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I am submitting herewith a dissertation written by Alison Megan Nathanson entitled “An Examination of Shame and Traditional Gender Roles on Behavioral Response in Non-Stranger Sexual Assault with College Females.” I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctorate of Philosophy in Psychology.

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An Examination of Shame and Traditional Gender Roles on Behavioral Response in Non-
Stranger Sexual Assault with College Females

A Dissertation Presented for
the Doctor of Philosophy
Degree

The University of Tennessee, Knoxville

Alison Megan Nathanson

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Abstract

Non-stranger sexual assault commonly occurs on college campuses across the country, placing college females at risk for the negative consequences, including increased psychopathology, social difficulties, and academic failure. Research suggests that college women with a history of sexual abuse are often revictimized by acquaintances during their college experience. The mechanisms underlying the connection between sexual abuse and adult sexual assault remain unclear. The present study examines the indirect effect of shame and traditional gender role beliefs on heterosexual females' behavioral response based on history of sexual trauma. Results indicate that neither shame nor benevolent sexist ideals mediate the relationship between sexual abuse history and indirect/passive behavioral responding during a non-stranger sexual assault. Implications for sexual assault prevention programs and therapeutic interventions for college women are discussed.

Keywords: Sexual abuse; shame; sexism; behavioral responses

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Chapter 1

Introduction

College Females and Sexual Assault Revictimization Rates

Non-stranger sexual assaults remain widespread on college campuses, creating an immense need for greater understanding about specific mechanisms that may cause the significant prevalence (Anderson & Whiston, 2005; Macy, Nurius, & Norris, 2007). More than 25% of college women acknowledge unwanted sexual experiences during their college years (Tjaden & Thoennes, 2000). Research suggests that despite the staggering rates on college campuses, non-stranger sexual assault continues to remain underreported (Fisher, Daigle, & Cullen, 2010). Taken together, a better understanding of sexual violence against college women is needed.

Sexual assault commonly occurs during the transitional phase to college. In fact, a study conducted by Humphrey and White (2000) found that the risk of women's college victimization was greatest during the first year and gradually declined over the following 3 years. More specifically, freshman students are most likely to be sexually assaulted within the first few weeks of school (Smith, White, & Holland, 2003). Bogle (2008) suggests that a newfound independence in conjunction with social ambiguity can lead to risky sexual situations for women in college.

Research consistently shows that the vast majority of sexual crime against college women occurs by an acquaintance (Nurius & Norris, 1996; Messman-Moore & Browne, 2005; Gidycz, Van Wynsberghe, & Edwards, 2008). A national report on the violent victimization of college students indicates that 74% of rapes and sexual assaults were committed by someone known to the victim (U.S. Department of Justice, 2003). In addition, the National College Women Sexual Victimization Survey estimated that 9 out of 10 college women knew the man who sexually assaulted them (Fisher, Cullen, & Turner, 2000). Abbey and colleagues (1996) found that 95% of sexual assaults against college women were perpetrated by an acquaintance (Abbey, Ross, McDuffie, & McAuslan, 1996). The perplexing rates of non-stranger sexual assault that continue to plague the college environment warrant a closer examination.

Despite the unfortunate reality that all women are subject to sexual victimization, there is evidence to suggest that childhood sexual victimization is associated with increased risk for subsequent revictimization in college (Rich, Gidycz, Warkentin, Loh, & Weiland, 2005; Classen, Palesh, & Aggarwal, 2005; Messman-Moore & Long, 2000; Yeater, Treat, Viken, & McFall, 2010). In a study conducted by Gidycz and colleagues (2006), 32% of sexual abuse survivors experienced adult sexual assault compared to 13.6 % of college females without a history of sexual trauma (Gidycz, McNamara, & Edwards, 2006). Similarly, Stermec and colleagues (2002) found that sexual abuse survivors were more than twice as likely to be victimized during adulthood in comparison to women without

previous sexual trauma (Stermec, Reist, Addison, & Miller, 2002). Overall, research has consistently demonstrated childhood sexual abuse as a factor associated with a greater risk for adult sexual assault, especially during college (Arata, 2000; Messman-Moore & Long, 2003; Messman-Moore & Brown, 2006).

Taken together, college appears to be a particularly delicate transitional time in a young woman's life in need of more critical attention. The high prevalence of sexual victimization of female college students suggests the importance of continuing to identify correlates of female sexual victimization within this population. Identifying relationships between risk factors, such as a history of sexual trauma and ambiguous social interactions, may allow for prevention programs to directly target variables relevant to college populations. Thus, it is important to further examine the mechanisms behind repeated victimizations.

Definition of Childhood Sexual Abuse

The fundamental characteristic of any childhood sexual abuse includes the force or coercion of a minor into sexual activity by an adult. The specifics of sexual abuse of a minor range in severity from bodily exposure of the perpetrator to completed penetration (Maker, Kemmelmeier, Peterson, 2001; Senn, Carey, Vanable, 2008). For the purposes of this study, the Long (1999) definition of childhood sexual abuse is used due to its predominant presence in prior studies attempting to link trauma histories with risk for

future revictimization. Long (1999) considers sexual exposure/molestation/penetration to be defined as **child** sexual abuse if an individual was perpetrated against during childhood and/or adolescence prior to the age of 17. According to Long (1999), childhood sexual abuse is defined as **one or more** of the following: a) abuse perpetrated by a relative, b) greater than 5 years age difference between the victim and the perpetrator, **and/or** c) threat or force was involved if there is fewer than a five year age difference between the victim and the perpetrator. Furthermore, Long (1999) stipulates that the criteria for sexual abuse **excludes** voluntary sexual activities with a dating partner no more than 5 years older and consensual sexual play with a peer no more than 5 years older than the individual. With a clear construct of sexual abuse, the hope is to gain more accurate information of trauma history from the participants.

Theories of Childhood Sexual Abuse

Over the past thirty years, the subject of childhood sexual abuse has become more prominent in the field of psychology (Bolen, 2001). As suggested by Bolen (2001), a multitude of theories have arisen from psychologists determined to examine this societal conundrum. Since the psychological repercussions of child sexual abuse and its interference with the ‘normal’ trajectory of development are crucial to comprehend, the theory of childhood sexual abuse needs to be addressed by examining the multitude of layers it affects. For the purposes of this study, we contextualize the repercussions of

childhood sexual abuse by examining its impact on the development of shame through interpersonal schemas, and also, the effect of trauma on the brain.

Interpersonal Schema Theory

From the beginning of development, a child begins organizing views of herself and schemas for relating to others within the surrounding environment. As described by Bowlby's theory of attachment (1969), children are biologically predisposed to maintain a close bond to their primary caregivers. Youth need to be able to rely on others for safety and sustenance in the most basic form of survival. However, they also need to learn from these primary attachment figures how to interpret the environment for safety through interpersonal schemas (Cloitre et al., 2003). As defined by Young (1990), schemas are an abstract representation of the distinct characteristics of an event or like a blueprint of most salient elements (Young, Klosko, & Weishaar, 2003). Essentially, schemas can serve as a functional guide for interpreting information and solving problems throughout life.

Although schemas aide each individual with development, interpersonal schemas that arise from an abusive caretaker or environment can severely impact development. Since schemas create a template for future behaviors, negative patterns acquired in childhood can impair the functioning of an adult (Young, 1990). Sexual molestation of a child may cause her to develop negative cognitive appraisals, such as perceptions of physical/mental damage, self-blame, and loss of trust (Spaccarelli, 1994; Young, 1999). If a

victim of sexual abuse adopts problematic coping strategies, such as cognitive or behavioral avoidance, the combination of maladaptive schemas and poor coping strategies may cause increased psychological symptoms (Kaltman, Krupnick, Stockton, Hooper, & Green, 2005). Repeated avoidance of traumatic processing can result in an increased sense of chronic stress and perpetuate negative schemas. For instance, a female abuse victim may avoid males due to schemas of mistrust and violation. In the long term, avoidance of all men may cause significant interpersonal problems, ranging from romantic intimacy issues to difficulty in occupational environments that involve working together with men, which ultimately maintains the maladaptive schema. In a study conducted by Cloitre and colleagues (2002), sexually abused women endorsed strongly negative interpersonal beliefs, including an expectation of cold and controlling interactions with others (Cloitre, Cohen, & Scarvalone, 2002). Cloitre and colleagues (2002) showed that, in contrast, non-victimized women endorsed much more positive beliefs, including an expectation of warmth from others. In essence, the formation of cognitive appraisals during childhood can contribute to a host of negative maladaptive thoughts that continue into adulthood. Thus, a sexual abuse victim may carry over long-term and inform her appraisal of sexually threatening situations while in college.

Sexual abuse in childhood can also lead to the development of shame. One of the theories posited about the development of shame-based schemas is the experience of submission and defeat that often accompanies the violation of sexual integrity (Playter,

1990). In essence, a victim of sexual abuse may develop beliefs such as “I failed to protect myself” or “I can’t protect myself.” These feelings might exacerbate shame, leading to a sense of hopelessness and depression. Furthermore, maladaptive thoughts/beliefs may lead to a mind-set of defeat in a risky sexual situation, causing an inability to respond assertively (Kessler & Bieschke, 1999). Since research suggests passivity can be unhelpful in a non-stranger sexual assault situation (Ullman, 2007), it seems clear that early development of a maladaptive schema could lead to negative consequences later in life.

Impact of Trauma on Neurobiology

With the recent advances in the study of the trauma and its effect on the brain, it is important to incorporate neurobiological perspective into the discussion. Integration of theories from all fields creates a greater understanding of the development of psychological conditions. Since the brain is a complex organ and beyond the scope of the study, the three distinct areas of the brain (i.e., the amygdala, the hippocampus, and the medial prefrontal cortex) implicated in maladaptive consequences of childhood trauma are reviewed.

The amygdala functions as the emotion center of the brain. It plays a significant role in the processing of fear and assessing the emotional valence of situations (Bremner, 2006). The amygdala also has direct connections that initiate motor responses. Research utilizing MRI and PET scans to study the impact on stress on the amygdala suggests victimized individuals have a larger amygdala in comparison to non-victimized

individuals (Rauch et al., 2000). Davis and colleagues (1997) report that the responses of traumatized individuals (i.e., avoidance of stimuli and hyper-arousal symptoms) reflect the hyper-responsivity of the amygdala to fear-related stimuli. This chronic state of hyper-vigilance and over-reactivity towards all stimuli may eventually result in desensitization towards actual threatening situations (Lupien, McEwen, Gunmar, & Heim, 2009). This meaning that living a life in constant fear may make a traumatized individual either disregard real threat or attempt to avoid feeling emotions entirely, due to sensitization effects.

