategy about what to do), *positive reframing* (e.g., I've been trying to see it in a different light, to make it seem more positive), *acceptance* (e.g., I've been accepting the reality of the fact that this happened), *humor* (e.g., I've been making jokes about it), *religion* (e.g., I've been trying to find comfort in my religion or spiritual beliefs), *using emotional support* (e.g., I've been getting emotional support from others), *using instrumental support* (e.g., I've been getting help and advice from other people), *self-distraction* (e.g., I've been turning to work or other activities to take my mind off things), *denial* (e.g., I've been saying to myself 'this isn't real'), *venting* (e.g., I've been saying things to let my unpleasant feelings escape), *substance use* (e.g., I've been using alcohol or other drugs to make myself feel better), *behavioral disengagement* (e.g., I've been giving up trying to deal with it) , and *self-blame* (e.g., I've been criticizing myself). The Brief COPE uses a 4-point Likert scale from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot).

Each scale of the Brief COPE has two items. In the current study, the internal

consistency of the Brief COPE was .90.

   Social Reactions Questionnaire (SRQ; Ullman, 2000) (See Appendix J). The

SRQ is a 48-item self-report questionnaire that measures both positive and negative

responses that victims receive from others when disclosing their victimization. The SRQ

uses a 5-point Likert from 0 (never) to 4 (always). The SRQ measures how often people

responded with certain behaviors: *emotional support* (e.g., comforted you by telling you

it would be all right or by holding you), *belief* (e.g., told you he/she felt sorry for you),

treat differently (e.g., pulled away from you), *taking control* (e.g., wanted to seek revenge

on the perpetrator), *distraction* (e.g., distracted you with other things), *tangible

aid/information support* (e.g., helped you get medical care), *victim blame* (e.g., told you it

was not your fault), and *egocentric reactions* (e.g., told others about your experience

without your permission). The measure has good internal consistency reliability ranging

from $\alpha = .77$ to $\alpha = .93$ for each subscale. In the current study, the internal consistency

of the subscales for the SRQ ranged from $\alpha = .67$ to $\alpha = .85$.

   Beck Depression Inventory-II (BDI-II; Beck, Ward, Mendelson, Mock, &

Erbaugh, 1961) (See Appendix K). The BDI is a 21-item self-report measure developed

to determine the extent to which respondents have experienced symptoms of depression

in the last two weeks. Participants were asked to indicate the degree to which they have

experienced each of the symptoms in the past two weeks by selecting one of the four

response options. The response options ranged from 0 (the symptom has been unchanged

or absent) to 3 (symptom has been extreme). The BDI has demonstrated a test-retest

reliability of .89 (Groth-Marnat, 1990) and good internal consistency, $\alpha = .93$. In the current study, the internal consistency for the BDI-II was .96.

       Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) (See Appendix L). The PTGI is a 21-item self-report measure used to measure positive outcomes after experiencing a traumatic event. Participants were asked to indicate how much they felt their experience changed them in the area described in each item. The response options ranged from 0 (I did not experience this change) to 5 (I experienced this change to a very great degree). The PTGI has demonstrated a test-retest reliability of .72 (Tedeschi & Calhoun, 1996) and good internal consistency, $\alpha = .90$. The PTGI has five subscales: new possibilities, relating to others, personal strength, spiritual change, and appreciation of life, that have good internal consistency (.67 - .85). However, the current study only used the total 21-item score. In the current study, the internal consistency for the PTGI was .96.

Procedure

       Prior to participant recruitment, an in-depth search of Yahoo Groups was conducted in order to locate groups specific to women over the age of 18. Since Yahoo groups post the membership criteria and the number of members in their group openly on their website, this made the search more reliable and efficient. Once the Yahoo Groups of interest were identified, the Yahoo Group moderators were contacted in order to gain temporary admission to the group. Yahoo Group moderators are the people who are in charge of overseeing that the group is running smoothly, and they have authority to post announcements on the groups message board. Once permission was granted, the moderator proceeded to send e-mails to all members of the group announcing the

opportunity to participate in the research study. Additionally, the Yahoo Group

moderators were asked to place an announcement on the list's message board. The e-

mail sent to the members of the Yahoo groups explained the study, provided researcher

contact information, and had the link to the survey website. Group members were also

encouraged to forward the link to their friends, colleagues, or relevant listservs.

This study also was publicized through Craigslist ads. Furthermore, listservs that

advertised participation in research studies or volunteer activities who provide services

(e.g., hotline, confidential support, legal advice etc.) to survivors of sexual assault were

asked to post a link to the survey on their website.

Participants were recruited via the Internet through a link to the study website at

various advertisements sites. The survey was conducted on the Internet using Opinio

survey software. Opinio is a secure, encrypted, online questionnaire tool. When

participants clicked on the link to the survey they were directed and instructed to read an

informed consent document explaining the purpose of the survey, how long the survey

should take, and any potential risk and/or benefits to the participant. Participants were

informed that their consent to participate in the survey would be indicated by beginning

the survey. The survey website was set up to accept only one survey from any IP address

to reduce the likelihood of one individual completing multiple surveys. Only after they

read and agreed to the consent form, verified their biological sex, and completed the

Sexual Experiences Survey were they given access to a link to the survey website.

All participants who completed the survey were eligible to enter a drawing to win

one of three cash prizes (4-$25 and 1-$100 gift cards). Participants that completed the

Sexual Experiences Survey and were not eligible for the study because they did not

experience sexual victimization after the age of 14 were not invited to enter the cash drawing. Once participants completed the survey, those participants who were interested and wished to enter the drawing for the gift cards were directed to a separate website where they could provide their contact information in the form of an e-mail address. Contact information for the gift card drawing was collected separately from the survey responses in order to protect the participants' identity. Data collection is still ongoing, but once the link to the survey is closed, the names of the participants who were interested in the cash drawing will be entered into a random number generator function in order to select the prizewinners.

Coding of Qualitative Data

After all participants' data for the current study was collected, a coding system was developed to categorize the qualitative information collected from participants. A pre-existing coding manual used in previous studies to code similar qualitative information was used as a foundation from which to generate codes for the current work. This coding system was simplistic and was used to identify the presence or absence of specific contextual features of the participants' sexual victimization experiences. Additional codes were created based on content provided by the participants in their narratives when the codes developed for previous work were insufficient to code all of the narratives.

After the coding system was updated by adding additional codes, raters were trained to use it by the criterion coder (this author). The raters in this study were three graduate research assistants in psychology with a background in trauma and sexual victimization research and one expert in sexual violence research. When coding, raters

did not have access to participants' self-report data obtained during the survey. Raters

first read the manual and then met individually with the criterion coder for one hour who

furthered explained the codes and rules of the coding system. After the raters asked

questions about the coding system, the criterion coder walked the raters through how to

code using the practice narrative included in the coding manual. Raters then were

assigned ten practice narratives that were developed by the criterion coder that included

features that corresponded to the codes in the manual. Once raters achieved an intraclass

correlation coefficient of .70 for their practice narratives, they were assigned a random

subset of qualitative narratives, such that two raters coded each qualitative response for

each participant. Cronbach's alpha was used to assess pairwise interrater agreement with

the criterion coder. Cronbach's values ranged from .79 to .90, with a mean value of .89.

Since all kappa values were above >.70, the coding system was judged to have

satisfactory interrater reliability. Additionally, this study contained a separate subset of

qualitative responses that would have minimal disagreement between coders (e.g., yes,

no, not enough information), thus, they were only coded by the criterion coder.

Data Analytic Strategy

The lesbian and bisexual women were collapsed into one single group due to the

very small sample size of lesbian women ($n = 11$). Thus, the analyses focused on

comparisons between heterosexual women and sexual minority women (i.e., lesbian and

bisexual women). Bivariate correlations were conducted to examine the relationships

between sexual minority status and the outcome variables. These results are provided in

Table 3. Additionally, non-parametric chi square analyses were conducted to explore the

associations between sexual minority status and self-report measures. Non-parametric

statistics were used in the analyses due to the very uneven sample sizes between the two

groups. Mann-Whitney U tests were conducted to explore the differences between sexual

minority status and the contextual features of women's victimization experiences.

Furthermore, the results section will include only the most common contextual features

of women's narratives (thus, percentages in some tables will not add up to 100%). Due

to the incompleteness of some of the narratives the "NEI" (e.g., not enough information)

category was used when coding the experiences and thus, will appear throughout the

study's results.

Chapter 3

Results

Preliminary Analyses

Variables that were expected to be normally distributed were checked for distributional properties to ensure that none departed substantially from normality. Variables that were expected to be normally distributed were; however, some variables were expected to be skewed (e.g., victimization variables), and did show skew upon visual inspection.

Contextual Features of Women's Sexual Assault Experiences

Table 4 presents a summary of the sexual assault narrative information given by the entire sample. The majority of women (43.5%, $n = 77$) did not mention alcohol in their narratives, and when they did it was mostly common that the woman was drinking (19.8%, $n = 35$), followed by both the perpetrator and woman drinking (15.8%, $n = 28$). The presence of drugs was not very common in the women's narratives, with most women not mentioning drugs (65.5%, $n = 116$), followed by drugs being absent (14.7%, $n = 26$) for both the woman and the perpetrator, and some women indicating the presence of a date rape drug (9.0%, $n = 16$). A representative example from a bisexual woman's sexual assault narrative is as follows:

> It was my sophomore year of college and I had gone out with my roommates to a club downtown. Of course we were under-age (19) but that didn't stop us from getting into any venues or consuming massive amounts of liquor, which we of course did. We met these older businessmen who kept buying and feeding us drinks. I don't recall much of the night and it took me some time after the incident to piece the evening together. Overall, I woke up the next morning in one of the businessmen's hotel room, thinking I was back in my dorm, and I was still sooooo drunk. He was groping me and eventually oral was performed on me, and he put himself in my mouth, which eventually led to him placing me on top of him in an attempt to have sex. It lasted about 2 minutes and I said I had to leave.

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> At the time, maybe because I was young and reckless, I laughed about it. But now years later in my mid-20's I realize how bad the situation could have easily turned and that scares me. Also the fact that things could have happened while I was clearly passed out in his bed and I have no recollection of whatsoever."

The most common location for women's sexual assault narratives was in the perpetrator's residence (29.4%, $n = 52$), followed by the woman's residence (16.9%, $n = 30$), and some women not mentioning the location of their assaults (17.5%, $n = 31$). Most women were sexually assaulted by an acquaintance (24.3%, $n = 43$), and the frequency of being assault by a stranger (11.9%, $n = 21$) and a friend (11.9%, $n = 21$) was the same, followed by women not mentioning their relationship to the perpetrator (13.0%, $n = 23$). A representative example from a bisexual woman's sexual assault narrative is as follows:

> "I had been talking to a guy I met online, and he seemed really nice. We had met up once before the night this took place. I came over to his house because we were going to watch a movie. During the movie he started to kiss me. Then he started to touch me inappropriately, and I wasn't really ready to go there, but my self-esteem was so low that I felt like I had to let him to keep him interested. Then he started to take his pants off and wanted me to perform oral sex, I told him I wasn't really ready, and he just kept badgering me, so I acquiesced. But he used his hands to hold my head down and make me perform oral sex for longer and deeper than I wanted to. He went immediately from having his penis in my mouth to undoing my pants. I told him that it wasn't a good idea and I didn't want to, but he just kept trying to talk me into it as he took my clothes off and started to have sex with me. At that point I just lied there until he was done, and then I got dressed and went home."

The majority of women indicated that there was no prior sexual consensual contact or failed to mention contact (83.6%, $n = 148$), while some women indicated that there was some prior consensual sexual contact prior to their sexual assault (16.4%, $n = 29$). Women's resistance strategies were mixed, with the a third of the sample reporting that they remained passive (33.3%, $n = 59$) while another third of the sample indicated that they physically resisted (30.5%, $n = 54$). Two representative examples follow from two women's sexual assault narratives. The first example is from a bisexual woman's sexual

assault narrative and the second example is from a heterosexual woman's sexual assault

narrative:

> "I broke up with a boyfriend I was seeing freshmen year of college. He asked if
> we could still be friends, and since I said yes, decided to visit me at college. After
> he had dinner with me and my roommate (no alcohol or drugs involved), he asked
> me to walk him out to his van in the dorm parking lot. Once we got there, he
> asked me to sit and talk with him in the front seat. Once we got in the front seat
> and were talking, he asked me to sit in the back of the van because there was more
> room for him. Once I got back there, he was on top of me. He was on top of me
> before I knew what was happening and had removed my pants and underwear.
> He fondled me as I told him no. I was unable to move as he raped me. Once he
> was finished, I laid in the back of his van pulling up my bottoms. As I did so, he
> asked me if I had been a virgin, and when I said "yes," he said "good." I went
> back to the dorm room in shock. My roommate knew something was wrong and
> tried to get me to go to the police, but I wouldn't go. Because I didn't go, this guy
> ended up harassing me and stalking me all summer. It wasn't until I got back to
> school the next fall that I reported the rape because he sent a message to me
> saying that he was moving to be in the same town that I was. After the event, I
> suffered from severe PTSD and was unable to fully process what happened to me
> for years."