The hippocampus functions as a central area of the brain implicated in learning and memory. Research suggests that childhood stress and maltreatment leads to an inhibition in neuronal growth within the hippocampus (Heim et al., 2010). Previous studies indicate that the hippocampus is sensitive to stress (Lupien et al., 2009). Bremner and colleagues (2003) found that women with a history of sexual abuse during childhood experienced a smaller volume (16% smaller) in their hippocampus when compared with a group of women without a history of early childhood abuse. As stated within the study, a smaller hippocampal volume is implicated in impaired memory and learning, which can negatively impact the reactions of abused individuals to future threatening situations (Bremner et al., 2003). Thus, it seems probable that impairment in new memory formation and learning capacity could be linked to heightened risk for revictimization.

Lastly, the medial prefrontal cortex could have implications in continued impact of trauma on a victimized individual. The medial prefrontal cortex has projections to the amygdala that are involved in the suppression of amygdala responsiveness to fearful cues (Bremner, Vermetten, & Lanius, 2010). It has also been implicated in emotional and socially appropriate interactions. Research examining functional neuro-imaging of women sexually abused as children has found decreased blood flow in the medial prefrontal cortex, which is implicated in emotional modulation of responsiveness (Bremner, Narayan, & Staib, 1999; Lanius, Williamson, & Densmore, 2001; Shin, McNally, & Kosslyn, 1999). These findings suggest that those who experienced childhood abuse may have a decreased ability to perceive threat. Furthermore, these studies indicate that the decrease of blood flow in these individuals may lead to strained emotional and socially appropriate interactions. Emotional response combined with physiological activation could impact any individual within a stressful situation. For a previously traumatized individual, desensitization to threatening stimuli may occur, which would negatively impact accurate risk appraisals (Bremner et al., 2010). Thus, the impact of early stress on the brain could contribute to a biological vulnerability towards revictimization.

In sum, an increased blood flow in the amygdala contributes to hyper-arousal, while a smaller hippocampus leads to impairment in memory formation and ability to learn. Taken together, the dysfunction within the amygdala, the hippocampus, and the

medial prefrontal cortex, can cause confusion within a social/emotion context. For an individual who previously experienced trauma, the impairment of these three vital parts of the brain could also lead to negative consequences within a sexually threatening situation. The amygdala causes emotional reactions towards stressful situations that activate the hippocampus to remember past threatening situations in order to prevent future complications. Impairment within these vital areas, such as desensitization of the amygdala or inability to retrieve memories from the hippocampus regarding previous trauma, could cause harmful repercussions in risky environments.

Research within the neurological field is expanding rapidly within the study of the impact of early trauma on individuals. Although this study did not use neurological methods to examine the mechanisms of revictimization, it is important to include the newfound research of trauma on the brain. As neuronal damage or impairment can severely impact cognitive appraisals and behavioral responses, trauma studies should continue to include current neurobiological information into the theoretical framework. This approach would improve the understanding of revictimization.

Consequences of Child Sexual Abuse

Regardless of the theory, research consistently shows that children exposed to sexual abuse have higher rates of a number of psychological disorders, including post-traumatic stress disorder, depression, anxiety, and personality disorders (Brayden,

Deitrich-MacLean, Dietrich, & Sherrod, 1995; Kaltman, Krupnick, Stockton, Hooper, & Green, 2005). In addition to psychological disorders, problems with interpersonal functioning are also common among those who experienced CSA, including dating violence, sexual problems, reduced self-esteem, and higher probability of experiencing revictimization later in life (Finkelhor & Browne, 1985; Vezina & Hebert, 2007; Messman-Moore & Long, 2003; Van-Bruggen, Runtz, & Kadlec, 2006). Furthermore, survivors of sexual abuse may also suffer from an increased amount of medical issues, including increased risk of unintended pregnancy and higher risk of sexually transmitted infections (Senn, Carey, Vanable, Coury-Doniger, & Urban, 2007). Thus, it is vital to understand how trauma can beget subsequent trauma in order to circumvent additional issues.

Social-Cognitive Theory of Revictimization

Social-Cognitive theory has been proposed as a conceptual model to better understand the process a woman goes through after experiencing the threat of non-stranger sexual assault (Norris, Nurius & Dimeff, 1996). As suggested by Norris and colleagues (1996), the Social-Cognitive theory examines women's cognitive appraisals as an explanation for their responses to threat, both cognitively and behaviorally. The first type of cognitive appraisal, known as primary risk appraisal, attempts to ascertain at what point women perceive a situation to be potentially harmful or threatening. Primary risk appraisals serve to protect women from harm since such appraisals have been shown to increase the likelihood of assertive behavioral responding (i.e., method of leaving the

situation) (Ullman, 2007). The second type of appraisal, known as secondary risk appraisal, is suggested to follow the primary risk appraisal. After experiencing the primary risk appraisal, women theoretically feel at risk, which then forces them to decide how to proceed within the situation. The secondary risk appraisal demands that these individuals appraise the risk of responding to the situation in terms of potential social and personal costs. As posited by Norris and colleagues (1996), social costs are defined as the loss of a potential relationship with the perpetrator and/or ridicule from a peer group based on the nature of the individual's response to the assailant.

Norris and colleagues (1996) define primary risk appraisals as the point at which one perceives herself to be at risk or in danger. For the purposes of this study, primary risk appraisal will be defined as the first moment that a female feels threatened. Norris and colleagues (1996) suggest that individuals assess situations for possible harm (Nurius, Norris, Young, Graham & Gaylord, 2000). With respect to acquaintance sexual aggression, this involves assessment of whether the situation is neutral, poses benefit or poses harm. It also involves the woman noticing some aspect of the situation or the man's behavior that is divergent from her expectations. People encode and interact within the situation in a fairly automatic mode prior to feeling some semblance of threat. Thus, certain cues must disrupt this automatic stream of processing (i.e., interpretation of man's behavior in social or intimate terms) and cause the women to go into reactive mode (i.e., risk appraisal in determining how capable he may be of harming her) (Nurius et al., 2000).

The secondary risk appraisal provides more information to the decision making process that occurs after the primary risk appraisal and is essential to the conceptualization of the study. The secondary risk appraisal aides the female with assessing the social consequences of her perception and subsequently, may dictate how she should respond. More specifically, the individual determines behavioral response style based on desired perception by others (Nurius et al., 2000). In essence, if a woman overreacts to or misreads a man's cues, then she risks rejection, not only by a man with whom she might want a relationship, but also by her closest peers (Nurius et al., 2000). Studies conducted by Beyth-Marom and colleagues (1993) and also by Sanderson & Cantor (1995) found that people reported a number of concerns when determining how to respond to sexual threat, including anxiety about the reaction of peers and the potential of damaging a significant relationship. Thus, an examination of the social element may lead to a greater understanding of a non-stranger sexual assault situation.

However, situations that present as ambiguous, may lead to further questioning and self-doubt. Fundamentally, the behavior of the assailant must be judged for danger and/or threat by the victim and yet, it may be in itself unclear. For instance, especially in a college setting, parties and dates often involve alcohol or situations in which a man and a woman are alone in a car, a dorm or an apartment. Since typical dating or socializing patterns are also potentially threatening, it may be difficult to perceive behavior that is actually threatening. As explained by Nurius and colleagues (2000), there is also a cost-

benefit analysis, which examines the potential costs, both personal and social, following the response in a particular way to the threat. Thus, the fear of social repercussions may warrant a socially desirable shift in behavioral response.

As the ambiguity of a social situation muddies appraisals, the vagueness of the situation may place blame on the woman for her reaction to the perpetrator. If the victim has imbibed alcohol or agreed to spend time alone with the perpetrator in an isolated location (e.g., his or her apartment), she may have cause to believe that she will be judged for her behavior. There is some research to support this idea as many cultural myths of rape in the past have historically blamed the victim (e.g., “She should not have been wearing that” or “She asked for it”) (Burt, 1980). Thus, in order to protect herself against the stigma of social judgment, the sexual abuse survivor may attempt to reduce the perceived social consequences by responding in a socially deemed gender appropriate manner.

Realistic methodology in risk appraisal studies

With an established research link between childhood sexual abuse and adult revictimization, further examination needed to occur within the area of risk appraisals and behavioral responses. In order to accurately grasp the secondary risk appraisal, which entails the social component of the Social-Cognitive theory (Norris et al., 1996), it was

essential to accurately detect the initial experience of threat or primary risk. Thus, a more realistic methodology was needed in order to accurately capture primary risk appraisal.

The sexual assault literature generally displays the escalation of a threatening scenario or vignette into a non-stranger sexual assault between two fictitious characters (i.e., the participant and a perpetrator) in an all-at-once fashion. However, by allowing the participant to read the entire vignette from beginning to end, the participant ultimately determines that a rape occurs and then has to retroactively determine her initial feeling of threat. This method has been criticized in past literature because the participant can determine that the situation will ultimately lead to rape whereas in a real life situation, this is not typically pre-determined (Pinzone-Glover, Gidycz, & Jacobs, 2006). Objectively, many people would likely respond to a sexual assault situation by indicating that they were threatened. Thus, the standard manipulated experimental methodology for non-stranger sexual assault and revictimization literature, which presents the vignette all-at-once, may not be truly indicative of primary risk.

In a study conducted by Nathanson, Rhatigan, & Welsh (2010, under review), a new methodology was constructed to present the written vignette in a line-by-line fashion rather than all at once, as is customary. With this new methodology, the participants were not aware that the scene would escalate into a non-stranger sexual assault. When responding to each line, participants were asked to indicate their feelings using a list of emotions for each line of the vignette (i.e., calm, angry, happy, upset,

surprised, and threatened). Once the participant endorsed 'threat' from the emotion panel after reading a line of the vignette, it was defined as primary risk appraisal. In essence, the new methodology attempted to more accurately determine primary risk appraisal from a more realistic perspective.