> "I was dating a guy a few years older than myself, and sex was very important to
> him. He was constantly pressuring me to have sex with me. He would flip on
> porn, tried to get me to take a sexuality course, read me stories about sex, and
> would ignore me if I refused to do anything with him. I finally got sick of all of
> the nagging and had sex with him. It was miserable; I hated every second of it.
> After that first time, I didn't want to have sex with him again and I would turn him
> down over and over again. He eventually got sick of it, and would treat me like I
> was nothing, an object, and would just undress me. It didn't matter if I fought
> back or said no, if he wanted to have sex, he was going to get it one way or
> another. I can remember lying there wondering when it was going to end and
> trying to put myself in a different head space just to escape. There were times I
> cried during the whole thing and begged him to stop, but he wouldn't. He just
> didn't care."

The majority of women (64.4%, $n = 114$) did not mention verbal coercion by the

perpetrator while a few women (18.6%, $n = 33$) indicated that their perpetrator

plead/argued prior to the sexual assault. Additionally, physical coercion by the

perpetrator was very common in this sample with (57.1%, $n = 101$) of women indicating

that they were physically restrained, followed by (18.6%, $n = 33$) of women not

mentioning any physical coercion. A representative example from a lesbian woman's

sexual assault narrative is as follows:

> "I was sexually assaulted by an extremely close friend of mine. He was in a very important position of power within the community (the local high school principal). I am in a relationship with a same sex partner, however she and I were both friends with this individual. He and I chose to go out and have a couple of drinks. My partner knew and we both felt comfortable with the situation because of the friendship that I had with this individual. We met at a local bar and had a couple of drinks. I began to feel extremely groggy and I was having difficulty remembering or comprehending what was taking place. He offered to take me back to his place to "sober up" before returning to get my truck and go home. Once there, he removed my clothing, despite my protestations. At some point, I must have passed or blacked out. When I came to, he was on top of me and his penis was penetrating me. Although I cried and begged for him to stop...even attempting to push him off, he continued. He raped me vaginally twice and orally three times before I was allowed to leave. We parted with a request from him for us "to do that again sometime".

The most common situation for the sexual assaults was in a platonic situation (19.8%, $n = 35$), followed by after party (15.8%, $n = 28$), and in the context of a relationship (13.6%, $n = 24$). A representative example from a bisexual woman's sexual assault narrative is as follows:

> "A male married friend kept pressuring me for sex while visiting. He was visiting because he claimed he was just my friend and interested in helping my career because I'm an artist, and he knew I was struggling financially. He started donating money to me claiming it was platonic. I asked him numerous times to make it a business arrangement and let's put it in writing. He refused. Finally on this night he tore my pants off, pinned me into a chair in my apartment and performed oral sex on me. I had told him numerous times I hated and feared oral sex and found it humiliating, scary and painful. He didn't care and wouldn't stop. When it was over he took me to a restaurant and bought me dinner like that would solve things. I didn't eat. When we got back to my place I ejected him from it screaming for him to leave and never contact me again. He started crying and threatened suicide. Months later I finally got rid of him but he stalked me and destroyed my art business as retaliation."

It was very uncommon for these sexual assaults to be as a result of a hate crime with only

(.6%, $n = 1$) of women reporting that they were assaulted because of their sexual minority

status. A fifth of the sample reported being unconscious (19.2%, $n = 34$) while they were

sexually assaulted. Most women (94.9%, $n = 168$) indicated being sexually assaulted by

a male perpetrator while only a few women (2.3%, $n = 4$) in the study were assaulted by

women perpetrators. Additionally, most perpetrators were heterosexual (61.0%, $n =$

108). Most women indicated knowing their perpetrator for over one year (30.5%, $n = 54$)

while another portion of women indicated knowing their perpetrator for less than one

week (23.7%, $n = 42$).

Contextual Features of Women's Post Sexual Assault Experiences

Table 5 presents a summary of descriptive information given by the entire sample

of women for their post-sexual assault experiences. The majority of women (71.8%, $n =$

127) indicated that they are no longer in contact with their perpetrator, followed by

(20.9%, $n = 37$) of women not mentioning contact, and only (7.3%, $n = 13$) of women

indicating that they are still in contact with their perpetrator. Most women (88.1%, $n =$

156) indicated that they experienced a negative emotional reaction after the assault,

followed by (11.3%, $n = 20$) of women experiencing a neutral reaction or not mentioning

their reaction in the narrative, and (.6%, $n = 1$) of women indicated experiencing a

positive reaction. Most of the women in the sample disclosed their experience to others

and their responses were mixed. Most women (36.7%, $n = 65$) indicated their experience

as positive when disclosing to others, followed by (23.7%, $n = 42$) of women indicating

their experience as negative, and (12.4%, $n = 22$) of women indicating their experience as

neutral or not mentioning how others responded to their disclosure. Over a quarter of the

sample (27.1%, $n = 48$) of women did not disclose their sexual assault to others.

Additionally, most women (78.0%, $n = 138$) did not disclose their experience to any

medical personnel. However, of the women who did disclose, the majority described

having a negative experience 11.3% ($n = 20$), followed by 6.2% ($n = 11$) describing their

experience as positive, and 4.5% ($n = 8$) describing the experience of disclosing to

medical personnel as neutral or not mentioning any reaction. Lastly, most women

(71.2%, $n = 126$) did not disclose their experience to any police personnel. Some women

who did disclose described their experience as negative 14.1% ($n = 25$), followed by

10.7% ($n = 19$) indicating it was a positive experience, and 4.0% ($n = 7$) indicating a

neutral experience or not mentioning any reaction.

Contextual Features of Sexual Minority's Women's Disclosure of Sexual Assault

Table 6 presents a summary of descriptive information given only by sexual

minority women who did not disclose their sexual victimization experiences to anyone.

The majority of women 77.3% ($n = 17$) indicated that the individual involved in the

experience did not threaten to reveal their sexual minority status, followed by 13.6% ($n =$

3) reporting that the individual threatened to reveal their sexual minority status, and 9.1%

($n = 2$) failed to mention whether the individual threatened them to reveal their sexual

minority status. Most women 86.4% ($n = 19$) indicated their sexual minority status did

not interfere with their ability to disclose their sexual victimization experience, followed

by 13.6% ($n = 3$) of women reporting that their sexual minority status did interfere with

their ability to disclose their sexual victimization experience. The majority of women

(63.6%, $n = 14$) indicated that their sexual victimization experience did not impact their

decision to come out at a later time, followed by 31.8% ($n = 7$) of women indicating that

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their sexual victimization experience did impact their decision to come out at a later time, and 4.5% ($n = 1$) failed to mentioned whether their experienced impacted their decision to come out at a later time. Lastly, most women 81.8% ($n = 18$) indicated that their sexual minority status did not influence their decision to disclose their experience, followed by 13.6% ($n = 3$) reporting that their sexual minority status did influence their decision to disclose, and 4.5% ($n = 1$) failed to mention whether their sexual minority status had any influence on their decision to disclose their experience.

Associations Between Self-Report Measures and Sexual Minority Status

There was a statistically significant association between heterosexual women ($n = 128$) and sexual minority women ($n = 49$) and adolescent/adult sexual assault severity, $X^2(3) = 236.18$, $p = .001$, with sexual minority women ($n = 88.5$) reporting more severe adolescent/adult sexual victimization experiences compared to heterosexual women ($n = 88.5$). Additionally, 91.4% of heterosexual women ($n = 117$) reported having been revictimized (e.g., more than one sexual victimization experience), whereas all of the sexual minority women ($n = 49$) reported having been revictimized. There was a statistically significant association between sexual minority women and heterosexual women's likelihood of revictimization, $X^2(1) = 109.16$, $p = .001$, with sexual minority women ($n = 88.5$) being more likely to be revictimized than heterosexual women ($n = 88.5$). Table 7 presents a comparison between self-report measures based on sexual minority status. There were statistically significant differences between sexual minority women and heterosexual women in regards to childhood trauma, emotional abuse in childhood, sexual abuse in childhood, current trauma symptoms, psychopathology (e.g., anxiety, depression, somatization), maladaptive coping thorough substances, maladaptive

coping through self-blame, and depression, prior to adjusting the alpha value to .002 in order to account for the number of comparisons in the analyses. However, after the adjustment, there were no statistically significant differences between the groups with respect to these self-report measures (e.g., CTQ, RAQ, TSC, AUDIT-C, BSI-18, Brief COPE, SRQ, BDI-II, and PTGI).

Associations Between Contextual Features of Experiences and Sexual Minority Status

Table 8 presents a comparison between the contextual features of women's sexual assault narratives based on sexual minority status. There were no statistically significant associations between the groups with respect to contextual features of their sexual assault experiences.

Associations Between Contextual Features of Post-Sexual Assault Experiences and Sexual Minority Status

Table 9 presents a summary of the information given by heterosexual and sexual minority women in their sexual assault narratives. There were no statistically significant associations between the groups with respect to contextual features of their post-sexual assault experiences.

Chapter 4

Discussion

Previous work on sexual victimization has focused heavily on heterosexual women's experiences, neglecting to examine sexual minority women's experiences of sexual assault. Indeed, researchers have highlighted this gap in the literature and the need for this area to receive further attention (Han et al., 2013; Heidt et al., 2005). The current study attempted to bridge this gap in the literature by collecting both qualitative and quantitative information from lesbian, bisexual, and heterosexual women who had experienced at least one sexual victimization experience since the age of 14. Women were asked to describe, in detail, their most distressing or severe victimization experience in efforts of gathering rich information about the context in which these sexual assaults occurred (e.g., presence/absence of substances, location, sex of perpetrator, situation, relationship to perpetrator, verbal/physical coercion, women's reaction etc.). Women were also assessed on their coping strategies, alcohol use, childhood experiences of abuse and neglect, and psychopathology. This study extends the literature on women's sexual victimization experiences by focusing on a unique population of women (e.g., sexual minority women) who experience sexual assault at higher rates than their heterosexual peers and also exhibit higher levels of psychopathology (Balsam et al., 2005; Balsam et al., 2011; Hughes et al., 2010; Hughes et al., 2010; Long et al., 2007; Martin et al., 2011; Rothman et al., 2011). The importance of examining the associations between women's sexual assault experiences and their coping strategies and levels of psychopathology may be important in informing the development of culturally valid treatments and interventions. The results and their implications will be summarized below.

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Women's Sexual Assault Experiences

There were no statistically significant differences between sexual minority and heterosexual women with respect to the contextual features of their assaults. Although no differences were found between contextual features of assaults among heterosexual and sexual minority women, the study's rich data illuminates the public health relevance of sexual assault for both groups of women. Approximately 90% of women indicated that they experienced a negative emotional reaction following their sexual assault yet, over a quarter of the sample did not disclose their experience to anyone, and three quarters of the sample did not seek medical attention and thus, did not disclose their experience to a medical health provider. Moreover, about half of the sample (44.9%, $n = 22$) of sexual minority women did not disclose their experience, however, three quarters of the sexual minority women who did not disclose their experience indicated that their sexual minority status did not influence their decision to not disclose. It is unclear what discouraged them from disclosing their experience, but the literature shows that most women who disclose their experience to anyone have better post-victimization recoveries (Ullman, 1999). These finding pose significant public health implications for women who do not disclose their sexual assault experiences by placing them at heightened risk of developing mental health (e.g., depression, anxiety, PTSD) and physical health (e.g., STIS's) complications.

Negative Coping Strategies and Psychopathology

Sexual minority and heterosexual women did not differ in terms of their negative coping strategies. However, both groups of women scored significantly high in both negative emotional coping and self-blame -- two forms of maladaptive coping that have

been associated with poor post-victimization mental health (Campbell et al., 2009). This finding has public health relevance due to the potential associations among maladaptive coping, PTSD, depression, anxiety, fear, and overall longer post-victimization recovery times. If women could have access to treatment soon after their sexual assault experiences, and the treatment focused on adaptive coping with the traumatic event, they could potentially experience less mental health issues after their victimization experience (Ullman et al., 2007). Effectiveness of interventions to reduce rates of sexual victimization and revictimization for women have been mixed, with interventions focused on behavioral rehearsal being the most effective; focusing on treatment shortly after victimization is another fruitful option to target women's post assault psychological sequelae (Gidycz, Orchowsky, Probst, Edwards, Murphy, & Tansill, 2015). The only potential barrier to targeting these women would be their access to resources, which inevitably highlights some of the core problems associated with mental health disparities. Efforts to target these women would have to take into careful consideration ways to facilitate their access to treatment, by either having mental health professionals visit women's homes, if transportation is a barrier, or facilitating small mental health groups throughout communities that usually have low attendance rates in mental health groups conducted in hospitals or other health care centers. It would be crucial to publicize these forms of treatment through public service announcements on the radio and in the media. Flyers posted at women's health centers and other mental health facilities could increase both attendance and use of these mental health resources.