One hundred participants were separated into four distinct groups. Two groups contained those who had a history of sexual abuse and were further broken down into a low social cost ($n=24$) and a high social cost group ($n=26$). In addition to this, two groups who did not have a history of sexual abuse were further broken down into a low social cost ($n=25$) and a high social cost group ($n=25$). In keeping with the social cost construct, as theorized by Norris and colleagues (1996), a high social prelude entailed a short description of the perpetrator, explaining that the participant was strongly attracted to him and wanted to be accepted by his peer group, prior to administering the sexual assault vignette. The low social cost prelude presented the perpetrator as less desirable and did not link him to a desired social group. By utilizing the new, more realistic methodology, the study found that the participants with a history of sexual trauma responded significantly later than the participants without a history of sexual trauma ($F(1, 96) = 8.1, p = .005$). Additionally, the study found that participants with a history of sexual trauma who also were informed that high social costs were at stake (i.e., potential loss of friends and romantic partner) used significantly less assertive behavioral responses ($F(1, 96) = 3.85, p = .05$).

The study provided information about the importance of sexual trauma and the potential social implications of behavioral responses in a non-stranger sexual assault situation. However, more questions arose from the study, including how an individual's beliefs about herself and her social surroundings might affect revictimization, especially during college. Furthermore, the question about the repercussions of childhood sexual abuse regarding development of identity and sense of self in conjunction with revictimization seem especially important to examine. Overall, based on the results from the previous study, it appeared to be important to further examine the mediators between trauma and behavioral responses with specific attention to the construct of secondary risk appraisals as posited by Nurius and Norris (1996).

The Construct of Shame

As theorized by Feiring & Taska (2005), shame is a negative and disturbing emotional experience involving feelings of self-condemnation and the desire to hide the damaged self from others (Lewis, 1992; Tangney, 1995). Feiring and colleagues (2005) suggest that shame results when the whole self feels defective as a result of perceived failure to meet self-imposed and social standards. Sexual abuse can be perceived by the victim as socially unacceptable. Thus, shame is likely to persist after the abuse experience subsides (Feiring & Taska, 2005). For the purposes of this study, the construct of shame will utilize the definition proposed by the Feiring and colleagues (2005).

Differentiation between Shame and Guilt

A clear differentiation between shame and guilt is needed in order to effectively define shame. Lewis (1971) defines shame as an experience directly related to the self, in which the self is the main focus of evaluation (i.e., I am inferior, bad, or immoral). Furthermore, Lewis (1971) suggests that a belief of how the defective image appears to others follows the experience of shame. Hence, shame leads to a desire to hide or disappear from the perceived negative focus of others. In contrast to shame, Lewis (1971) defines guilt as the negative evaluation of one's behavior (i.e., "I did that horrible thing"). Tangney and Dearing (2002) indicate that guilt leads to feelings of remorse, which in turn, often compels individuals to correct the negative behavior. Shame focuses on the self as reprehensible, prompting the individual to withdraw in order to hide from feared ridicule. In contrast, guilt focuses on behavior as deplorable without impacting one's core identity. Guilt may motivate individuals to undo the perceived bad deed (Tangney & Dearing, 2002).

Childhood Sexual Abuse and Shame

Research indicates that childhood sexual abuse frequently results in a feeling of shame (Feiring, Taska, & Lewis, 2002; Finkelhor & Browne, 1987; Nathanson, 1989). Feiring and colleagues (2002) emphasize that when victims feel bad and blameworthy about the abuse they endured, they feel a sense of shame and stigma. Victims of sexual

abuse are particularly at risk for feeling shame given the intrusive assault on the self and society's condemnation of those who violate the rules regarding sexual conduct (Feiring et al., 2002).

Feiring (2002) posits that abusive situations communicate messages to the child in the form of self-appraisals, including the behavior of self and consequences of interactions (Feiring, Taska, & Chen, 2002). Since shame often arises from familial interactions during the critical stage of development, feelings of shame from sexual abuse may drastically affect the development of the individual's identity (Erikson, 1950; Kaufman, 1996). During the early critical period of development, a child makes inferences about herself based on the relationship with her parents. In the case of abuse, a child may make negative inferences about herself, believing that she must be deplorable in some way (Briere, 2002). Thus, shame may stem from a child's earliest relational experience.

Research suggests that an early experience of sexual abuse in children links to long-term psychological maladjustment (Coffey, 1996; Feiring, 2005). An early experience with a shame-based self-appraisal often leads to deep-rooted feelings of shame. In a study conducted by Feiring and colleagues (1996), the effect of shame and stigma was investigated in a sample of sexually abused youth. The findings indicated that abuse-specific interactions were strongly related to shame and symptoms of psychological distress. As suggested by Feiring and colleagues (2005), victimized children will likely experience shame for being involved in sexual abuse due to the blame of the victim by the

perpetrator and the social taboos against sexual acts of adults with children. Abuse may precipitate a process of looking inward, blaming the self for the abuse and feeling shame. This negative emotional experience may occur during the abuse and continue once the abuse has ended (Feiring & Cleland, 2007).

Shame and Behavior

Research indicates that a primitive form of shame was an early mechanism for communicating submission or affirming relative rank in dominance (Harre & Parrot, 1996; Fessler, 1999). Blushing and appeasement have been noted as a means of communicating one's acknowledgement of wrongdoing, diffusing anger and aggression (Leary, 1989). The early behavior patterns of our ancestors are mirrored in present day behavioral responses. More recent research acknowledges that shame continues to be associated with action-tendencies such as hiding, submissive behavior, appeasement of others, and passive disengagement (Teroni & Deonna, 2008). In fact, shame increases the probability of certain behaviors, including a tendency to retreat or hide, in order to avoid the possibility of social judgment (Barrett, 1995; Elison, 2005; Tangney & Dearing, 2002).

In connection with a schema perspective of shame, an experience of trauma can leave a core woundedness that explodes into view when placed in the social limelight. A deep-rooted sense of shame may be exposed through ineptness in a social situation, leading a shamed individual to shy away from possible exposure of perceived inadequacy (R. Bolen, personal communication, October 12th 2010). Shame often creates a need to

monitor interpersonal situations in order to discern how to fit in and be socially accepted. Thus, in an ambiguous sexual situation with an acquaintance, this concern may be an important factor in responding when the situation becomes increasingly threatening (Norris, Nurius, & Dimeff, 1996). In the end, if shame creates the fear of social disapproval, ambiguous sexual situations may cause shamed females to adhere to submissive roles in order to avoid judgment (Haun, 2009).

Shame is associated with being submissive and feeling inferior (Covert, Tangney, Maddux, & Heleno, 2003). Revictimization has consistently been found to be associated with higher shame (Arata, 1999; Gibson & Leitenberg, 2001). Thus, in order to better understand the specific mechanisms of revictimization, it will be important to examine the effect of shame on survivors of sexual abuse and their behavioral responses within a sexually threatening social venue.

Emerging Adulthood and the College Social Scene

Social acceptance is an important component to the delicate period of development known as emerging adulthood. Erikson (1950), who theorized the development of the individual through his psychosocial model, examined a period of time during adolescence in which individuals begin to explore their independence and to develop a sense of self. Individuals who are encouraged and reinforced for their exploration will emerge from this stage with a strong sense of self. On the other hand, those who remain unsure of themselves will become insecure and confused about their

identity. College students are also entering into a stage of development in which they will either experience intimacy or isolation (Erikson, 1950). At this stage, college age females are eager to blend their identities with friends and fit cohesively into a social group. In essence, Erikson's developmental theory implies that individuals in this stage of development are afraid of rejection, both within a social group and by a potential romantic partner. This fear of rejection moves individuals to protect themselves from experiencing such a feeling or lowering of social standing. Caught between a period of development that promotes social acceptance and the pursuit of an intimate partner, college students may feel especially pressured to behave in a socially desirable manner.

Based on the Social-Cognitive theory posited by Nurius and colleagues (1996), it appears plausible that college females may not want to be called into question by their peers after an ambiguous sexual situation. For college students, their social world may be very important, especially since they are establishing themselves for the first time, without their family and without the social support from their childhood friends. Thus, younger, inexperienced females in a college setting may disregard a feeling of threat and remain within risky situations, such as a party with alcoholic drinks or unsupervised time with male peers, in order to fit into the social norm of college.

The fear of being stigmatized by a peer group may be even more critical for a victim of childhood sexual abuse for a variety of reasons. As Finkelhor and Browne (1985) suggested, trauma survivors often feel as though they are to blame for the abuse they

endured; that in some way, they elicited the abuse. Thus, many survivors of abuse may feel a sense of shame about the abused they endured. Ultimately, this sense of shame may remain present into adulthood and affect the manner in which they perceive themselves (Van Bruggen et al., 2006). If the trauma survivor finds herself in a threatening situation comparable to previous sexual abuse, she may be more inclined to again blame herself (i.e., “it’s my fault because I went home with him”). The blame from the abuse may lead to the victim feeling stigmatized by others; as if she is “dirty or bad” in some way.

Shame alerts the individual to attributes that could elicit rejection by others and motivates efforts to prevent this rejection. Thus, it will be important to acknowledge how/if the experience of shame informs the need for adhering to societal norms (i.e., gender specific behaviors). Since a survivor of sexual trauma may already feel a sense of shame, she would likely want to prevent any further negative associations with her subsequent sexual experiences. Therefore, a trauma survivor may feel more compelled to protect herself from further blame within her social surroundings in order to remain socially acceptable in the eyes of others.

Ambivalent Sexism: The Benevolent Side

Benevolent sexism is a sexist view that suggests women need additional help with certain activities because of their gender (Glick & Fiske, 1996). Previous research indicates that one outcome of benevolent sexism is to encourage women to adhere to their

proscribed gender roles (Glick & Fiske, 2001) in which women are gentle and submissive. This type of sexism encourages women to conform to the feminine social role and exhibit characteristics of goodness and purity (Sibley & Wilson, 2004). Thus, presumably, if women are cherished for upholding culturally idealized femininity, then a deviation from the norm would be met with ridicule (Shepherd et al., 2011).

Culturally specific gender socialization has a significant influence on the gender roles assumed as women, including self-judgment and judgment from society. Within an American culture, gender roles often ground an individual's identity (Fontes, 2005). Martin and Ruble (2009) indicate that childhood and adolescence is a particularly important time for identity formation as shaped by gender socialization. Thus, sexual abuse during these periods is likely to impact one's gender identity development, and likewise, one's gender identity may influence the processing of traumatic events (Krause et al., 2002). In the face of trauma, children/adolescents may try to make sense of their abuse by looking at social norms (i.e., gender stereotypes) (Krause et al., 2002; Lebowitz and Roth 1994). The nature of sexual abuse may activate gender stereotypes about socially constructed femininity, such as purported vulnerability, helplessness, and sexuality (Shepard et al., 2011). Thus, benevolent sexism and/or traditional gender roles could play a role in perpetuation of victimization.

Gender stereotypes become social norms when individuals continue to accept them as natural. Norms are taught unintentionally through interactions with those who

already accept the social norms as part of the way they live their lives (Glick and Fiske, 1996). Barreto and Ellemers (2005) suggested that benevolent sexism reinforces gender hierarchy and gender stereotypes that restrict women to certain roles. For instance, research indicates that benevolent sexism can cause poor performance on tasks when self-doubt about ability interferes (Dardenne et al., 2007). Furthermore, women's performance evaluations are negatively affected when a gender norm is violated based on sexual attitudes (Masser & Abrams, 2004). Since benevolent sexist comments are more ambiguous, a greater amount of cognitive resources could be spent thinking about the behavior. Thus, one could argue that benevolent sexism may also negatively impact a woman's response to a sexually threatening situation. If a woman experiences a situation in which she believes that she should be a 'good' girl, then responding assertively might be a contradiction to the perception of what is feminine.

Similar gender stereotypes and/or benevolent sexism may also have an impact on non-stranger sexual assault situations (Viki, Abrahms, & Masser, 2004). As indicated by Glick & Fiske (2001), women seen in a benevolently sexist light are thought of as filled with goodness and purity (i.e., guardians of sexuality). Thus, when accusations of sexual assault are made, more attention may be paid to the behavior of the victim (Bateman, 1991). In previous research, Abrams and colleagues (2003) found that college students who endorsed high levels of benevolent sexism attributed more blame to acquaintance sexual assault victims than those who endorsed low levels of benevolent sexism. In this

capacity, women who follow benevolent sexist ideals would be more likely to exhibit passive or indirect behavioral responses as they correspond with societal norms of femininity.

Behavioral Responses

After examining the repercussions of sexual abuse on shame and benevolent sexism on gender norms, it is essential to address how these areas potentially affect the behavioral response of an individual in a non-stranger sexual assault situation. Risk appraisal is implicated in the exit behavior of the individual leaving a threatening situation. With regard to behavior outcomes, Nurius and colleagues (2000) indicate that women typically respond within the framework of three different behavioral responses to the threat of a non-stranger sexual assault; assertive, indirect and passive. Recently, research has started to focus more on how women actually respond to the threat of sexual assault once they perceive risk (Turchik et al., 2007). This is especially important since the manner in which a woman leaves the threatening situation may be indicative of a completed rape than a non-completed rape.

One method of leaving a threatening situation is assertively. An assertive method of responding to non-stranger sexual assault is defined as being decisively assertive or defensive when attempting to resist unwanted sexual activity with the potential assailant. Females will respond either using assertive statements (e.g., "Get away from me!"; "Stop touching me") or physically (e.g., pushing them away, abruptly getting up, struggling).

Research consistently shows that women who engage in assertive actions are more likely to avoid sexual assault than those who do not (Ullman, 1997). In fact, Clay-Warner (2002) found that those who assertively participate in physical resistance rather than using verbal strategies are more effective in reducing the likelihood of completed sexual assault. Research suggests that greater assertiveness with men is a protective factor against sexual victimization among first year undergraduate women (Greene & Navarro, 1998). However, women who have been sexually victimized during childhood have been faced with the disregard of their sexual wishes/bodily privacy and thus, could be less likely to be assertive in the future.

Another response style, known as an indirect or diplomatic method of behavioral response, is defined as an attempt to prevent the rape and leave the situation without social repercussions while also trying to prevent physical injuries from the assailant. These individuals are much less likely to use physical methods and much more likely to use verbal tactics in order to get out of the risky situation (i.e., joking about unwanted behavior or attempting to redirect the situation). For example, indirect verbal responses revolve around the idea of diverting the assailant's attention or diffusing the situation with verbal redirection (i.e., "Why don't we do something else?") Clay-Warner (2002) suggests that indirect behavioral responses or verbal strategies are much less effective than physical resistance. Victims of sexual abuse are more likely to use non-forceful verbal behaviors than are non-victims (Ullman & Knight, 1992).

Another form of non-forceful behavioral responses is reported as passive or immobilized. A passive method of response is defined as an inability to physically or verbally intervene with an increasingly threatening sexual situation. Passive responders are described as those who are unable to respond and may appear immobilized during the threat of an attack (Galliano, Noble, & Travis, 1993). Research suggests that females use passive behavioral responses in order to mitigate the injuries they perceive that they would sustain from responding physically or using verbal intervention (Atkeson, Calhoun, & Morris, 1989; Norris et al., 1996; Nurius et al., 2000). Ullman and colleagues (2007) indicate that victims of sexual abuse are more likely to exhibit passive behavioral responses.

The relationship between the assailant and the sexually threatened woman may play a significant role in a non-stranger sexual assault. Research indicates that a prior relationship with the assailant affects the victim's use of self-protective actions (Atkeson et al., 1989). More specifically, a person who is being attacked by an acquaintance was seen as more likely to use verbal self-protection strategies. Further research suggests that victims were less likely to use physical resistance or assertive measures if they knew or had a prior relationship with the assailant (Koss et al., 1988; Ullman et al., 1992). Turchik and colleagues (2007) found that participants used non-forceful tactics if the perpetrator was known prior to the assault and also used less assertive tactics for fear of losing the relationship with the perpetrator. The form of behavioral response is particularly

important in that it seems to indicate if a rape actually occurs in the threatening situation.

Research suggests that sexual abuse survivors more often respond with either indirect and/or passive behavioral techniques (Galliano et al., 1993). Sexual abuse survivors may prefer to react in a manner that would prevent harm socially. However, a socially desirable response in a non-stranger sexual assault situation may include less assertive behavioral responses and more indirect/passive (Atkeson, 1989). Less assertive behavioral responses have been shown to ultimately increase the probability of a completed rape (Ullman & Knight, 1992). Women who have been sexually abused as children may adopt a passive style of coping during a sexually threatening encounter as passivity once acted as an adaptive response (Gidycz, Van Wynsberghe, & Edwards, 2008). Specifically, children are often unable to respond assertively in sexual abuse situations. Children may gravitate towards more passive responses due to fear, uncertainty about the situation, and the relationship to the perpetrator (Maker, Kemmelmeier, & Peterson, 2001). Thus, a child who adopted a passive coping style would respond similarly during adulthood while facing a risky sexual encounter. Since women who respond passively to sexual threat are more likely to become victims of sexual assault, it is crucial to educate trauma victims about more assertive response styles.

In addition to social repercussions and the usage of past behavioral responses, feelings of powerlessness may also play into the sexual abuse survivor's belief about the

outcome of ambiguous situations. Sexual trauma survivors may believe that nothing can be done to prevent the completion of sexual assault. As suggested by Ullman (2007), this belief may lead to a passive/immobilized response, which increases the likelihood of sexual assault. Similarly, the argument can be raised that a trauma victim may attempt to protect themselves physically and prevent further sexual trauma by passively responding to the perpetrator.

The inclination to use non-forceful resistance tactics is also related to certain psychological barriers. Psychological barriers that may make it difficult for women to use active resistance strategies include feelings of self-consciousness and fear of damaging or losing the relationship with perpetrator. College women reported that fear of rejection by men, embarrassment at being negatively judged by others, and concerns about being stigmatized by peers affected their use of active resistance tactics (Norris, 1996). On the other hand, Nurius and colleagues (2000) found that fear of injury exacerbation and decreased concern for preservation of relationship were predictive of the utilization of more assertive resistance tactics. Nurius and colleagues (1996) also found that women who were recently assaulted reported experiencing more psychological barriers than non-victims and indicated that they did not believe in their ability to resist effectively. Thus, based on those findings, it appears that psychological barriers, such as shame, and concern for social desirability, would likely lead to less effective behavioral responses.

Summarized Rationale for Study

Though the link between CSA and revictimization is well established within the field, it is important to examine the mediating factors more specifically in order to best determine a better intervention and prevention plan for college females. As research suggests, sexual assault victims on campus are not utilizing resources and are remaining relatively silent in their struggle with the repercussions of a sexual assault (Fisher, Cullen, & Taylor, 2010). Since sexual assault during college can be predictive of dropping out of school, emotional difficulties, and social withdrawal (Kaltman, Krupnick, Stockton, Hooper, & Green, 2005), it is important to improve sexual assault prevention efforts by creating a deeper understanding of its mechanisms.

Women sexually abused as children may blame themselves for the abuse they endured silently. This sense of self-blame may lead to feelings of shame, which may ultimately be implicated in repeated sexual revictimization (Finkelhor & Browne, 1985; Feiring et al., 2005). Since the literature shows that those who have been sexually abused as children tend to respond less assertively than those who have not endured similar trauma (VanZile-Tamsen, Testa, & Livingston, 2005), it appears that targeting the mediation between sexual abuse and the behavioral response is vital.

The potential impact of shame and traditional gender roles in the behavioral responses of trauma survivors needs to be addressed in order to combat the staggering rates of non-stranger sexual assault during college. As aforementioned, sexual abuse often leads to the development of maladaptive interpersonal schemas (i.e., shame and the

adherence to gender-specific social norms), which could significantly influence behavioral responding during a risky sexual situation. A traumatized individual may utilize a similar passive response with an acquaintance assailant as was used during childhood abuse. A female college student may fear that if she responds in a certain way to the perpetrator, she will face the loss of a social network by deviating from a proscribed gender norm, and potentially, her perceived shameful self will come into light. Therefore, in order to rectify the high incidence of non-stranger sexual assault among survivors of sexual abuse, we examine possible mediators between sexual abuse and behavioral response.