With respect to psychopathology, interesting findings emerged. Although there were no statistically significant differences between heterosexual and sexual minority

women in terms of their scores for depression, it is important to highlight that the heterosexual women's average depression score ($M = 24.81$, $SD = 20.60$) met the clinical cutoff for moderate depression. On the other hand, sexual minority women's average depression score ($M = 32.06$, $SD = 20.43$) met clinical cutoff for severe depression. This is clinically relevant and indicates that the sample of women recruited in this study, on average, suffered from clinically diagnosable depression. Moreover, with respect to alcohol use, both heterosexual women ($M = 5.66$, $SD = 2.38$) and sexual minority women ($M = 6.35$, $SD = 2.68$) exceeded the threshold for hazardous drinking, with approximately 20% ($n = 35$) of women indicating that they consume three to ten drinks on a typical day when they are drinking. This is again, clinically relevant and indicates that this sample of women might have a higher likelihood of their alcohol misuse affecting both their health and mental health. Additionally, the National Institute on Alcohol Abuse and Alcoholism has found binge drinking (e.g., drinking more than four drinks for women) to be linked to women experiencing negative outcomes, such as sexual assault (Griffin, Wardell, & Read, 2013). Drinking more than four drinks per occasion might place women at a higher risk for sexual revictimization compared to women who do not binge drink. Indeed, college women who had been recently sexually victimized had higher levels of hazardous drinking and binge drinking compared to women who had not experienced a recent sexual victimization experience (Griffin et al., 2013). Since research posits that alcohol misuse is often accompanied by other substance misuse, public and mental health professionals should aim to decrease both alcohol and substance misuse among women by asking about their substance use levels during initial screening procedures for medical or psychological treatment (Livingston, Oost, Heck, & Cochran, 2015). Additionally,

sexual minority status has been linked with having a higher risk of hazardous substance use (Livingston et al., 2015). Again, efforts to target these groups of women who are experiencing negative psychological sequelae would have to be made, in order to have them start treatment earlier rather than later. Public service announcements would have to be implemented to facilitate recruitment and implementation of alcohol and substance use treatment for these women.

Limitations

This study had several limitations. First, the ability to generalize the findings in this study is questionable given the study's attrition rates. There are multiple possibilities for why women could have not finished the survey: time constraints, loss of motivation, and boredom. It is also possible that the topic of the questions made the participants uncomfortable and they chose to discontinue the survey, suggesting that the women who completed the study may have been experiencing less psychopathology than women who discontinued participation. Furthermore, the current sample of women were financially better off than the average person in the general population. Specifically, the median average salary for this sample was somewhere between $30,000 - $44,999, while according to recent Census data, the median wage for someone living in the United States of America is $26,695 annually. Moreover, this sample of women was also very educated, with a large portion of the women having earned a bachelor's degree. This indicates that women who completed the survey were likely different (e.g., more educated, higher incomes) than women who decided to exit out of the survey. Thus, the study's findings may only generalize to women who are more educated and earn more money than the average woman in the general population.

Second, the study was conducted online and while online data collection facilitated enrollment rate, it is questionable whether these findings can be generalized to other populations. Certain caution needs to be taken when analyzing online data due to a potential access barrier to technology and the Internet. As mentioned previously, this population came from a higher socioeconomic status due to their access to a computer, laptop, tablet, or other electronic device with access to the Internet. Higher economic status is related to better post-victimization outcomes (Carpenter-Song, Whitley, Lawson, Quimby & Drake, 2011). Moreover, this sample of women was also very educated, thus, there is the possibility that minority women who have worst post-victimization outcomes due to less access to resources did not have the ability to participate in this study. This possibility is a confounding variable that cannot be ignored when interpreting the study's findings. Third, a similar confounding variable might be that women who were less distressed and had experienced posttraumatic growth were more likely to participate than women who were experiencing higher levels of distress. Frazier, Conlon, and Glaser (2001) found that sexual assault survivors report positive change and growth just two weeks after their sexual victimization experience, with negative change decreasing and positive growth increasing as time went by.

Fourth, the study's group sizes were significantly different, which resulted in the use of mostly non-parametric statistical analyses. Since these analytic techniques are less powerful, they are less likely to reject the null hypothesis. Given that most of the analyses regarding the contextual features of women's narratives failed to reject the null hypothesis, it is possible that the study contains Type II errors. Of course, the null findings may also indicate that these events are very similar.

Lastly, another limitation of the study pertains to the lack of information regarding whether participants were actively enrolled in college. College women students are at the highest risk for sexual victimization (Fisher, Cullen, & Turner, 2000) thus, not knowing their academic status is a limitation because college and community samples have shown to respond differently to the same questionnaires (McCabe, Krauss, & Lieberman, 2010). It would have been helpful to know if there were any sexual minority college women in the current sample, who not only were a high risk population because they were college students, but simultaneously were at high risk for victimization because of their sexual minority status (Rothman et al., 2011). Furthermore, the college women population has been found to be at risk for hazardous drinking, which again is associated with higher rates of sexual victimization (Griffin et al., 2013).

Future Directions

Although the study had several limitations, findings from this study still provide valuable information about sexual minority women's victimization experiences. Since so little is known about this specific population, obtaining any data moves the field further with respect to understanding the experiences of these women. Future work might focus on recruiting difficult-to-reach populations (e.g., lower SES, ethnic minority women who are sexual minorities also) by conducting face-to-face interviews in participants' homes, providing greater incentives to participate in the study, and having more extensive recruitment efforts by conducting better outreach to organizations.

Sexual victimization is a major public health concern, and although this study gathered rich information about the context of these victimization experiences, more research needs to be done with diverse women. This study examined sexual identity,

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context of sexual victimization experiences, psychopathology, childhood experiences of abuse and neglect, alcohol use, and negative coping strategies. Deepening our field's knowledge about the relationship between minority women's experiences of sexual assault and their mental health could help inform post-victimization treatment and interventions to prevent victimization by identifying factors that could be placing them at risk for victimization.

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Table 1

Participant demographics

Self-Report Measure	All Women		Heterosexual		Sexual Minority	
	Freq.	Percentage	Freq.	Percentage	Freq.	Percentage
Marital Status						
Single	95	53.7%	70	54.7%	25	51.0%
Divorced	19	10.7%	14	10.9%	5	10.2%
Married	36	20.3%	28	21.9%	8	16.3%
Living Together	22	12.4%	13	10.2%	9	18.4%
Separated	3	1.7%	2	1.6%	1	2.0%
Widowed	2	1.1%	1	0.8%	1	2.0%
Sexual Partners						
All women	6	3.4%	2	1.6%	4	8.2%
More women	11	6.2%	0	0.0%	11	22.4%
Equal	6	3.4%	0	0.0%	6	12.2%
More men	38	21.5	13	10.2%	25	51.0%

Self-Report Measure	All Women		Heterosexual		Sexual Minority	
	Freq.	Percentage	Freq.	Percentage	Freq.	Percentage
All men	116	65.5%	113	88.3%	3	6.1%
Ethnicity						
Asian/Pacific Islander	16	9.0%	11	8.6%	5	10.2%
Non-Hispanic White	114	64.4%	81	63.3%	33	67.3%
African American	25	14.1%	19	14.8%	6	12.2%
American Indian/ Alaskan Native	6	3.4%	4	3.1%	2	4.1%
Hispanic/Latino	22	12.4%	17	13.3%	5	10.2%
Other	8	4.5%	5	3.9%	3	6.1%
Education						
Some HS	2	1.1%	1	0.8%	1	2.0%
HS Diploma	9	5.1%	7	5.5%	2	4.1%
Some College	47	26.6%	35	27.3%	12	24.5%
Associate's	24	13.6%	17	13.3%	7	14.3%

Self-Report Measure	All Women		Heterosexual		Sexual Minority	
	Freq.	Percentage	Freq.	Percentage	Freq.	Percentage
Bachelor's	57	32.2%	41	32.0%	16	32.7%
Graduate school	38	21.5%	27	21.1%	11	22.4%
Yearly Income						
0 – 14,999	52	29.4%	37	28.9%	15	30.6%
15,000 – 29,999	33	18.6%	24	18.8%	9	18.4%
30,000 – 44,999	38	21.5%	23	18.0%	15	30.6%
45,000 – 59,999	12	6.8%	9	7.0%	3	6.1%
60,000 – 74,999	14	7.9%	12	9.4%	2	4.1%
75,000 – 89,000	13	7.3%	10	7.8%	3	6.1%
90,000+	15	8.5%	13	10.2%	2	4.1%

Note. All women = all women sexual partners. More women = more women than men sexual partners. Equal = men and women equally sexual partners. More men = more men that women sexual partners. All men = all men sexual partners. Some HS = completed some high school. HS Diploma = completed high school diploma. Some College = completed some college. Associate's = completed associate's degree. Bachelor's = completed bachelor's degree.

Table 2

Participant's self-report measures

Self-Report Measure	All Women		Heterosexual		Sexual Minority	
	Mean	SD	Mean	SD	Mean	SD
CTQ			45.16	20.76	53.29	22.59
Emotional Abuse	17.46	3.70	17.01	3.62	18.63	3.67
Physical Abuse	12.33	7.82	12.13	7.93	12.86	7.59
Sexual Abuse	14.16	5.68	13.45	5.24	16.02	6.38
Emotional Neglect	11.38	5.97	10.93	5.79	12.55	6.32
Physical Neglect	11.88	3.86	11.56	3.79	12.71	3.97
RAQ	84.16	13.5	84.95	13.87	82.08	0.63
TSC	48.04	25.42	45.28	24.11	55.24	27.52
AUDIT-C	5.85	2.48	5.66	2.38	6.35	2.68
BSI-18	23.34	17.32	21.74	17.67	27.51	15.81

Self-Report Measure	All Women		Heterosexual		Sexual Minority	
	Mean	SD	Mean	SD	Mean	SD
Brief COPE						
Denial	3.20	1.51	3.18	1.48	3.27	1.59
Substances	3.44	2.00	3.17	1.85	4.14	2.27
Negative Emotional	4.99	2.01	4.94	2.09	5.14	1.79
Negative Behavioral	3.45	1.62	3.34	1.53	3.73	1.81
Self-Blame	4.63	1.88	4.45	1.88	5.10	1.84
SRQ						
Egocentric Support	6.42	5.06	6.42	5.03	6.41	5.20
Negative Control	7.58	5.37	7.61	5.25	7.49	5.73
Treated Differently	7.24	5.85	7.12	5.81	7.57	6.01
Victim Blame	7.90	4.79	7.77	4.99	8.22	4.26
BDI-II	26.83	20.76	24.81	20.60	32.06	20.43
PTGI	49.45	27.87	50.13	28.61	47.69	26.05

Note. RAQ = Rape Attribution Questionnaire. TSC = Trauma Symptom Checklist. AUDIT-C = Alcohol Use Disorder Identification Test Consumption. BSI-18 = Brief Symptom Inventory- 18. Brief COPE Denial = subscale on Brief COPE that measures coping through denial. Brief COPE Substances = subscale on Brief COPE that measures coping through substances. Brief COPE Negative Emotional = subscale on Brief COPE that measures negative emotional coping. Brief COPE Negative Behavioral = subscale on Brief COPE that measures negative behavioral coping. Brief COPE Self-Blame = subscale on Brief COPE that measures negative self-blame. SRQ = Social Reactions Questionnaire. SRQ Egocentric Support = subscale on the SRQ that measures negative egocentric social support from others. SRQ Negative Control = subscale on the SRQ that measures negative control from others. SRQ Treated Differently = subscale on the SRQ that measures being treated differently by others. SRQ Victim Blame = subscale on the SRQ that measures being blames by others. BDI-II = Beck Depression Inventory-II. PTGI = Posttraumatic Growth Inventory

Table 3

Spearman's rho correlations between sexual orientation and self-report measures

Variables	*M*	*SD*	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
1. Orient																		
2. Exp	3.62	0.74	.01															
3. CTQ	52.98	15.03	.16*	.11														
4. RAQ	84.16	13.51	-.12	.22**	.24**													
5. TSC	48.04	25.42	.16*	.10	.33**	.02												
6. AUD	5.85	2.48	.11	.19*	-.08	-.12	.05											
7. BSI-18	23.34	17.32	.18*	.09	.21**	-.11	.82**	-.01										
8. Den	3.20	1.51	.02	.05	.13	.01	.44**	.11	.48**									
9. Subs	3.44	2.00	.21**	.13	-.03	-.08	.22**	.65**	.17*	.26**								
10. Emot.	4.99	2.01	.05	.13	-.01	.14	.06	.04	.05	.01	.19**							
11. Beha.	3.45	1.62	.10	-.08	.13	-.11	.41**	.07	.42**	.43**	.18*	-.15						
12. Self	4.63	1.88	.15*	.05	.07	.03	.58**	.06	.59**	.45**	.29**	.01	.50**					
13. Ego	6.42	5.06	-.01	-.02	.16*	.10	.25**	.05	.20**	.19**	.19*	.19*	.14	.15				
14. Cont	7.58	5.37	-.02	.03	.16*	.02	.27**	.02	.25**	.20**	.20**	.07	.20**	.24**	.77**			

15. Treat 7.24 5.85 .04 .04 .15 .05 .3** .01 .27** .22** .19* .12 .24* .20** .73** .76**

16. BDI 26.83 20.76 .18* .06 .16* -.14 .72** .10 .76** .44** .28** -.09 .51** .67** .17* .26** .24**

17. PTGI 49.45 27.87 -.04 .12 .22** .42** .02 -.13 -.10 -.08 02 .40** -.22** -.11 .20 .08 .11 -.24**

Note: *p* < .05; **p* < .01. Orient = Sexual Orientation. Exp = Sexual Experiences Survey Severity Category. CTQ = Childhood Trauma Questionnaire. RAQ = Rape Attribution Questionnaire. TSC= Trauma Symptom Checklist. AUD = Alcohol Use Disorder Identification Test Consumption. BSI-18 = Brief Symptom Inventory. Den = subscale on Brief COPE that measures coping through denial. Subs = subscale on Brief COPE that measures coping through substances. Emot. = subscale on Brief COPE that measures negative emotional coping. Beha = subscale on Brief COPE that measures negative behavioral coping, Self = subscale on Brief COPE that measures negative self-blame. Ego = subscale on the Social Reactions Questionnaire that measures negative egocentric social support from others. Cont = subscale on the Social Reactions Questionnaire that measures negative control from others, Treat = subscale on the Social Reactions Questionnaire that measures being treated differently by others BDI = Beck Depression Inventory-II. PTGI = Posttraumatic Growth Inventory.