Aims:

Based on the rationale provided, the current study examines individuals' subjective feelings of shame and benevolent sexism in college students with a history of sexual trauma and their subsequent behavioral responses in a non-stranger sexual assault situation. The current study has 3 primary aims: (1) To examine the role of shame in the behavioral responding of a sexual trauma survivor, (2) To determine whether benevolent sexism influences behavioral response during a sexual assault situation, and (3) To determine if shame influences a traditional female role (benevolent sexism) in a non-stranger sexual assault scenario. Based upon previous research and theory, the following hypotheses are examined:

Hypotheses:

- a) A history of sexual abuse leads to less assertive behavioral response, more indirect and more passive behavioral responses.
 - a. These direct effects are mediated by shame such that the history of sexual abuse positively predicts shame which, in turn, negatively predicts assertiveness and positively predicts indirect and/or passive behavioral responses.
 - b. Direct effects are further mediated by benevolent sexism such that sexual abuse positively predicts benevolent sexism which, in turn, negatively predicts assertiveness and positively predicts indirect and/or passive behavioral responses.
 - c. Direct effects of sexual abuse on assertive, indirect, and passive behavioral responses are mediated by shame and benevolent sexism such that the history of sexual abuse positively predicts shame, which in turn positively predicts benevolent sexism, which in turn predicts less assertive, more indirect and more passive behavioral responses.

Chapter 2

Methods

Procedure

College students from a large Southeastern university interested in receiving credit for an Introductory Psychology class were offered the opportunity to complete a survey through a university-sponsored online database. The criteria for participating in the study were that the participants must be over a) 18 years old, b) female, and c) heterosexual. The participants were limited by gender (female) and sexuality (heterosexual) in order to best fit the experimental methodology as dictated by previous revictimization literature (Messman-Moore & Long, 1999). A brief synopsis on the university-sponsored online database described in the study, titled 'Socializing with Male Acquaintances in College,' as an examination of a college student's social experiences, including a hypothetical scenario depicting an encounter with a male acquaintance at a party. If a potential participant met the aforementioned qualifications, she was able to take the online survey at her earliest convenience.

Prior to the commencement of the survey, an informed consent containing the description and risks/benefits of participation was presented to the participant. Once consent was obtained, participants received a list of local referral services before the study began in the event that they decided not to continue to participate. The early placement

of the referral services within the online survey was deliberate in the event that a research participant decided to forgo the completion of the survey, but required additional information about services. The participants were given several self-report measures, including the Experience of Shame Scale (ESS), the Ambivalent Sexism Scale, and the Test of Self-Conscious Affect (TOSCA). These self-report measures were followed by a vignette depicting a non-stranger sexual assault situation, which was presented line-by-line. The participants then completed a question aimed at the assessment of their emotional response following each line of the vignette. The vignette was followed by a self-report measure of Behavioral Responses and then, the Life Experiences Questionnaire (LEQ). At the completion of the study, the participants were thanked for their participation and awarded course credit or extra credit in psychology courses.

Participants

Participants were 403 heterosexual female college students currently enrolled in an Introductory Psychology course at a large southeastern university. Demographic data for the sample showed that 54.0% were 18 years old, 33.5% were 19 years old, 6.5% were 20 years old and the remaining 6.0% were 21 years old or older. Most participants were freshmen or sophomores (90.8%), non-Catholic Christian (78.2%), Caucasian (84.5%), and not currently involved in a dating relationship (53.8%).

Measures

A) **Demographics.** Participants completed a demographics questionnaire which assessed age, academic level, ethnicity, religious background, and current relationship status.

B) ***The Experience of Shame Scale*** (Andrews, Qian, & Valentine, 2002)

The Experience of Shame Scale is a 25 item self-report measure designed to examine an individual's subjective experience of shame or self-conscious affect. In contrast to the Test of Self-Conscious Affect scale, which uses scenarios to examine shame and guilt, the Experience of Shame Scale asks direct questions about feelings of shame regarding specific personal characteristics as well as their own behavior. The Experience of Shame scale directly assesses four areas of characterological shame, including shame of personal habits, manner with others, the type of person one is, and personal ability. The ESS also accesses three areas of behavioral shame, including shame about doing something wrong, saying something perceived as stupid, and failure in situations. The scale examines the cognitive component of shame (i.e., "Have you worried about what other people think of your personal habits?) and the behavioral component of shame (i.e., "Have you ever tried to cover up or conceal any of your personal habits?). The questions are assessed on a Likert scale from 1 (Not at all) to 4 (Very Much). In previous research with undergraduate students, the ESS was found to have high internal consistency for the total score (Cronbach's alpha = .92) (Andrews & Hunter, 1997). Similarly, there was a high internal consistency for the total score within our study (Cronbach's alpha = .94).

C) *The Ambivalent Sexism Scale (ASI; Glick & Fiske, 1996)*

The Ambivalent Sexism Scale (ASI) is a 22-item self-report measure of sexism on which respondents indicate their level of agreement with various statements based on a 6-point Likert scale. It is composed of two subscales that may be independently calculated for subscale scores or may be averaged for an overall composite sexism score. The first subscale is the hostile sexism scale. It is composed of 11 items designed to assess an individual's position on the dimensions of dominative paternalism, competitive gender differentiation, and heterosexual hostility, as previously defined. A sample item from the hostile sexism subscale is "Women are too easily offended." The second subscale is the benevolent sexism scale. This scale is composed of 11 items that aim to assess an individual's position on the dimensions of protective paternalism, complementary gender differentiation, and heterosexual intimacy, as previously defined. A sample item from the benevolent sexism subscale is "Women should be cherished and protected by men." For the purposes of this study, **only** the benevolent sexism scale was utilized as it is implicated in impairing women's cognitive ability during stressful situations. The benevolent sexism scale exhibits high internal consistency within studies examining college populations (Cronbach's $\alpha = .85$ in Viki & Abrams, 2002). The consistency within our study was relatively similar to other studies examining college populations (Cronbach's $\alpha = .79$).

D) ***The Test of Self-Conscious Affect*** (TOSCA-3; Tangney, Ferguson, Wagner, Crowley & Gramzow, 2000). The Test of Self-Conscious Affect (TOSCA) is an 11 item self-report inventory which measures indices of shame-proneness, guilt-proneness, externalization and detachment/unconcern. The majority of scenarios are drawn from written accounts of personal shame and guilt experiences provided by a sample of several hundred college students and non-college adults. For the purposes of this study, the shame-proneness scale was utilized as a complement to the Experiences of Shame Scale (ESS), which similarly measures shame-proneness (Andrews, Qian, & Valentine, 2002). In contrast to the direct questioning from the ESS, the Shame-Proneness scales asks indirect questions, such as, “You would think about quitting,” in response to the scenario, “You break something at work and then hide it.” The response of withdrawing or hiding from an experience based on feelings of shame is fairly consistent within the shame literature (Tangney et al., 2002; Feiring et al., 2005). The TOSCA routinely shows moderate internal consistency, which is consistent with scenario-based assessments of shame (Tangney et al., 2002). Within our study, the TOSCA shame subscale showed a moderate internal consistency within our study (Cronbach’s alpha = .68).

E) ***Sexual Assault Vignette*** (Messman-Moore & Long, 2006) The non-stranger sexual assault vignette was presented to the female participant with the intention that she place herself into a scene at a party. In the scenario, the participant is attending a party with friends and encounters a peer named Ted, who expresses romantic and sexual interest in

her during the party. The scene escalates in risk line by line and thus, was presented one line at a time rather than all at once, as customary. The participants were asked to respond to one question following each line presented from the risky interaction with a male acquaintance. The question was “Please rate how you feel” and the participant was asked to endorse one of seven emotional responses (i.e., calm, angry, happy, upset, surprised, and threatened). This acquaintance rape scenario has been validated in prior research examining recognition of risk among heterosexual college female students with a history of child sexual abuse (Messman-Moore & Long, 2006).

F) *Behavioral Responses to Ted* (Macy, Nurius, & Norris, 2006)

The Behavioral Responses scale is a self-report measure with 23 items, which examines a female participant’s behavioral responses to a hypothetical non-stranger sexual assault situation. The Behavioral Responses scale was tailored to the Messman-Moore and Brown (2006) sexual assault vignette by including the name of the assailant into the behavioral questions. Three behavioral response patterns were established (i.e., assertive, indirect, and passive) and divided into three separate corresponding scales by factor analysis (Macy et al., 2007). The items were scored on a 5-point scale ranging from 0 (*not at all like my response*) to 4 (*very much like my response*). The assertive response scale is comprised of eleven items, including “raised my voice and used strong language” and “became physically defensive.” The indirect response scale is comprised of eight items, including “I told Ted that I liked him, but wasn’t ready for this” and “nicely told

Ted I didn't want to have sex." The passive response scale is comprised of four items, including "felt paralyzed and unresponsive" and "struggled at first, but stopped when I thought it was hopeless." Scales measuring situational coping in response to sexual aggression have been used previously and found to have satisfactory psychometric properties (Norris et al., 1999; Nurius et al., 2000).

G) Life Experiences Questionnaire (LEQ; Long et al., 1999). The Life Experiences Questionnaire is a self-report instrument that assesses demographic information and childhood sexual experiences. Child sexual victimization was assessed with a series of eight questions that examines sexual experiences ranging in severity. Child victimization was defined as contact abuse prior to age 17, which must meet at least one of the following criteria: (a) abuse perpetrated by a relative, (b) more than 5-year age difference between victim and perpetrator or (c) if less than 5-year age difference between victim and perpetrator, threat or force was involved. The Life Experiences Questionnaire was revised in order to specifically examine childhood sexual abuse in a population of college females and was a revised version of the Past Experiences Questionnaire (PEQ) (Messner et al., 1988) Internal consistency for the eight questions used to screen for childhood sexual abuse in the LEQ was calculated with a sample of 145 college females (Messman-Moore, Long, & Siegfried, 2000) and is good (Cronbach's alpha = .89) The LEQ also demonstrated reliability and validity in previous research conducted with college women

(Messman-Moore & Brown, 2000; Nathanson, Rhatigan, & Welsh, under review). Within our study, there was a high internal consistency (Cronbach's $\alpha = .88$).

Chapter 3

Results

Descriptive Statistics

Of the 417 heterosexual female college students who began taking the survey, 403 participants completed the study. These fourteen individuals did not complete the study beyond the demographics scale and thus, were eliminated from the study. Although full information maximum likelihood estimation (FIMLE) is used in Mplus as a data-analytic strategy to accommodate missing data, the lack of information beyond demographics warranted a complete elimination. Similarly, full information maximum likelihood estimation (FIMLE) was not necessary for the current study as the online methodology of SurveyMonkey utilized a 'force reply,' or a required answer for each question, in order for the participants to move forward through each survey. The participants were informed at the beginning of the survey that if they felt uncomfortable or experienced distress at any point while completing the survey, they could discontinue participation and still receive credit. Fortunately, the 403 participants who consented to participate completed the study and answered each question. Therefore, there was no missing data among the 403 completed surveys. Of the 403 participants who completed the survey, 111 women or 27.54% endorsed experiencing sexual abuse during childhood in comparison to 292 participants who endorsed no sexual abuse during childhood. The percentage of sexual

abuse is consistent with revictimization literature (i.e., 25-32%) (Messman-Moore & Browne, 2005).

The participants reported lower levels of shame-proneness as assessed by the TOSCA ($M = 27.83$, $SD = 6.86$) than has been found in previous studies using college students ($M = 43.91$, $SD = 9.19$ in Webb, Heisler, Call, Chickering, & Colburn, 2007). The participants reported similar levels of shame-proneness within the current study as assessed by the Experience of Shame Scale (ESS) ($M = 52.12$, $SD = 13.53$) as are found within other college samples ($M = 49.40$, $SD = 13.55$ in Andrews, Qian, & Valentine, 2002). Participants endorsed slightly higher levels of benevolent sexism ($M = 2.63$, $SD = .78$) in comparison to other studies with college students ($M = 2.10$, $SD = .93$ in Shepherd et al., 2011). Lastly, the participants endorsed high levels of assertive ($M = 29.59$, $SD = 10.30$), moderate levels of indirect ($M = 17.12$, $SD = 7.12$), and moderate levels of passive behavioral responses ($M = 8.39$, $SD = 3.76$) when asked to respond to the non-stranger sexual assault vignette with Ted. Means and standard deviations of study variables are displayed in Table 1.

Correlations Between Study Variables

As expected, the two measurements of shame (TOSCA and ESS) were correlated ($r = .52$, $ps = 0.00$). Childhood sexual abuse was not associated with higher levels of shame (TOSCA) ($r = .02$, $ps = .12$), (ESS) ($r = .07$, $ps = .76$). Similarly, sexual abuse was not

associated with a greater propensity for benevolent sexism ($r = -.01$, $ps = .97$). Interestingly, shame (TOSCA) was associated with greater indirect and passive behavioral responses ($r = .26$, $ps = 0.00$; $r = .14$, $ps = 0.00$, respectively). Benevolent sexism was not associated with more indirect or passive behavioral responses ($r = .07$, $ps = .13$; $r = .08$, $ps = .15$, respectively). The three behavioral responses (Assertive, Indirect, and Passive) were correlated as expected ($r = .24$, $.41$, $.48$, $p = 0.00$). In contrast to the previous study conducted by Nathanson and colleagues (2010, under review), sexual abuse was not associated with greater indirect and/or passive behavioral responses ($r = -.003$, $ps = .89$; $r = -.04$, $ps = .34$). Bivariate correlations of the study variables are displayed in Table 2.

Path Model

To examine study hypotheses, MPlus Version 5.0 was used in order to estimate the structural equation models. The Mplus method tests the proposed mediational pathways simultaneously, providing a more accurate weight between type 1 and type 2 errors in comparison to other methods for mediational testing (MacKinnon, Lockwood, & Williams, 2004). In order to test for mediation, the biased-corrected bootstrap method was used. Specifically, 500 bootstrap samples and 95% bias-corrected confidence intervals (CIs) were used to examine the significance of the mediational paths.

A fully saturated model (i.e., zero degrees of freedom), consisting of 22 parameters, was used to examine mediational paths. This was done primarily to offer a more

conservative test of predicted mediational paths. As indicated by Muthen and Muthen (2001), the chi-square test of model fit demonstrates a goodness of model fit with the data. The chi-square test of model fit for the current study indicated good model fit ($p = .92$) as a non-significant p-value indicates that there was no difference between the observed model and the model estimated. Furthermore, the comparative fit index (CFI) and tucker lewis index (TLI) provided evidence for a good model fit (CFI = 1.00; TLI = 1.00) as a level of .9 or greater (within a spectrum of 0-1) is an indication of good model fit. Similarly, the root mean square error of approximation (RMSEA= 0.00) supported the good model fit as indicated by Kenny (2010) since a level of .05 or less is considered desirable for the RMSEA. Mediational pathways and their standardized estimates were reported and displayed (see Figure 1).

Indirect mediational test results suggest that CSA did not predict indirect behavioral response through feelings of shame, TOSCA ($B = .29$, 95% CI = $-.34$ to $.50$, $p = .77$) or ESS ($B = .20$, 95% CI = $-.10$ to $.30$, $p = .84$). CSA also did not indirectly predict passive behavioral responses through feelings of shame, TOSCA ($B = .30$, 95% CI = -0.20 to $.26$, $p = .77$) or ESS ($B = .21$, 95% CI = $-.03$ to $-.23$, $p = .84$). Furthermore, CSA did not predict indirect behavioral responses through benevolent sexism ($B = .04$, 95% CI = $-.12$ to $.15$, $p = .97$) or passive behavioral responses ($B = .04$, 95% CI = -0.06 to 0.08 , $p = .97$). Finally, CSA did not predict indirect behavioral responses through shame (TOSCA, ESS, respectively) and benevolent sexism ($B = .18$, 95% CI = $-.01$ to $.03$, $p = .85$) ($B = -.63$, 95% CI =

-.06 to .001, $p = .53$). CSA also did not predict passive behavioral responses through shame (TOSCA, ESS, respectively) and benevolent sexism ($B = .18$, 95% CI = -.003 to .02, $p = .86$) ($B = -.64$, 95% CI = -.03 to .001, $p = .52$). Overall, these findings did not support the notion that sexual abuse in childhood may be predictive of indirect and/or passive behavioral response through increased shame and increased propensity for benevolent sexism within the context of a non-stranger sexual assault.

Chapter 4

Discussion

This study sought to examine the mediation of sexual trauma history and behavioral response through shame and benevolent sexism in non-stranger sexual assault in college females. Specifically, it was proposed that shame and benevolent sexism would indirectly predict increased indirect and/or passive behavioral responses and decreased assertive behavioral response in sexually abused college females. Although shame was correlated in expected directions with the indirect and passive behavioral responses, the proposed mediational predictions were not supported.

In contrast to previous studies (Andrews et al., 2000; Feiring, 2002, 2005; Simon et al., 2010), sexual abuse and shame were not significantly correlated. The insignificant correlation between sexual abuse and shame within our study warrants a closer examination. First, the majority of those who experienced sexual abuse *did not* report an occurrence of sexual abuse involving sexual penetration (66%). Instead, the participants endorsed experience with visual exposure to an adult's genitalia or witnessing masturbation of an adult. Although this certainly does not discount the sexual abuse experience of the individuals with non-contact sexual abuse, more severe sexual abuse (e.g., sexual abuse involving force and/or penetration) has been associated with more severe psychological symptoms (Callahan, Price, & Hilsenroth, 2003). Based on the dichotomous response style (i.e., yes or no) of the Life Experience Questionnaire (LEQ),

which asked participants about their sexual abuse experience, we can not make an assumption about the level of severity or duration of abuse that each individual survivor of sexual abuse endured. Meaning, one participant may have experienced chronic sexual abuse while another experienced a one-time encounter. In comparison to our study, Feiring and colleagues (2005, 2011) examined a severely sexually abused sample (i.e., repeated accounts of sexual assault perpetrated by a relative or family acquaintance leading to intervention by child protective services). Although the severity of sexual abuse was not crucial to the proposed hypotheses and thus, was not tested, it is likely that repeated sexual abuse of a child may have more implications for shame within the damaged ecological layers surrounding a child or adolescent taken into protective services.

Furthermore, we posit that severely abused young women may have been unable to participate in the study based on ecological circumstances impeding the pursuit of higher education. Involvement in the legal system for sexual abuse of a child, whether directly related to the family or caused due to neglect, may not lend itself to continuation of education. For instance, Jafee and Maikovich (2011) determined through a 10 year longitudinal study that chronically and severely abused children involved in the legal system exhibited the poorest developmental outcomes and had significantly more family risk factors than children abused in a one-time incident. Taken together, an individual in this situation may struggle with a host of residual effects from chronic severely abusive

situations, rendering college attendance difficult and therefore, unable to participate in the study.

In a positive contrast, resilience and coping skills may be a factor in those who were sexually abused during childhood and consented to participate in our study. Although sexual abuse research points to negative implications of childhood trauma (Brayden et al., 1995; Whiffen & MacIntosh, 2005), recent research indicates that traumatized individuals can experience successful outcomes in trauma-focused therapy (Cloitre, Cohen, & Koenen, 2006). This speaks to the notion that sexual trauma during childhood can be a significant interruption in life, but does not make an absolute prediction about the future regarding psychological adjustment. As demonstrated within our study, the young women endorsed lower shame and more assertive behavioral responses than originally hypothesized. Although this leads to non-significant findings within our research, the real-life implication is that sexual abuse does not always lead to passive responding and heightened vulnerability to repeat victimization. In this capacity, more research about the positive coping skills, resiliency, and allostasis post-trauma should be conducted within college samples. An examination of factors that contribute to a successful pursuit of education in women sexually abused as children may be crucial to better understanding the mechanisms for revictimization in those who are unable to pursue advanced education.

As indicated by the shame researchers within the field, shame, a self-conscious emotion, is by nature difficult to correctly assess (Lewis, 1992; Feiring et al., 2005; Rizvi, 2010; Tangney et al., 2002). Lewis (1972) originally indicated that shamed individuals attempt to hide or retreat from perceived social judgment of their 'flaws'; thus, repressing or denying shame experiences. Therefore, in order to combat the difficulty of assessing shame, Tangney and Dearing (2002) constructed the Test of Self-Conscious Affect (TOSCA), a scenario-based self-report measure, to correct defensive response biases that may be found in check-list type measures. Interestingly, the significant correlation between shame and passive behavioral responses was reflected in the TOSCA measurement, but not the Experience of Shame scale. Thus, shame-prone individuals may have retreated or avoided endorsing their own experience of shame when directly asked about their feelings.