Table 4

Contextual features of women's sexual assault experiences

Category	Code	Percentage
Alcohol Use	Woman	19.8%
	Both Present	15.8%
	Not mentioned	43.5%
Drug Use	Both Absent	14.7%
	Rape Drug	09.0%
	Not mentioned	65.5%
Location	Perpetrator's Residence	29.4%
	Woman's Residence	16.9%
	Not mentioned	17.5%
Relationship	Acquaintance	24.3%
	Stranger	11.9%
	Friend	11.9%
	Not mentioned	13.0%
Consensual Contact	Yes	16.4%
	No/not mentioned	83.6%
Women's Reaction	Passive	33.3%
	Physically Resist	30.5%
Verbal Coercion	Plead/Argue	18.6%
	Absent/Not mentioned	64.4%
Physical Coercion	Restrain	57.1%

Category	Code	Percentage
	Absent/Not mentioned	18.6%
Situation	Platonic	19.8%
	After Party	15.8%
	Relationship	13.6%
Hate Crime	Yes	00.6%
	Not mentioned	99.4%
Unconscious	Unconscious	19.2%
	Not mentioned	75.7%
Gender	Male	94.9%
	Female	02.3%
Sexual Orientation	Heterosexual	61.0%
	Not mentioned	36.2%
Time Knew	Over 1 year	30.5%
	Less than 1 week	23.7%

Note. Only the top two to three codes within categories were included in the tables; thus percentages do not add up to one hundred percent. Gender = Gender of the perpetrator. Sexual Orientation = Sexual orientation of the perpetrator. Time Knew = Time the women knew the perpetrator prior to the sexual assault.

Table 5

Contextual features of post-sexual assault experiences

Category	Code	Percentage
Contact	Yes	07.3%
	No	71.8%
	Not mentioned	20.9%
Emotional Reaction	Negative	88.1%
	Positive	00.6%
	Neutral/not mentioned	11.3%
Disclosure Response	Positive	36.7%
	Negative	23.7%
	Neutral/not mentioned	12.4%
	Did not disclose	27.1%
Overall Medical Experience	Negative	11.3%
	Positive	06.2%
	Neutral/not mentioned	04.5%
	Did not disclose	78.0%
Overall Police Experience	Negative	14.1%
	Positive	10.7%
	Neutral/not mentioned	04.0%
	Did not disclose	71.2%

Note. Contact = Indicates if women are currently in contact with the perpetrator.
Emotional Reaction = women's emotional reaction after the sexual assault. Disclosure
Response = Other's response when women disclosed their sexual assault experience.
Overall Medical Experience = women's overall experience when disclosing sexual

assault to medical personnel. Overall Police Experience = women's overall experience when disclosing the sexual assault to police personnel.

Table 6

Contextual features of sexual minority's women's disclosure of sexual assault

Category	Code	Percentage
Threaten	No	77.3%
	Yes	13.6%
	Not mentioned	09.1%
Disclose	No	86.4%
	Yes	13.6%
Affect	No	63.6%
	Yes	31.8%
	Not mentioned	4.5%
Out Expose	No	81.8%
	Yes	13.6%
	Not mentioned	04.5%

Note. Threaten = Did the individuals(s) involved in the experience ever threaten to reveal your sexual identity to anyone. Disclose = Did you feel like you could not disclose your experience because of your sexual identity. Affect = Did your experience negatively impact your decision to come out at a later time? Out Expose = Did your sexual identity influence your decision to disclose the experience.

Table 7

Associations between self-report measures and sexual minority status

Self-Report Measure	Heterosexual		Sexual Minority		*t*	*df*	*p*
	Mean	SD	Mean	SD			
CTQ	45.16	20.76	53.29	22.59	-2.28	175	.024
Emotional Abuse	17.01	3.62	18.63	3.67	-2.66	175	.008
Physical Abuse	12.13	7.93	12.86	7.59	-0.56	175	.579
Sexual Abuse	13.45	5.24	16.02	6.38	-2.74	175	.007
Emotional Neglect	10.93	5.79	12.55	6.32	1.63	175	.106
Physical Neglect	11.56	3.79	12.71	3.97	-1.79	175	.076
RAQ	84.95	13.87	82.08	0.63	1.27	175	.207
TSC	45.28	24.11	55.24	27.52	-2.36	175	.019
AUDIT-C	5.66	2.38	6.35	2.68	-1.65	175	.101
BSI-18	21.74	17.67	27.51	15.81	-2.00	175	.047

Self-Report Measure	Heterosexual		Sexual Minority		t	df	p
	Mean	SD	Mean	SD			
Brief COPE							
Denial	3.18	1.48	3.27	1.59	-0.34	175	.737
Substances	3.17	1.85	4.14	2.27	-2.95	175	.004
Negative Emotional	4.94	2.09	5.14	1.79	-0.61	175	.545
Negative Behavioral	3.34	1.53	3.73	1.81	-1.47	175	.143
Self-Blame	4.45	1.88	5.10	1.84	-2.08	175	.039
SRQ							
Egocentric Support	6.42	5.03	6.41	5.20	0.02	175	.987
Negative Control	7.61	5.25	7.49	5.73	-0.13	175	.895
Treated Differently	7.12	5.81	7.57	6.01	-0.46	175	.645
Victim Blame	7.77	4.99	8.22	4.26	-0.56	175	.577
BDI-II	24.81	20.60	32.06	20.43	-2.10	175	.037
PTGI	50.13	28.61	47.69	26.05	0.52	175	.605

Note. RAQ = Rape Attribution Questionnaire. TSC = Trauma Symptom Checklist. AUDIT-C = Alcohol Use Disorder Identification Test Consumption. BSI-18 = Brief Symptom Inventory- 18. Brief COPE Denial = subscale on Brief COPE that measures coping through denial. Brief COPE Substances = subscale on Brief COPE that measures coping through substances. Brief COPE Negative Emotional = subscale on Brief COPE that measures negative emotional coping. Brief COPE Negative Behavioral = subscale on Brief COPE that measures negative behavioral coping. Brief COPE Self-Blame = subscale on Brief COPE that measures negative self-blame. SRQ = Social Reactions Questionnaire. SRQ Egocentric Support = subscale on the SRQ that measures negative egocentric social support from others. SRQ Negative Control = subscale on the SRQ that measures negative control from others. SRQ Treated Differently = subscale on the SRQ that measures being treated differently by others. SRQ Victim Blame = subscale on the SRQ that measures being blames by others. BDI-II = Beck Depression Inventory-II. PTGI = Posttraumatic Growth Inventory

Table 8

Associations between contextual features of experiences and sexual minority status

Category	Code	Heterosexual (n = 128)	Sexual Minority (n = 49)	*U*	*p*
Alcohol Use	Woman	20.3%	18.4%	2947.5	.515
	Both	16.4%	26.5%		
	Not mentioned	44.5%	40.8%		
Drug Use	Both Absent	15.6%	12.2%	3102.5	.897
	Rape Drug	10.2%	06.1%		
	Not mentioned	64.8%	67.3%		
Location	Perpetrator's Residence	27.3%	34.7%	3120.0	.957
	Woman's Residence	18.0%	14.3%		
	Not mentioned	17.2%	20.4%		
Relationship	Acquaintance	25.8%	20.4%	2807.5	.276
	Stranger	14.1%	06.1%		
	Friend	11.7%	12.2%		

Category	Code	Heterosexual (n = 128)	Sexual Minority (n = 49)	U	p
	Not Mentioned	14.1%	10.2%		
Consensual Contact	Yes	14.1%	22.4%	2873.0	.592
	No/Not mentioned	85.9%	77.6%		
Women's Reaction	Passive	33.6%	32.7%	2979.0	.592
	Physically Resist	29.7%	32.7%		
Verbal Coercion	Plead/Argue	18.0%	20.4%	2801.0	.197
	Absent/Not mentioned	67.2%	57.1%		
Physical Coercion	Restrain	57.8%	55.1%	3004.0	.630
	Absent/Not mentioned	18.0%	20.4%		
Situation	Platonic	18.8%	22.4%	3015.0	.689
	After Party	16.4%	14.3%		
	Relationship	14.1%	12.2%		
Unconscious	Unconscious	21.1%	14.3%	2948.0	.410
	Not mentioned	74.2%	79.6%		

Category	Code	Heterosexual (n = 128)	Sexual Minority (n = 49)	*U*	*p*
Gender	Male	95.3%	93.9%	3094.0	.718
	Female	1.6%	4.1%		
Sexual Orientation	Heterosexual	57.8%	69.4%	2693.5	.089
	Not mentioned	40.6%	24.5%		
Time Knew	Over 1 year	30.5%	30.6%	2988.0	.618
	Less than 1 week	23.4%	22.4%		

Note. Only the top two to three codes within categories were included in the tables; thus percentages do not add up to one hundred percent. Gender = Gender of the perpetrator. Sexual Orientation = Sexual orientation of the perpetrator. Time Knew = Time the women knew the perpetrator prior to the sexual assault.

Table 9

Associations between contextual features of post-sexual assault experiences and sexual minority status

Category	Code	Heterosexual (n = 128)	Sexual Minority (n = 49)	*U*	*p*
Contact	Yes	07.0%	08.2%	2842.0	.221
	No	69.5%	77.6%		
	Not mentioned	23.4%	14.6%		
Emotional Reaction	Negative	87.5%	89.8%	3056.0	.640
	Positive	00.0%	02.0%		
	Neutral	12.5%	08.2%		
Disclosure Response	Positive	34.4%	42.9%	3003.0	.649
	Negative	21.1%	30.6%		
	Neutral/not mentioned	15.6%	04.1%		
	Did not disclose	28.9%	22.4%		
Medical Experience	Negative	10.9%	12.2%	2749.0	.080
	Positive	07.8%	02.0%		

Category	Code	Heterosexual (n = 128)	Sexual Minority (n = 49)	*U*	*p*
	Neutral/not mentioned	06.3%	00.0%		
	Did not disclose	75.0%	85.7%		
Police Experience	Negative	14.1%	14.3%	2720.5	.087
	Positive	13.3%	4.1%		
	Neutral/not mentioned	04.7%	02.0%		
	Did not disclose	68.0%	79.6%		

Note. Contact = Indicates if women are currently in contact with the perpetrator. Emotional Reaction = women's emotional reaction after the sexual assault. Disclosure Response = Other's response when women disclosed their sexual assault experience. Medical Experience = women's overall experience when disclosing sexual assault to medical personnel. Police Experience = women's overall experience when disclosing the sexual assault to police personnel

Appendix A: Demographics Questionnaire

INSTRUCTIONS: For each of the questions below click on the bubble that best represents your answer.

1. What is your biological sex?
   - o Male (**If Male, survey will end)**
   - o Female

2. Which of the following most accurately describes your gender?
   - o Male
   - o Female
   - o Other

3. How old are you today?
     [   ] (Participant will type in their age)

4. Which of the following most accurately describes your marital status?
   - o Single (NOT MARRIED)
   - o Divorced
   - o Married
   - o Living Together
   - o Separated
   - o Widowed

5. Which of the following most accurately describes your sexual identity?
   - o Heterosexual
   - o Homosexual
   - o Bisexual

6. Which one of the following most closely resembles your sexual partners?
   - o All women
   - o More women than men
   - o Men and women equally
   - o More men than women
   - o All men

7. How many sexual partners have you had?
     [   ] (Participant will type in the number)

8. Which of the following best describes your ethnicity?
   - o Asian/Pacific Islander
   - o White/Caucasian
   - o African American
   - o American Indian/Alaskan Native
   - o Hispanic/Latino
   - o Other_____ (Participants will be able to write in other ethnicity)

1. What is the highest level of education you completed?
   - o Some high school
   - o High School Diploma
   - o Some College
   - o Associate's Degree
   - o Bachelor's Degree
   - o Graduate School

2. Which of the following is the most accurate estimate of your yearly income?
   - o $0 - $14,999
   - o $15,000 - $29,999
   - o $30,000 - $44,999
   - o $45,000 - $59,999
   - o $60,000 - $74,999
   - o $75,000 - $89,000
   - o $90,000+

Appendix B: Qualitative Survey

If participant endorsed only one item on the SES:

You endorsed the following item on the previous questionnaire.

- ○ "Have you ever given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because you were overwhelmed by an individual's continual arguments and pressure?"

The next set of questions will apply to the experience you endorsed on the last questionnaire. Again, the item that describes that experience was the following:

"Have you ever given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because you were overwhelmed by an individual's continual arguments and pressure?"

These questions will be about that, and only that, experience. If that experience happened to you more than once write about the one that **was most severe or distressing**.

If participant endorsed more than one item on the SES:

You endorsed the following items on the previous questionnaire. . Please choose the item that describes the experience that you consider to be the most severe or the most distressing:

- ○ "Have you ever given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because you were overwhelmed by an individual's continual arguments and pressure?"
- ○ "Have you had an individual attempt sexual intercourse (get on top of you, attempt to insert his or her body part) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down, etc.) but intercourse did not occur?"
- ○ "Have you had sexual intercourse when you didn't want to because an individual gave you alcohol or drugs?"

The next set of questions will apply to the experience that you just chose on the last questionnaire as the most severe or distressing. Again, the item that describes that experience was the following:

"You had an individual attempt sexual intercourse (get on top of you, attempt to insert his or her body part) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down, etc.) but intercourse did not occur"

These questions will be about that, and only that, experience. If that experience happened to you more than once write about the one that **was most severe or distressing**.

1. Please describe what happened during this experience. That is, tell us the story of your experience, including how the event began, how it unfolded, and how it ended. Be sure to include the following details, including where the event occurred, what types of sexual activity occurred (if any), how you responded during the event, and whether there was any alcohol or drug use by you or the other individual(s) involved. It there was alcohol and drug use, please tell us how much alcohol and what types of drugs were involved during the event. Feel free to include other aspects of the event that you feel are important.

2. How many people were involved in the experience itself, not including you?
   [   ] (Participant can type in number)

3. Please describe the individual or individuals involved in the experiences, including gender, sexual orientation, your relationship to the individual or individuals, how long you knew the individual or individuals prior to the experience, and if you are still in contact with the individual or individuals.

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4. What was your emotional reaction to this experience, if any? What were your thoughts immediately after the experience as to why this happened? Have your thoughts about why this happened or your emotional reaction to the event changed over time?

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5a. Did you tell anyone about your experience?
- o   No
- o   Yes (If Yes, questions 5b will open)

5b. Who did you tell? How did they respond when you told them? How did their response affect you?

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6a. Did you go to the emergency room or seek medical treatment?
- o   No
- o   Yes (If Yes, text box will open)

6b. What did medical staff do or say? What was your overall experience like?

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7a. Did you report your experience to the police?
- o   No
- o   Yes (If Yes, text box will open)

7b. What did police do or say? What was your overall experience like?

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Questions for Lesbian and Bisexual Women:

8a. Were you out when your experience occurred?
- o No (if No, text box will open)
- o Yes

8b. Did the individual(s) involved in the experience ever threaten to reveal your sexual identity to anyone? If so, what did he or she say?

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8c. Did you feel like you could not disclose your experience because of your sexual identity? Why or why not?

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8d. Did your experience negatively impact your decision to come out at a later time? Why or why not?

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9. Did your sexual identity influence your decision to disclose the experience, in what ways?

[blank answer box]

10. Is there anything else you would like to tell us about your experience that the previous questions did not address?

[blank answer box]

Appendix C: Sexual Experiences Survey (SES)

INSTRUCTIONS: Please click on the bubble that best represents your answer for each of the following questions. Please read each question carefully**. THE FOLLOWING QUESTIONS ARE ONLY ABOUT SEXUAL EXPERIENCES YOU MAY HAVE HAD SINCE YOU WERE 14 YEARS OLD.**

Question 1
_____

Have you ever given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because you were overwhelmed by an individual's continual arguments and pressure? **(Since you were fourteen**)

- o No **(If no, program will skip to question 2)**
- o Yes

How many times has this happened (from age 14 on)? (Participant can type in a number)
[   ]

Please provide the date when the **most recent** experience occurred. If you're not sure approximate.
[   ] (Participant can type in month and year)

Question 2
_____

Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because an individual used his or her position of authority (boss, teacher, camp counselor, supervisor) to make you? **(Since you were fourteen)**

- o No **(If no, program will skip to question 3)**
- o Yes

How many times has this happened (from age 14 on)? (Participant can type in a number)
[   ]

Please provide the date when the **most recent** experience occurred. If you're not sure approximate.
[   ] (Participant can type in month and year)

Question 3
_____

Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't
want to because an individual threatened or used some degree of physical force (twisting
your arm, holding you down, etc.) to make you? **(Since you were fourteen)**

- o   No **(If no, program will skip to question 4)**
- o   Yes

How many times has this happened (from age 14 on)? (Participant can type in a number)
        [   ]

Please provide the date when the **most recent** experience occurred. If you're not sure
approximate.
        [   ] (Participant can type in month and year)

Question 4
_____

Have you had an individual attempt sexual intercourse (get on top of you, attempt to insert
his penis) when you didn't want to by threatening or using some degree of force (twisting
your arm, holding you down, etc.) but intercourse did not occur? **(Since you were fourteen)**

- o   No **(If no, program will skip to question 5)**
- o   Yes

How many times has this happened (from age 14 on)? (Participant can type in a number)
        [   ]

Please provide the date when the **most recent** experience occurred. If you're not sure
approximate.
        [   ] (Participant can type in month and year)

Question 5

Have you had an individual attempt sexual intercourse (get on top of you and attempt to insert his penis) when you didn't want to by giving you alcohol or drugs, but intercourse did not occur? **(Since you were fourteen)**

- o   No **(If no, program will skip to question 6)**
- o   Yes

How many times has it happened (from age 14 on)? (Participant can type in a number)
[   ]

Please provide the date when the **most recent** experience occurred. If you're not sure approximate.
[   ] (Participant can type in month and year)

Question 6

Have you given in to sexual intercourse when you didn't want to because you were overwhelmed by an individual's continual arguments or pressure? **(Since you were fourteen)**

- o   No **(If no, program will skip to question 7)**
- o   Yes

How many times has this happened (from age 14 on)? (Participant can type in a number)
[   ]

Please provide the date when the **most recent** experience occurred. If you're not sure approximate.
[   ] (Participant can type in month and year)

Question 7

Have you had sexual intercourse when you didn't want to because an individual used his or her position of authority (boss, teacher, counselor, supervisor) to make you? **(Since you were fourteen)**

- o No **(If no, program will skip to question 8)**
- o Yes

How many times has this happened (from age 14 on)? (Participant can type in a number)
[   ]

Please provide the date when the **most recent** experience occurred. If you're not sure approximate.
[   ] (Participant can type in month and year)

Question 8

Have you had sexual intercourse when you didn't want to because an individual gave you alcohol or drugs? **(Since you were fourteen)**

- o No **(If no, program will skip to question 9)**
- o Yes

How many times has this happened (from age 14 on)? (Participant can type in a number)
[   ]

Please provide the date when the **most recent** experience occurred. If you're not sure approximate.
[   ] (Participant can type in month and year)

Question 9
_____

Have you had sexual intercourse when you didn't want to because an individual threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? **(Since you were fourteen)**

- o No **(If no, program will skip to question 10)**
- o Yes

How many times has this happened (from age 14 on)? (Participant can type in a number)
   [   ]

Please provide the date when the **most recent** experience occurred. If you're not sure approximate.
   [   ] (Participant can type in month and year)

Question 10
_____

Have you had sex acts (anal or oral intercourse or penetration by objects other than the penis) when you didn't want to because an individual threatened you or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? **(Since you were fourteen)**
- o No **(If no, program will skip to question 11)**
- o Yes

How many times has this happened (from age 14 on)? (Participant can type in a number)
   [   ]

Please provide the date when the **most recent** experience occurred. If you're not sure approximate.
   [   ] (Participant can type in month and year)

Question 11
_____

Did you answer "Yes" to any of the questions 1-10?
- o No **(If no, survey will be over. [Once program verifies that they answered all no's])**
- o Yes **(Show them a list of all the items they endorsed after question 12)**

Question 12
_____

Looking back at your experience what would you say happened?
- o I do not believe that I was victimized.
- o I believe that I was a victim of a serious miscommunication.
- o I believe that I was a victim of a crime other than rape.
- o I believe that I was a victim of rape

Appendix D: Childhood trauma Questionnaire (CTQ)

Please answer the following questions about your childhood, by circling a number to indicate how true each description was of your experience when you were growing up

"WHEN I WAS GROWING UP…"

		Never True			Very often True		
1	I didn't have enough to eat	0	1	2	3	4	5
2	I knew that there was someone to take care of me and protect me	0	1	2	3	4	5
3	People in my family called me things like "stupid," "lazy," or "ugly"	0	1	2	3	4	5
4	My parents were too drunk or high to take care of the family	0	1	2	3	4	5
5	There was someone in my family who helped me feel that I was important or special	0	1	2	3	4	5
6	I had to wear dirty clothes	0	1	2	3	4	5
7	I felt loved	0	1	2	3	4	5
8	I thought that my parents wished I had never been born	0	1	2	3	4	5
9	I got hit so hard by someone in my family that I had to see the a doctor or go to the hospital	0	1	2	3	4	5
10	There was nothing I wanted to change about my family	0	1	2	3	4	5
11	People in my family hit me so hard that it left me with bruises or marks	0	1	2	3	4	5
12	I was punished with a belt, a board, a cord, or some other hard objects	0	1	2	3	4	5
13	People in my family looked out for each other	0	1	2	3	4	5
14	People in my family said hurtful or insulting things to me	0	1	2	3	4	5
15	I believe that I was physically abused	0	1	2	3	4	5
16	I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor	0	1	2	3	4	5
17	I felt that someone in my family	0	1	2	3	4	5

	hated me						
18	People in my family felt close to each other	0	1	2	3	4	5
19	I had the best family in the world	0	1	2	3	4	5
20	Someone tried to touch me in a sexual way or tried to make me touch them	0	1	2	3	4	5
21	Someone threated to hurt me or tell lies about me unless I did something sexual with them	0	1	2	3	4	5
22	Someone tried to make me do sexual things or watch sexual things	0	1	2	3	4	5
23	Someone molested me	0	1	2	3	4	5
24	I believe I was emotionally abused	0	1	2	3	4	5
25	There was someone to take me to the doctor if I needed it	0	1	2	3	4	5
26	I believe that I was sexually abused	0	1	2	3	4	5
27	My family was a source of strength and support	0	1	2	3	4	5

Appendix E: Rape Attribution Questionnaire (RAQ)

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

How often have you thought: I was assaulted because…	Never	Rarely	Sometimes	Often	Very Often
1. I used poor judgment	1	2	3	4	5
2. I should have resisted more	1	2	3	4	5
3. I just put myself in a vulnerable situation	1	2	3	4	5
4. I should have been more cautious	1	2	3	4	5
5. I didn't do enough to protect myself	1	2	3	4	5
6. The rapist thought he could get away with it	1	2	3	4	5
7. The rapist wanted to feel power over someone	1	2	3	4	5
8. The rapist was sick	1	2	3	4	5
9. The rapist was angry at women	1	2	3	4	5
10. The rapist wanted to hurt someone	1	2	3	4	5