If assessment of shame proves difficult in a general population, then the examination of abuse-specific shame may be even more challenging. Since there were no measures that specifically assess shame stemming from sexual abuse, Feiring and colleagues (2002, 2005, & 2011) created an abuse-specific shame measurement in a structured interview format in order to assess for shame within sexually abused females. The nature of a structured interview format may lend itself to disclosing feelings of shame within a private session. On the other hand, a self-report measure may cause an individual to shy away from answering truthfully, either due to desire for hiding or

repression of shamed feelings. Asking a shamed individual about her feelings of inferiority without the personal interaction, as in a structured interview dynamic, may cause the participant to answer randomly. The online nature of the study necessitated self-report measurement instead of a structured interview format. Since the nature of the current study was online, self-report, and experimental, the true levels of abuse-specific shame could have been lost in translation.

Furthermore, the experimental nature of this study did not allow for an abuse-specific measure of shame since it had to represent a general experience of shame for *both* non-victims and victims. Thus, in order to assess for shame, the TOSCA and the Experience of Shame Scale, two self-report measures commonly used within college populations, were utilized to measure shame. These two measurements accurately measure general shame proneness in every day situations, but do not account for abuse-specific shame. Thus, perhaps utilizing an abuse-specific shame measure, similar to the one discussed in the work of Feiring and colleagues (2002, 2005, 2011), would have produced similar endorsement of shame. Victims of sexual abuse may feel shame regarding the sexual trauma that occurred during childhood, but not experience shame for everyday situations. A recent article was published attempting to address the problem of correctly assessing shame in a general and specific-event capacity. Rizvi (2010) discussed the importance of developing a psychometrically sound shame assessment tool. In response to the growing study of shame, Rizvi (2010) developed the Shame Inventory

in order to assess *both* global feelings of shame as well as shame in response to specific life events (i.e., trauma). Unfortunately, Rizvi's article was published after data collection commenced. Thus, future studies attempting to examine shame would benefit from utilizing Rizvi's new assessment tool for shame measurement.

Although shame was not associated with sexual abuse within our study, shame was associated with indirect and passive behavioral responses. The association between shame and indirect/passive behavioral responses seems clear in that shame is by nature an emotion that leads to withdrawal or hiding from social exposure. The interaction between shame and indirect/passive response is clinically relevant in that more passive behavioral responses are linked to non-stranger sexual assault (Turchik et al., 2007). Thus, shame, regardless of sexual trauma history, may be linked to behavioral response. More research exploring the potential link between shame and behavioral responses related to sexual assault is warranted.

The inability to detect significant differences between sexual abuse, benevolent sexism, and behavioral response within our study may be in part because of the location of the study. Our study was conducted in a conservative southern town, with a strong emphasis on religion. A majority of the participants endorsed a religious affiliation with Christianity (79.8%). Many Christian religions emphasize the importance of adhering to traditional gender roles, such as saving virginity for marriage and remaining in a submissive role to one's husband. As benevolent sexism focuses on ideals that a woman

should maintain goodness and purity, it is likely that the majority of women in our study adhere to these ideals from their religious perspectives. Thus, the lack of difference between the sexual abuse group and the non-victim group regarding benevolent sexism may correlate with the high endorsement of religious affiliation among all participants in the study. Further support for this claim lies in the slightly higher endorsement of benevolent sexism in our sample in comparison to similar college studies from distinctly different regions (i.e., urban or northern) (Abrams et al., 2003; Viki et al., 2004). Thus, a replication of a similar study within a different region could provide more insight into the insidious implications of benevolent sexism.

Lastly, sexual abuse was not associated with more passive responses in the current study. An explanation for the difference between the significant results in the previous study conducted by Nathanson et al. (2010, under review) was the social cost prelude that preceded the vignette about Ted. In the original study, a low social cost prelude (i.e., the participant was informed that she had strong social support and little romantic interest in Ted) and a high social cost prelude (i.e., the participant was informed that she had little social support and was strongly romantically interested in Ted) was presented prior to the vignette. The results of that study indicated that those who were sexually abused utilized less assertive and more passive behavioral responses when they received the high social cost prelude before reading the vignette. This coincides with research that indicates the importance of the type of relationship between the perpetrator and the female (Ullman et

al., 1992). Furthermore, as aforementioned by Nurius and colleagues (2000), college women with little concern for preservation of relationship with the perpetrator utilized more assertive resistance tactics. The social cost preludes in the previous study were utilized to examine the secondary risk appraisal or the social component of sexual assault in revictimization. The social cost preludes were excluded in this study since the primary focus was on the mediation of sexual abuse and behavioral responses through shame and benevolent sexism, which in themselves implicated the importance of social perception. In retrospect, presenting a background for the relationship with Ted could have helped determine a more realistic response to a sexually threatening acquaintance.

Victims and Non-Blame

Prior to the discussion of limitations or clinical implications, it is important to note that in conducting this study, we are in no way blaming the victim for either childhood sexual abuse or a non-stranger sexual assault that has occurred or may occur in the future. To be involved in a threatening sexual situation with a peer is not the fault of the woman, but instead, an interaction effect between societal pressure to conform to gender roles and an offending perpetrator who may not possess the scruples to respect the will of his female counterpart. The goal of this study was to determine the implications of abuse on the propensity for future victimization based on socially ingrained sexist ideals, the experience of shame, and the utilization of certain behavioral responses based on the intertwining relationships. Since we know that many factors come

into play during a non-stranger sexual assault, we are by no means attributing responsibility towards the woman to rectify the situation.

Research limitations

Despite the attempt to recreate a threatening situation by the utilization of a new, more realistic methodology, the use of a vignette for research always creates certain limitations. For instance, there are often ambiguous cues within a real-life situation that may lead a woman to feel uncertain about her surroundings. Within a vignette, there is limited information provided to the individual. However, in a real-life situation, there are other factors at play, such as immediate social pressure in a party, the possibility of alcohol or substances that may impair the victim's level of conscious risk appraisal, and the prevention of certain behavior responses that may cause an individual to react differently than in a hypothetical situation. Therefore, an individual may experience difficulty accurately placing herself within a vignette or confounding variables during a real-life threatening situation may create a difference in experience.

A second limitation is the retrospective inquiry of behavioral responses. In a real-life situation, a woman in an increasingly threatening situation would have to make risk appraisals and behavioral responses almost simultaneously. The method of the study did not lend itself to asking the participants about their behavioral responses at the same time as the vignette is presented. Thus, a participant might respond differently in a real-life threatening situation than to a vignette. Future research should attempt to test these

two aspects (i.e., the threatening situations and the behavioral responses) within relative proximity to real-life situations in order to gather the most accurate result.

Lastly, due to the online nature of the study, there is always a possibility of answering effects or apathetic response to questions. As the participants were able to access and complete the survey within their own space, there could be confounding variables, such as environmental distractions in the area surrounding the computer (i.e., if completed in a noisy place or with other people around the participant). Ideally, the participant could complete the survey during a convenient time and in a place conducive to accurate responding. However, within a college environment, this may not always be the case.

Clinical Implications

College women are being assaulted at an alarming rate across the country. However, despite the high rates of sexual violence against college women, research suggests little success with sexual assault prevention programs (Breitenbecher & Gidycz, 1998), warranting a new approach to college prevention and intervention programs. An alternative approach to prevention and interventions programs would include a focus on the role of men and women in the context of college sexual assault as well as the larger responsibility of the community (Banyard et al., 2007). Since shame may be linked to more passive behavioral responses during a non-stranger sexual assault, prevention programs need to target shame within the protocols in order to combat these high rates

of sexual assault. Results from this study suggest that educating students about the repercussions of shame during ambiguous, threatening sexual situations might be a potentially helpful addition to these prevention programs.

Research indicates that college women are at the greatest risk for non-stranger sexual assault at the beginning of their college experience (Humphrey et al., 2000; Smith et al., 2003). Therefore, prevention programs should occur during summer-time freshman orientation and be deemed mandatory. As girls transition into women during the developmental period of emerging adulthood, ambiguous social situations could quickly turn into a threatening sexual interaction. Utilizing psycho-educational approaches (Marks et al., 2001), such as overt discussion about high-risk situations and problem solving for risky circumstances, can inform college students about threatening positions prior to an actual encounter.

Recent research regarding prevention programs points to the importance of changing attitudes of both men and women as important antecedents to unwanted sexual experiences during college (Breitenbecher, 2000; O'Donohue, Yeater, & Fanetti, 2003). More specifically, Banyard and colleagues (2007) discuss the importance of speaking out against social norms within the Bystander Approach to sexual violence prevention. Gender and social norms, such as the submissive role of women, indirectly support sexual violence against women. Thus, prevention programs should directly discuss the problems that arise from gender norms and the harm of benevolent sexism. Information about the

negative impact on the cognitive and behavioral responses of women based on sexist attitudes should be addressed. As benevolent sexism dictates that women act in a docile demeanor with a feminine flair, it may be difficult for many college women to respond assertively when confronted by a sexually threatening peer. This seemed particularly apparent in the higher rates of benevolent sexism within a more conservative, gender-specific, southern region. College women are shaped to act in a submissive manner and to by responding appropriately in social situations. Therefore, prevention programs should reflect the negative impact of social and gender norms on responding assertively. An awareness of benevolent sexism may also help women in college seek out equal treatment, whether in social situations or as they advance academically.

Future Directions

Risk appraisals are an important component to understanding revictimization (Nurius & Norris, 1996). Neurobiological studies are becoming increasingly popular as tools to understand the inner workings of cognition. Hence, it seems important to utilize the vignette-methodology in combination with more scientific methods of testing brain activity and physiological responses. Future studies could implement the new line-by-line vignette methodology created by Nathanson and colleagues (2011, under review) in conjunction with medical equipment to test sympathetic nervous system responses (i.e., sweaty palms, heart racing, and panic). In this capacity, researchers could examine the

physiological response of the participant in tandem with the documented cognitive appraisal.

Future research could also examine college students in the summer prior to the start of college utilizing a similar methodology. This is especially important since the highest risk appears to be during the commencement of the college experience (Smith et al., 2003). Examining shame and benevolent sexism through longitudinal study of college students would be an important determinant for the high rates of revictimization over the course of the first year in college. Future studies could continue to assess the women after the first semester in college and after the first year in order to examine potential links to revictimization. Longitudinal studies may be better suited to explore mediational models in order to combat causal ordering effects and to truly assess for significant associations.