	Strongly disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Strongly Agree
1. The assault is going to affect me for a long time but there are some times I can do to lessen its effects.	1	2	3	4	5
2. I don't feel there is much I can do to help myself feel better.	1	2	3	4	5
3. I know what I must do to help myself recover from the assault.	1	2	3	4	5
4. I am confident that I can get over this if I work at it.	1	2	3	4	5
5. I feel like the recovery process is in my control.	1	2	3	4	5
6. I am afraid that I will be assaulted again.	1	2	3	4	5
7. It is not very likely that I will be assaulted again.	1	2	3	4	5
8. Now that I have been assaulted,	1	2	3	4	5

the odds are it won't happen again.					
9. I feel pretty sure that I won't be assaulted again.	1	2	3	4	5
10. No matter what steps I take, I could be assaulted again.	1	2	3	4	5
11. I have changed certain behaviors to try to avoid being assaulted again.	1	2	3	4	5
12. Since the assault, I try not to put myself in potentially dangerous situation.	1	2	3	4	5
13. I do not take any special precautions since the assault occurred.	1	2	3	4	5
14. I have taken step to protect myself since the assault	1	2	3	4	5
15. I have made a change in my living situation since the assault.	1	2	3	4	5

Appendix F: Trauma Symptom Checklist (TSC)
INSTRUCTIONS: Please circle the number that corresponds to how often you have experienced the following in the past month

	0 = Never	3 = Often		
1. Headaches	0	1	2	3
2. Insomnia (trouble getting to sleep)	0	1	2	3
3. Weight loss (without dieting)	0	1	2	3
4. Stomach problems	0	1	2	3
5. Sexual problems	0	1	2	3
6. Feeling isolated from others	0	1	2	3
7. "Flashbacks" (sudden, vivid, distracting memories)	0	1	2	3
8. Restless sleep	0	1	2	3
9. Low sex drive	0	1	2	3
10. Anxiety attacks	0	1	2	3
11. Sexual overactivity	0	1	2	3
12. Loneliness	0	1	2	3
13. Nightmares	0	1	2	3
14. "Spacing out" (going away in your mind)	0	1	2	3
15. Sadness	0	1	2	3
16. Dizziness	0	1	2	3
17. Not feeling satisfied with your sex life	0	1	2	3
18. Trouble controlling your temper	0	1	2	3
19. Waking up early in the morning and can't get back to sleep	0	1	2	3
20. Uncontrollable crying	0	1	2	3
21. Fear of men	0	1	2	3
22. Not feeling rested in the morning	0	1	2	3
23. Having sex that you didn't enjoy	0	1	2	3
24. Trouble getting along with others	0	1	2	3
25. Memory problems	0	1	2	3
26. Desire to physically hurt yourself	0	1	2	3
27. Fear of women	0	1	2	3
28. Waking up in the middle of the night	0	1	2	3
29. Bad thoughts or feelings during sex	0	1	2	3
30. Passing out	0	1	2	3
31. Feeling that things are "unreal"	0	1	2	3
32. Unnecessary or over-frequent washing	0	1	2	3
33. Feelings of inferiority	0	1	2	3
34. Feeling tense all the time	0	1	2	3
35. Being confused about your sexual feelings	0	1	2	3
36. Desire to physically hurt others	0	1	2	3
37. Feelings of guilt	0	1	2	3
38. Feelings that you are not always in your body	0	1	2	3
39. Having trouble breathing	0	1	2	3
40. Sexual feelings when you shouldn't have them	0	1	2	3

Appendix G: Audit C

INSTRUCTIONS: Choose the answer that best represents your experience.

1. How often do you have a drink containing alcohol?
   - o Never
   - o Monthly or less
   - o 2-4 times a month
   - o 2-3 times a week
   - o 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?
   - o 1 or 2
   - o 3 or 4
   - o 5 or 6
   - o 7 to 9
   - o 10 or more

3. How often do you have 6 or more drinks on one occasion?
   - o Never
   - o Less than monthly
   - o Monthly
   - o Weekly
   - o daily or almost daily

Appendix H: Brief symptom inventory-18 (BSI-18)

INSTRUCTIONS: The BSI 18 consists of a list of problems people sometimes have. Reach each one carefully and choose the number of the response that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST & DAYS INCLUDING TOAY.

How much were you distressed by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Faintness or dizziness	0	1	2	3	4
2. Feeling no interest in things	0	1	2	3	4
3. Nervousness or shaking inside	0	1	2	3	4
4. Pains in heart or chest	0	1	2	3	4
5. Feeling lonely	0	1	2	3	4
6. Feeling tense or keyed up	0	1	2	3	4
7. Nausea or upset stomach	0	1	2	3	4
8. Feeling blue	0	1	2	3	4
9. Suddenly scared for no reason	0	1	2	3	4
10. Trouble getting your breath	0	1	2	3	4
11. Feelings of worthlessness	0	1	2	3	4
12. Spells of terror or panic	0	1	2	3	4
13.Numbers or tingling in part of your body	0	1	2	3	4
14. Feeling hopeless about the future	0	1	2	3	4
15. Feeling so restless you couldn't sit still	0	1	2	3	4
16. Feeling weak in parts of your body	0	1	2	3	4
17. Thoughts of ending your life	0	1	2	3	4
18. Feeling fearful	0	1	2	3	4

Appendix I: Brief COPE

INSTRUCTIONS: These items deal with ways you've been coping with the stress in your life since you found out you were going to have to have this operation. There are many ways to try to deal with problems. These items ask
what you've been doing to cope with this one. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

	I haven't been doing this at all	I've been doing this a little bit	I've been doing this a medium amount	I've been doing this a lot
1. I've been turning to work or other activities to take my mind off things.	1	2	3	4
2. I've been concentrating my efforts on doing something about the situation I'm in.	1	2	3	4
3. I've been saying to myself "this isn't real."	1	2	3	4
4. I've been using alcohol or other drugs to make myself feel better.	1	2	3	4
5. I've been getting emotional support from others.	1	2	3	4
6. I've been giving up trying to deal with it.	1	2	3	4
7. I've been taking action to try to make the situation better.	1	2	3	4
8. I've been refusing to believe that it has happened.	1	2	3	4
9. I've been saying things to let my unpleasant feelings escape.	1	2	3	4
10. I've been getting help and advice from other people.	1	2	3	4
11. I've been using alcohol or other drugs to help me get through it.	1	2	3	4
12. I've been trying to see it in a different light, to make it seem more positive.	1	2	3	4
13. I've been criticizing myself.	1	2	3	4
14. I've been trying to come up with a strategy about what to do.	1	2	3	4
15. I've been getting comfort and understanding from someone.	1	2	3	4
16. I've been giving up the attempt to cope.	1	2	3	4
17. I've been looking for something good in what is happening.	1	2	3	4
18. I've been making jokes about it.	1	2	3	4
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping,	1	2	3	4

or shopping.				
20. I've been accepting the reality of the fact that it has happened.	1	2	3	4
21. I've been expressing my negative feelings.	1	2	3	4
22. I've been trying to find comfort in my religion or spiritual beliefs.	1	2	3	4
23. I've been trying to get advice or help from other people about what to do.	1	2	3	4
24. I've been learning to live with it.	1	2	3	4
25. I've been thinking hard about what steps to take.	1	2	3	4
26. I've been blaming myself for things that happened.	1	2	3	4
27. I've been praying or meditating.	1	2	3	4
28. I've been making fun of the situation.	1	2	3	4

Appendix J: Social reactions questionnaire (SRQ)

HOW OTHER PEOPLE RESPONDED...

The following is a list of behaviors that other people responding to a person with this experience often show. Please indicate how often you experienced each of the listed responses from other people by placing the appropriate number in the blank next to each item.

0	1	2	3	4
NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS

____ 1. TOLD YOU IT WAS NOT YOUR FAULT

____ 2. PULLED AWAY FROM YOU

____ 3. WANTED TO SEEK REVENGE ON THE PERPETRATOR

____ 4. TOLD OTHERS ABOUT YOUR EXPERIENCE WITHOUT YOUR
PERMISSION

____ 5. DISTRACTED YOU WITH OTHER THINGS

____ 6. COMFORTED YOU BY TELLING YOU IT WOULD BE ALL RIGHT OR
BY HOLDING YOU

____ 7. TOLD YOU HE/SHE FELT SORRY FOR YOU

____ 8. HELPED YOU GET MEDICAL CARE

____ 9. TOLD YOU THAT YOU WERE NOT TO BLAME

____ 10. TREATED YOU DIFFERENTLY IN SOME WAY THAN BEFORE YOU
TOLD HIM/HER THAT MADE YOU UNCOMFORTABLE

____ 11. TRIED TO TAKE CONTROL OF WHAT YOU DID/DECISIONS YOU
MADE

____ 12. FOCUSED ON HIS/HER OWN NEEDS AND NEGLECTED YOURS

____ 13. TOLD YOU TO GO ON WITH YOUR LIFE

____ 14. HELD YOU OR TOLD YOU THAT YOU ARE LOVED

____ 15. REASSURED YOU THAT YOU ARE A GOOD PERSON

0	1	2	3	4
NEVER	**RARELY**	**SOMETIMES**	**FREQUENTLY**	**ALWAYS**

____ 16. ENCOURAGED YOU TO SEEK COUNSELING

____ 17. TOLD YOU THAT YOU WERE TO BLAME OR SHAMEFUL BECAUSE
OF THIS EXPERIENCE

____ 18. AVOIDED TALKING TO YOU OR SPENDING TIME WITH YOU

____ 19. MADE DECISIONS OR DID THINGS FOR YOU

____ 20. SAID HE/SHE FEELS PERSONALLY WRONGED BY YOUR
EXPERIENCE

____ 21. TOLD YOU TO STOP THINKING ABOUT IT

____ 22. LISTENED TO YOUR FEELINGS

____ 23. SAW YOUR SIDE OF THINGS AND DID NOT MAKE JUDGMENTS

____ 24. HELPED YOU GET INFORMATION OF ANY KIND ABOUT COPING
WITH THE EXPERIENCE

____ 25. TOLD YOU THAT YOU COULD HAVE DONE MORE TO PREVENT
THIS EXPERIENCE FROM OCCURRING

____ 26. ACTED AS IF YOU WERE DAMAGED GOODS OR SOMEHOW
DIFFERENT NOW

____ 27. TREATED YOU AS IF YOU WERE A CHILD OR SOMEHOW
INCOMPETENT

____ 28. EXPRESSED SO MUCH ANGER AT THE PERPETRATOR THAT YOU
HAD TO CALM HIM/HER DOWN

____ 29. TOLD YOU TO STOP TALKING ABOUT IT

____ 30. SHOWED UNDERSTANDING OF YOUR EXPERIENCE

____ 31. REFRAMED THE EXPERIENCE AS A CLEAR CASE OF
VICTIMIZATION

0	1	2	3	4
NEVER	**RARELY**	**SOMETIMES**	**FREQUENTLY**	**ALWAYS**

____ 32. TOOK YOU TO THE POLICE

____ 33. TOLD YOU THAT YOU WERE IRRESPONSIBLE OR NOT CAUTIOUS ENOUGH

____ 34. MINIMIZED THE IMPORTANCE OR SERIOUSNESS OF YOUR EXPERIENCE

____ 35. SAID HE/SHE KNEW HOW YOU FELT WHEN HE/SHE REALLY DID NOT

____ 36. HAS BEEN SO UPSET THAT HE/SHE NEEDED REASSURANCE FROM YOU

____ 37. TRIED TO DISCOURAGE YOU FROM TALKING ABOUT THE EXPERIENCE

____ 38. SHARED HIS/HER OWN EXPERIENCE WITH YOU

____ 39. WAS ABLE TO REALLY ACCEPT YOUR ACCOUNT OF YOUR EXPERIENCE

____ 40. SPENT TIME WITH YOU

____ 41. TOLD YOU THAT YOU DID NOT DO ANYTHING WRONG

____ 42. MADE A JOKE OR SARCASTIC COMMENT ABOUT THIS TYPE OF EXPERIENCE

____ 43. MADE YOU FEEL LIKE YOU DIDN'T KNOW HOW TO TAKE CARE OF YOURSELF

____ 44. SAID HE/SHE FEELS YOU'RE TAINTED BY THIS EXPERIENCE

____ 45. ENCOURAGED YOU TO KEEP THE EXPERIENCE A SECRET

____ 46. SEEMED TO UNDERSTAND HOW YOU WERE FEELING

____ 47. BELIEVED YOUR ACCOUNT OF WHAT HAPPENED

____ 48. PROVIDED INFORMATION AND DISCUSSED OPTIONS

Appendix K: Beck depression inventory (BDI-II)

INSTRUCTIONS: Choose one statement from among the group of four statements in each question that best describes how you have been feeling during the **past 2 weeks**. Circle the number beside your choice.

1	**0** I do not feel sad. **1** I feel sad. **2** I am sad all the time and I can't snap out of it. **3** I am so sad or unhappy that I can't stand it.	8	**0** I don't feel I am any worse than anybody else. **1** I am critical of myself for my weaknesses or mistakes. **2** I blame myself all the time for my faults. **3** I blame myself for everything bad that happens.
2	**0** I am not particularly discouraged about the future. **1** I feel discouraged about the future. **2** I feel I have nothing to look forward to. **3** I feel that the future is hopeless and that things cannot improve.	9	**0** I don't have any thoughts of killing myself. **1** I have thoughts of killing myself, but I would not carry them out. **2** I would like to kill myself. **3** I would kill myself if I had the chance.
3	**0** I do not feel like a failure. **1** I feel I have failed more than the average person. **2** As I look back on my life, all I can see is a lot of failure. **3** I feel I am a complete failure as a person.	10	**0** I don't cry any more than usual. **1** I cry more now than I used to. **2** I cry all the time now. **3** I used to be able to cry, but now I can't cry even though I want to.
4	**0** I get as much satisfaction out of things as I used to. **1** I don't enjoy things the way I used to. **2** I don't get any real satisfaction out of anything anymore. **3** I am dissatisfied or bored with everything.	11	**0** I am no more irritated by things than I ever am. **1** I am slightly more irritated now than usual. **2** I am quite annoyed or irritated a good deal of the time. **3** I feel irritated all the time now.
5	**0** I don't feel particularly guilty. **1** I feel guilty a good part of the time. **2** I feel quite guilty most of the time. **3** I feel guilty all of the time.	12	**0** I have not lost interest in other people. **1** I am less interested in other people than I used to be. **2** I have lost most of my interest in other people. **3** I have lost all of my interest in other people.
6	**0** I don't feel I am being punished. **1** I feel I may be punished. **2** I expect to be punished. **3** I feel I am being punished.	13	**0** I make decisions about as well as I ever could. **1** I put off making decisions more than I used to. **2** I have greater difficulty in making decisions than before. **3** I can't make decisions at all anymore.

7	**0** I don't feel disappointed in myself. **1** I am disappointed in myself. **2** I am disgusted with myself. **3** I hate myself.	14	**0** I don't feel that I look any worse than I used to. **1** I am worried that I am looking old or unattractive. **2** I feel that there are permanent changes in my appearance that make me look unattractive. **3** I believe that I look ugly.
15	**0** I can work about as well as before. **1** It takes an extra effort to get started at doing something. **2** I have to push myself very hard to do anything. **3** I can't do any work at all.	19	**0** I haven't lost much weight, if any, lately. **1** I have lost more than five pounds. **2** I have lost more than ten pounds. **3** I have lost more than fifteen pounds. (Score 0 if you have been purposely trying to lose weight.)
16	**0** I can sleep as well as usual. **1** I don't sleep as well as I used to. **2** I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. **3** I wake up several hours earlier than I used to and cannot get back to sleep.	20	**0** I am no more worried about my health than usual. **1** I am worried about physical problems such as aches and pains, or upset stomach, or constipation. **2** I am very worried about physical problems, and it's hard to think of much else. **3** I am so worried about my physical problems that I cannot think about anything else.
17	**0** I don't get more tired than usual. **1** I get tired more easily than I used to. **2** I get tired from doing almost anything. **3** I am too tired to do anything.	21	**0** I have not noticed any recent change in my interest in sex. **1** I am less interested in sex than I used to be. **2** I am much less interested in sex now. **3** I have lost interested in sex completely.
18	**0** My appetite is no worse than usual. **1** My appetite is not as good as it used to be. **2** My appetite is much worse now. **3** I have no appetite at all anymore.		

Appendix L: Post Traumatic Growth Inventory (PTGI)

Listed below are 21 areas that are sometimes reported to have changed after traumatic events. Please mark the appropriate box besides each description indicating how much you feel you have experience change in the area described. The 0 to 5 scale is as follows.

0 = I did not experience this change
1 – I experience this change to a very small degree
2 = I experienced this change to a small degree
3= I experienced this change to a moderate degree
4 = I experienced this changed to a great degree
5= I experienced this change to a very great degree.

Possible Areas of Growth and Change	0	1	2	3	4	5
1. My priorities about what is important in life	0	1	2	3	4	5
2. An appreciation for the value of my own life	0	1	2	3	4	5
3. I developed new interests	0	1	2	3	4	5
4. A feeling of self-reliance	0	1	2	3	4	5
5. A better understanding of spiritual matters	0	1	2	3	4	5
6. Knowing that I can count on people in times of troubles	0	1	2	3	4	5
7. I established a new path for my life	0	1	2	3	4	5
8. A sense of closeness with others	0	1	2	3	4	5
9. A willingness to express my emotion	0	1	2	3	4	5
10. Knowing I can handle difficulties	0	1	2	3	4	5
11. I'm able to do better things with my life	0	1	2	3	4	5
12. Being able to accept the way things work out	0	1	2	3	4	5
13. Appreciating each day	0	1	2	3	4	5
14. New opportunities are available which wouldn't have been otherwise	0	1	2	3	4	5
15. Having compassion for others	0	1	2	3	4	5
16. Putting effort into my relationships	0	1	2	3	4	5
17. I'm more likely to try to change things which need changing	0	1	2	3	4	5
18. I have a stronger religious faith	0	1	2	3	4	5
19. I discovered that I am stronger than I thought I was	0	1	2	3	4	5
20. I learned a great deal about how wonderful people are	0	1	2	3	4	5
21. I accept needing others	0	1	2	3	4	5

Appendix M: Coding Manual

CODING MANUAL
FOR SEXUAL MINORITY WOMEN'S SEXUAL ASSAULT NARRATIVES

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Introduction

The information provided in this coding manual will assist you in "coding", or placing into defined categories, narratives collected from women all across the U.S. In the study, participants who reported a previous history of sexual victimization were asked to write about the most distressing sexual event they had experienced. The narratives describe a wide range of experience and each woman explained her own experience using different language, making the job of describing and categorizing these narratives difficult. In order to make the task easier, several codes have been developed after extensive review of the narratives. These codes seek both to distinguish these narratives from each other and find the similarities between different events.

The purpose of this manual is to explain each of the codes and describe how to use them to categorize each narrative. The directions for coding are found on the following pages. Before you begin coding, you must read this manual in detail so that you understand the codes. You will also be given example narratives to code to make sure that the codes are clear. Because the purpose of the codes is to reduce subjectivity as much as possible, it is very important that all of the coders understand the codes in the same way. This will increase the reliability of the coding.

Instructions for Coding

It is easiest to understand the coding system if you think of it in an outline form or as a concept tree. The categories become more and more specific as you move down the outline (or out to the branches of the tree). First you will have the main category (e.g. Alcohol use), then you will have more descriptive categories (e.g. present, absent, or N.E.I.). Within each of these more descriptive categories are the most detailed codes (e.g. perpetrator, woman, or both). Your goal is to find the most specific code for a narrative by moving through the larger categories into the most detailed categories.

One very important thing to understand when coding the narratives is that the first step of coding structure is determining whether information regarding the concept you are investigating is in the narrative at all. There is one main code that is present in each of the categories: Not Enough Information (N.E.I.). This category means that there is not enough information in the narrative to place it into one of the more specific codes with reasonable certainty. This is perhaps the most difficult category to place narratives in, since it will be your instinct to want to put them in a category that provides more information. It is important however to eliminate guesswork as much as possible, and this code provides a way to do this. If you are not reasonably sure where to put a narrative, you may place it in under this code. Do **NOT** infer from extremely limited information in the narrative. However, that said, you should only code as N.E.I. after examining the narrative in detail. There is often information hidden within the narrative that takes some effort to find.

If there is information regarding the broad category you are examining, then the next step is to move your way though the categories into the most detailed code that fits the narrative. In order to best understand how this works, first read all of the definitions for the codes provided on the following pages, then read the example following the

definitions. The codes are organized in outline form, with the broadest categories at the left and the more detailed codes moving towards the right. In certain cases (which will be denoted with "**SCALE**"), the codes are organized on a spectrum, so it is important to place the narrative at the most advanced end of the spectrum appropriate for the narrative. For example, active responses in Women's Reaction During the Event are organized with the behaviors becoming more pronounced and aggressive as the outline progresses, with Saying No at the mildest end of the spectrum and Physically Resisting at the most severe end of the spectrum. If a woman describes more than one response, code the one that is most severe. The same principle applies to other categories denoted "SCALE".

After the definitions of the codes is an example coding sheet. You will fill one of these out for every narrative you code. An explanation of how to use the sheet will follow the example. Finally, there will be a fictional narrative with a few explanations of how to code so you can understand how to move through the codes in an organized manner

List of Codes and Definitions

I.   Alcohol Use*:

A.   *Present: there is mention of alcohol use in the narrative. This code should be used if anyone is using alcohol.*

1. Perpetrator (man) – just the perp uses alcohol

2. Woman – just the woman uses alcohol

3. Both – both use alcohol

B.   *Absent: the narrative explicitly states that there was no alcohol use. If there is any indication of alcohol use on the part of either person, do NOT use this code. Use the present code*

1. Perpetrator – the narrative explicitly states that the perp is not using alcohol.

2. Woman – the narrative explicitly states that the woman is not using alcohol

3. Both – the narrative explicitly states that neither the perpetrator nor the woman uses alcohol

C.   Not Enough Information (N.E.I): the narrative doesn't provide enough information to determine whether there was alcohol use.

* See Special Rules for more information

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II. *Drug Use*:*

A. *Present: there is mention of drug use in the narrative. This code should be used if anyone is using drugs.*

    1. Perpetrator – just the perp uses drugs

    2. Woman – just the woman uses drugs

    3. Both – both use drugs

    4. Date Rape Drug- the narrative explicitly states that the woman was give a date rape drug

B. *Absent: the narrative explicitly states that there was no drug use. If there is any indication of drug use on the part of either person, do NOT use this code. Use the present code.*

    1.   Perpetrator- the narrative explicitly states that the perp is not using drugs.

    2.   Woman- the narrative explicitly states that the women is not using drugs

    3.   Both- the narrative explicitly states that neither the perp nor the women uses drugs.

C. Not Enough Information *(N.E.I.): the narrative doesn't provide enough information to determine whether there was drug use.*

III. *Location*:*

A. *Indoor*

    1. Perpetrator's Property:

        a) The event occurred inside the perpetrator's place of residence.

        b) The event occurred inside the perpetrator's car.

        c) The event occurred inside the perpetrator's other property.

    2. Her Property:

        a) The event occurred inside the woman's place of residence.

        b) Car: The event occurred inside the woman's car

        c) Other: the event occurred inside the woman's other property

    3. Their Property:

        a) Residence: the event occurred inside a place of residence shared by the perpetrator and woman.

        b) Car: the event occurred inside a car shared by the perpetrator and woman.

        c) Other: the event occurred inside other property shared by the perpetrator and woman.

4. Friend/Acquaintance's Property:

    a) Residence: the event occurred inside a friend/acquaintance's place of residence.

    b) Car: the event occurred inside a friend/acquaintance's car.

    c) Other: the event occurred inside a friend/acquaintance's other property.

5. Hotel/Motel- the event occurred within hotel/motel property

B. *Outdoor: the event occurred somewhere outside, e.g. camping, walking, outside, etc.*

C. *N.E.I.: the narrative doesn't provide enough information to determine the location of the event.*

IV. Relationship*:

    A. Stranger: the woman has never met the perpetrator before the event and has no relationship with them.

    B. Boss: the perpetrator is the woman's boss.

    C. Acquaintance**:** the woman is not close to the perpetrator (i.e. not a friend or boyfriend/girlfriend), but has some relationship with him/her, even if just briefly. One example is if the perpetrator was a friend of the woman's friend. Another example is if the perpetrator was the woman's friend's brother. While the woman has no deep connection with him/her, there is some link between the two of them.

    D. Friend: the woman describes having a friendship with the perpetrator prior to the event. This is a platonic relationship.

    E. Co-worker: the woman describes working with the perpetrator or calls him/her a co-worker.

    F. Dating: the woman has some sort of romantic interest in the perpetrator or there is potential for romantic interest (i.e. not a friend) and they spend time together doing pre-planned activities.

    G. Hook-up: the woman engages in spontaneous, consensual sexual contact with a perpetrator she has not previous romantic relationship with (i.e. NOT dating or boyfriend/girlfriend). This code trumps all other non-romantic relationships (e.g. acquaintance or friend).

    H. Boyfriend/Girlfriend/Wife/Husband- the woman describes the perpetrator as her boyfriend/girlfriend or husband/wife or there is evidence of a long-term relationship (e.g. living together or dating for an extended period of time (i.e. several months)).

    I. Ex-boyfriend/girlfriend: the woman describes the perpetrator as her ex-boyfriend/girlfriend or says that they use to date or be in a relationship but aren't any longer.

    J. Family: the perpetrator is a member of the woman's family.

    K. N.E.I. the narrative does not provide enough information to discern the perpetrator's relationship to the woman.

V. ***Previous Consensual Sexual Contact*:***

    A. *Yes:* the narrative describes some sort of consensual sexual contact prior to the sexual assault act. One example might be a woman who describes being ok with kissing but uncomfortable with fondling. The kissing would be consensual while the fondling would be unwanted sexual contact.

    B. *No*/N.E.I.: The narrative explicitly states that there was no consensual sexual contact prior to the event or does not provide enough information to determine whether previous consensual sexual contact was present.

VI. ***Woman's Reaction During the Event:***

    A. *Active: the woman does something to protest the event*

        1. *Say no-* the woman verbally says no. This can also include other ways of indicating that she does not want to engage in an activity, such as arguing, trying to convince him not to do it, etc.

        2. *Yell/Scream –* the woman screams or yells in protest – this response is more adamant and forceful than just speaking no.

        3. *Physically resist -* the woman physically resists her attacker. This can be a range of physical resistance, such as pushing him away or arranging her body so as to prevent penetration. This can also include finding a way to physically remove herself from the situation, such as running away.

    B. *Passive:* the woman acquiesces to the perpetrator's attempts without providing any verbal or physical resistance. If the woman says no and then stops resisting later, the event falls under the active response "say no".

    C. *N.E.I.: the narrative does not provide enough information to determine the woman's response to the situation.*

VII. *Verbal Coercion by the Perpetrator:*

    A. Present: the narrative mentions the presence of verbal coercion in some form. **SCALE**

        1. Plead/Argue: The perpetrator begs for sex or contradicts the woman's refusal with arguments as to why they should have sex. If the perpetrator coaxes the woman, it would also be included in this category.

        2. Insult: The perpetrator insults the woman for not consenting, e.g. calling her a bitch or a tease. This code also includes saying things such as, "You know you want to have sex with me".

        3. Non-physical threat: The perpetrator threatens some consequence other than physical violence for the woman's refusal to comply. One example of this would be threatening to break up with her is she doesn't sleep with him/her.

        4. Threat of Violence: The perpetrator threatens to injure the woman if she doesn't comply with his/her requests/demands for sex.

        5. Threat of death: The perpetrator threatens to kill the woman if she doesn't comply with his/her requests/demands for sex.

    B. Absent/N.E.I.: the narrative explicitly states that there was no verbal coercion present or the narrative doesn't provide enough information to determine whether verbal coercion was present.

VIII. *Physical Coercion by the Perpetrator*:*

A. Present: the narrative mentions the presence of physical coercion in some form.
   SCALE

   1. Grab/Touch: The perpetrator grabs or touches the woman in a manner which she either protests or which makes her uncomfortable.

   2. Push/Pull: The perpetrator either pushes or pulls the woman during the unwanted event, e.g. pushing her down onto the bed. This is a more temporary action than restrain – if he/she pushes her onto the bed but then somehow keeps her from leaving, it should be coded as restrain.

   3. Restrain: The perpetrator prevents the woman from moving or escaping, e.g. by holding her down or laying on top of her. This does not necessarily need to involve physical contact – if he/she in some way keeps her from leaving by blocking her way, this would also be included. This is a more sustained action than push/pull.

   4. Hit: The perpetrator hits the woman

   5. Weapons: The perpetrator uses weapons to either injure or threaten the woman.

B. Absent/N.E.I.: The narrative explicitly states that there was no physical coercion present or does not provide enough information to determine whether there was physical coercion present.

IX. *Situation*:*

   A. Date: one-on-one pre-planned event in which there is a potential for romantic interest.

   B. During Party: large gathering of people

   C. After Party: remaining at the scene of a party after other party-goers have left.

   D. Small group get-together: group of a few to several people (approximately 3-7) together.

   E. Relationship: event is in the context of an ongoing romantic relationship

   F. Platonic: one-on-one situation with male the woman has no romantic interest in (e.g. friend, co-worker, or acquaintance she is not interested in).

   G. Stranger situation: the woman is in an unfamiliar situation with total strangers (i.e. not a party situation).

   H. Family situation: event is in the context of a family relationship (i.e. molestation).

   I. Work: the woman is working at the time of the event.

   J. N.E.I.: not enough information to determine the situation in which the event occurred.

X. *Hate Crime*

   A. The experience was not a hate crime

   B. The experience was a result of a hate crime

   C. N.E.I.: Not enough information to determine whether this was a hate crime.

XI. *Unconscious*

   A. The woman explicitly describes being unconscious (i.e., blacking out).

   B. The woman describes being conscious.

   C. N.E.I. not enough information to determine whether the woman was unconscious or not.

Special Rules

While the basic codes should be sufficient for categorizing most of the narratives, some of the codes have special rules that will help you to code more difficult narratives. The codes are below:

Alcohol/Drug Use:

- For drug and alcohol use, if at least one person is using drugs/alcohol, the situation must be placed somewhere within drugs/alcohol present, even if we know that one person was NOT using drugs/alcohol. However, if it is clear that one person is not using drugs/alcohol but there is no information regarding the other person's use, then the situation can be placed somewhere within absent.

Ex: "He was drunk, but I hadn't had anything to drink." The code for this is Present, man.

Ex: "I was totally sober. He tried to kiss me and I said no." Here, we no the woman did not use alcohol, but there is no information about the man's use, so we can code it as absent, woman.

- If the narrative says "**We** were drinking/using drugs", then code the use as Present, Both.

Location:

- If the perpetrator in the scenario is described as a friend, and the event occurs at his/her house, the relationship code is friend, and the location code is inside the perpetrator's residence (NOT friend's house).

- If the perpetrator drives the woman or takes the woman for a ride and there is no other information about location, code the location as the perpetrator's car.

- If there is no specific information regarding the location of a party, the default code is Friend/Acquaintance's house**.**

- If the event takes place on a vehicle, but not *inside* a vehicle, it should be coded as outdoors.

- If the narrative mentions that they went back to his/her room at any point, it should be coded as perpetrator's residence.

- Do not assume that information about relationship will inform location. For example, if the woman describes visiting a friend but does not mention where they hung out, do NOT assume they were at the friend's house. Code it as NEI.

Relationship:

- The hook-up code can only be used if consensual sexual activity is present.

Previous Consensual Sexual Contact:

- *If a woman describes not wanting to engage in an activity, being uncomfortable with it, doing it because she felt bad, etc. at any point in the scenario, than this event should be coded as non-consensual/NEI, even if she never expressed her feelings to the perpetrator in the situation and still engaged in the activity.* If it is not clear which events are consensual and which are not, consider the event that directly precedes the woman saying no the non-consensual event. For example, if she says, "He kissed me and then took off my clothes, and I said no", the removal of the clothes should be coded as non-consensual, while the kissing should be coded as consensual.

Physical Coercion by the Perpetrator:

- If there is evidence of physical coercion, but it is not clear what type of coercion there was, code it as restrain. For example, if the woman says, "He forced me to have sex with him", we're not sure exactly how he did it, so the default code will be restrain.

- If the perpetrator takes off the woman's clothes, and the woman clearly does not consent, this should be coded as touch/grab in physical coercion by the man.

Situation:

- The small group get-together, party, & after party codes all trump the date code. For example, if the woman describes having planned to go to a party with someone she is dating, use the party code.

- The date code trumps the relationship code. If a woman describes being in a long term relationship with someone, but the event she describes is a specific, pre-planned event, this is coded as a date. The relationship code is intended to capture events that are non-specific and in the context of an ongoing relationship.

- If the woman describes the perpetrator as a date and doesn't give any information about the specific event, code the situation as a date.

- If you can't tell with reasonable certainty how many people are present during the event, code it as NEI.

General:

- Anything that happens after the event itself should NOT be coded as part of the event. For example, if the perpetrator insults her a couple of hours later, that should NOT be coded. We're only interested in the elements of the assault itself, not anything following it.

- Sometimes a code can be determined by process of elimination. It can be helpful to figure out what codes the situation clearly does NOT fit into first. Then, if there is only one remaining category that could work, the situation can be placed into that category, even if it isn't necessarily a perfect fit.

Example Coding Sheet

Coder ID:

Narrative #:

Category	Code
I. Alcohol Use	
II. Drug Use	
III. Location	
IV. Relationship	
V. Previous Consensual Contact	
VI. Women's Reaction During the Event	
VII. Verbal Coercion by the Perp	
VIII. Physical coercion by the Perp	
IX. Situation	
X. Hate Crime	
XI. Unconscious	

How to Use Coding Sheet

First you must write the number of the interview as well as your coder ID number. Then you must decide which code is the most detailed code appropriate for the interview at hand. For example, if the event occurs in a perp's car, you would go to Location, Indoors (A), His Property (1), Inside the perp's car (a) using the outline. Each code (except for the large category code) has a letter or number preceding it. For example, Indoor is denoted using A, Perp's Property is denoted using 1, and Perp's car is denoted using a. Therefore, an event that takes place in a perp's car would be coded A1a. This is the code you would place in the column next to the word Location, located next to the II in the third row.

Here is another example. What if the perpetrator in the narrative is using alcohol but the woman is not? First, you would look at the Present category in the Alcohol section. Present is denoted using an A. Then you would look down at Perpetrator, which is denoted with 1. Then the code for this narrative would be A1, which you would write in the column next to Alcohol Use. In both this example and the example above, there is no need to write the Roman numeral for the largest code, since you are writing the code next to the label for that code (e.g. Location or Drug Use).

For another example, see the example coding sheet accompanying the example narrative.

Anything that happens after the event itself should NOT be coded as part of the event. We're only interested in the elements of the assault itself, not anything following it, with the exception of Negative Psychological Effects. Sometimes a code can be determined by process of elimination. It can be helpful to figure out what codes the situation clearly does NOT fit into first. Then, if there is only one remaining category that could work, the situation can be placed into that category, even if it isn't necessarily a perfect fit.

Example Narrative

Below is a fictional narrative to illustrate the coding process:

" This happened about two years ago while I was with this guy that I had been dating for about 6 months. We were at his place playing monopoly and having a few drinks. After a while we got tired of playing monopoly and started watching a movie instead. During the movie, we kissed a little. I was o.k. with that – we had done that before. After a while though, things started to get out of hand, and I told him I wasn't ready to have sex with him. He kept groping me even though I kept saying no. I finally yelled NO and he got the message and stopped. He was pissed afterward. I told him to just take me home". No drugs were present.

We'll code this narrative for alcohol use. First we need to determine whether there is enough information in the narrative to know if there was alcohol use or if it needs to go into N.E.I. There is clearly information regarding alcohol use, so we can continue. It is also clear that there was alcohol present, since she mentions drinking, so we can go look at the detailed codes under "Present". Then we need to determine whether it was the man, the woman, or both using alcohol. The woman pretty clearly states that both she and the perpetrator were drinking, so we would code it under "both" (see the coding sheet below to see how to denote this code).

Next we'll cod this for drug use. Again, the first step is to decide whether there is enough information to determine if drug use was present with certainty She mentioned that there were no drugs present during the encounter, so we can look at the detailed codes under "Absent." Then we need to determine whether it was the perpetrator, the woman, or both not using drugs. The woman pretty clearly states that both she and the perpetrator were not using drugs, so we would code it under "both" (see the coding sheet below to see how to denote this code).

Now we'll code this narrative for location. First, we must determine whether there's enough information about the location. It is clear that there is plenty of information about the setting, so we continue past N.E.I. Then we need to decide whether it was indoors or outdoors. She mentions being in a house, so we know it's inside. Then we look at the more detailed codes within Indoors. We see that there is a category for His, Hers, Theirs, etc. She clearly mentions that it is his house, so we then move into the category of His Property.

Now we'll code this for relationship. Again, the first step is to decide whether there is enough information to determine what the relationship was with some certainty. She mentions that she had been dating the man for about 6 months, so we know we shouldn't code this as N.E.I. When we look down the outline, which increases in levels of intimacy, we see two categories that might work at first glance: Dating & Boyfriend. Although the woman says that she was "dating" the man, we must read a little further and

see that the relationship had lasted 6 months, which fits more readily into the Boyfriend category (see the coding sheet below to see how to denote this code).

Category	Code
I. Alcohol Use	A3
II. Drug Use	B3
III. Location	A1A
IV. Relationship	H
V. Previous Consensual Contact	
VI. Women's Reaction During the Event	
VII. Verbal Coercion by the Perp	
VIII. Physical coercion by the Perp	
IX. Situation	
X. Hate Crime	
XI. Unconscious	

Hopefully this example narrative helps to illustrate how one should move through the codes to find the most detailed one that applies to the interviews. It is important to determine whether the information you need is present. If it is not, the narrative goes into N.E.I. If there is, then you must work your way through the codes until you find the most detailed code that fits the interview you're working with.

Once you have become familiar with the codes and have successfully coded the example narratives, you will be given the real narratives to code. Make sure you do your best to use all of the information provided but don't infer anything that isn't in the narrative. If you are not sure where a narrative fits, or are unclear about information in the narrative, make sure to ask the Criterion Coder.

Often while coding, it is easy to become tired or bored. If this happens, make sure to take a quick break. It is important that you read the narrative at a level of detail above what you would usually use to read, and this requires a lot of concentration. It is easy to make mistakes and miss important information if you are tired or bored, so just take a break. If necessary, come back to the task another day. Finally, remember that there will be cases that aren't 100% clear. There will be fewer cases as you become more familiar with the coding system, but there will always be some. In these cases, just do your best with the information provided.