In sum, the current study aimed to examine the mediating factors in the high prevalence of revictimization among sexual abuse survivors. More specifically, the indirect mediating effect of shame and benevolent sexism on sexual abuse and behavioral response was tested. Although the results of this particular study did not support the hypotheses, previous research consistently acknowledges the devastating impact of non-stranger sexual assault (Gidycz et al., 2008). Thus, until the staggering rates of sexual violence against college women dissipate, it behooves researchers and clinicians to gain a

better understanding of the mechanisms between abuse and later sexual assault, and to use that knowledge in order to prevent further trauma.

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Appendices

Appendix A

Demographics Questionnaire

1. Date of Birth: mo_____ day_____year_____
2. Sex/Gender: Circle One Female / Male
3. Academic Level: Circle One
 1. Freshman
 2. Sophomore
 3. Junior
 4. Senior
 5. Post-Baccalaureate/Graduate Student
4. Ethnic/Racial Background: Circle One
 1. White/Caucasian
 2. Black/African-American
 3. Hispanic/Latino
 4. Asian-American
 5. Native American
 6. Indian/Middle Eastern
 7. Mixed race/ethnicity
 8. Other (please list):_____
5. Religious Background/Affiliation: Circle One
 1. Catholic

2. Non-Catholic Christian (e.g., Baptist)

3. Jewish

4. Muslim

5. Buddhist

6. Hindu

7. Other (please list): _____

6. Family Income Level: Circle One

1. Less than \$20,000

2. \$20,000 - \$40,000

3. \$40,000 - \$60,000

4. \$60,000 - \$80,000

5. \$80,000 - \$100,000

6. Greater than \$100,000

7. What is your current relationship status? 1. Not dating anyone right now

2. Dating

3. Engaged to be married

4. Married

5. Divorced/Widowed

8. If you are currently dating someone or are married, how long have you been with this person?

total number of years together _____ OR total number of months together _____

9. If you are NOT currently in an intimate relationship, when did your last relationship end?

_____ years ago OR _____ months ago

10. Sexual Orientation (circle one): Heterosexual / Gay / Lesbian / Bisexual

11. If you answered “bisexual” to question 10, what is the gender of your current or most recent dating partner? Male / Female

Appendix B

The Experience of Shame Scale (ESS)

Directions: Everybody at times can feel embarrassed, self-conscious or ashamed. These questions are about such feelings if they have occurred **at any time in the past year**. There are no 'right' or 'wrong' answers. Please indicate the response which applies to you by clicking one of the following responses:

1 = Not at all

2=A little

3=Moderately

4=Very much

1. Have you felt ashamed of any of your personal habits?
2. Have you worried about what other people think of any of your personal habits?
3. Have you tried to cover up or conceal any of your personal habits?
4. Have you felt ashamed of your behavior with others?
5. Have you worried about what other people think of your behavior with others?
6. Have you avoided people because of your behavior?
7. Have you felt ashamed of the type of person you are?
8. Have you worried about what other people think of the type of person you are?
9. Have you tried to conceal from others the type of person you are?
10. Have you felt ashamed of your ability to do things?
11. Have you worried about what other people think of your ability to do things?
12. Have you avoided people because of your inability to do things?

13. Do you feel ashamed when you do something wrong?
14. Have you worried about what other people think of you when you do something wrong?
15. Have you tried to cover up or conceal things you felt ashamed of having done?
16. Have you felt ashamed when you said something stupid?
17. Have you worried about what other people think of you when you said something stupid?
18. Have you avoided contact with anyone who knew you said something stupid?
19. Have you felt ashamed when you failed at something which was important to you?
20. Have you worried about what other people think of you when you fail?
21. Have you avoided people who have seen you fail?
22. Have you felt ashamed of your body or any part of it?
23. Have you worried about what other people think of your appearance?
24. Have you avoided looking at yourself in the mirror?
25. Have you wanted to hide or conceal your body or any part of it?

Appendix C

The Ambivalent Sexism Inventory

Below is a series of statements concerning men and women and their relationships in contemporary society. Please indicate the degree to which you agree or disagree with each statement using the following scale.

0= Disagree Strongly; 1=Disagree Somewhat; 2= Disagree Slightly; 3= Agree Slightly; 4= Agree Somewhat; 5= Agree Strongly

1. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.
2. Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality."
3. In a disaster, women ought not necessarily to be rescued before men.
4. Most women interpret innocent remarks or acts as being sexist.
5. Women are too easily offended.
6. People are often truly happy in life without being romantically involved with a member of the other sex.
7. Feminists are not seeking for women to have more power than men.
8. Many women have a quality of purity that few men possess.
9. Women should be cherished and protected by men.
10. Most women fail to appreciate fully all that men do for them.
11. Women seek to gain power by getting control over men.
12. Every man ought to have a woman whom he adores.
13. Men are complete without women.
14. Women exaggerate problems they have at work.
15. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.

16. When women lose to men in a fair competition, they typically complain about being discriminated against.
17. A good woman should be set on a pedestal by her man.
18. There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.
19. Women, compared to men, tend to have a superior moral sensibility.
20. Men should be willing to sacrifice their own well being in order to provide financially for the women in their lives.
21. Feminists are making entirely reasonable demands of men.
22. Women, as compared to men, tend to have a more refined sense of culture and good taste.

Appendix D

The Test of Self-Conscious Affect (TOSCA)

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations.

As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate all response because people may feel or react more than one way to the same situation, or they may react in different ways at different times.

For example:

You wake up early one Saturday morning. It is cold and rainy outside.

- a) You would telephone a friend to catch up on news.
- b) You would take the extra time to read the paper.
- c) You would feel disappointed that it's raining.
- d) You would wonder why you woke up so early

1-----2-----3-----4-----5

Answering (1) indicates "NOT LIKELY"

Answering (5) indicated "VERY LIKELY"

In the above example, I've rated all of the answers by circling a number. I circled a "1" for answer (a) because I wouldn't want to wake up a friend very early on a Saturday morning- so it's not at all likely that I would do that. I circled a "5" for answer (b) because I almost always read the paper if I have time in the morning (very likely). I circled a "3" for answer (c) because for me it's about half and half. Sometimes I would be disappointed about the rain and sometimes I wouldn't -it would depend on what I had planned. And I circled a "4" for answer (d) because I would probably wonder why I had awakened so early.

1. ***You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood your friend up.***

1-----2-----3-----4-----5

(Not likely)

(Very likely)

- a) You would think: "I'm considerate."
- b) You would think: "Well, my friend will understand."
- c) You'd think you should make it up to your friend as soon as possible.
- d) You would think: "My boss distracted me just before lunch."

2. *You break something at work and then hide it.*

1-----2-----3-----4-----5

(Not likely)

(Very likely)

- a) You would think: "This is making me anxious. I need to either fix it or get someone else to."
- b) You would think about quitting.
- c) You would think: "A lot of things aren't made very well these days."
- d) You would think: "It was only an accident."

3. *At work, you wait until the last minute to plan a project, and it turns out badly.*

1-----2-----3-----4-----5

(Not likely)

(Very likely)

- a) You would feel incompetent.
- b) You would think: "There are never enough hours in the day."

c) You would feel: "I deserve to be reprimanded for mismanaging the project."

d) You would think: "What's done is done."

4. *You make a mistake at work and find out a coworker is blamed for the error.*

1-----2-----3-----4-----5

(Not likely)

(Very likely)

a) You would think they company did not like the coworker.

b) You would think: "Life is not fair."

c) You would keep quiet and avoid the coworker.

d) You would feel unhappy and eager to correct the situation.

5. *While playing around, you throw a ball and it hits your friend in the face.*

1-----2-----3-----4-----5

(Not likely)

(Very likely)

a) You would inadequate that you can't even throw a ball.

b) You would think maybe your friend more practice at catching.

c) You would think: "It was just an accident."

d) You would apologize and make sure your friend feels better."

6. *You are driving down the road, and you hit a small animal.*

1-----2-----3-----4-----5

(Not likely)

(Very likely)

a) You would think the animal should not have been on the road.

b) You would think: "I'm terrible."

- c) You would feel: "Well, it was an accident."
- d) You'd feel bad you hadn't been more alert driving down the road.

7. *You walk out of an exam thinking you did extremely well. Then you find out you did poorly.*

1-----2-----3-----4-----5

(Not likely)

(Very likely)

- a) You would think: "Well, it's just a test."
- b) You would think: "The instructor doesn't like me."
- c) You would think: "I should have studied harder."
- d) You would feel stupid.

8. *While out with a group of friends, you make fun of a friend that is not there.*

1-----2-----3-----4-----5

(Not likely)

(Very likely)

- a) You would think: "It was all in fun; it's harmless."
- b) You would feel small....like a rat.
- c) You would think that perhaps that friend should have been there to defend him/herself.
- d) You would apologize and talk about that person's good points.

9. *You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.*

1-----2-----3-----4-----5

(Not likely)

(Very likely)

- a) You would think your boss should have been more clear about what was expected of you.
- b) You would feel like you wanted to hide.
- c) You would think: "I should have recognized the problem and done a better job."
- d) You would think: "Well, nobody's perfect."

10. *You are taking care of your friend's dog while your friend is on vacation and the dog runs away.*

1-----2-----3-----4-----5

(Not likely)

(Very likely)

- a) You would think: "I am irresponsible and incompetent."
- b) You would think your friend must not take very good care of the dog or it wouldn't have run away.
- c) You would vow to be more careful next time.
- d) You would think your friend could just get a new dog.

11. *You attend your coworker's housewarming party and you spill red wine on a new cream-colored carpet, but you think no one notices.*

1-----2-----3-----4-----5

(Not likely)

(Very likely)

- a) You think your coworkers should have expected some accidents at such a big party.
- b) You would stay late to help clean up the stain after the party.
- c) You would wish you were anywhere but at the party.
- d) You would wonder why your coworker chose to serve red wine with a new light carpet.

Appendix E

Non-Stranger Sexual Assault Vignette

1. You and four of your friends attend a party. One of your friends agrees to be the designated driver and drive the five of you there in her car.
2. You and your friends get acquainted with other people at the party. Everyone is having a good time, and people begin to dance as the music gets louder. You begin dancing with your girlfriends.
3. You notice a guy you know, Ted, approaching you. You and Ted are both in the same algebra class, and you've studied together on several occasions.
4. Ted comes up to you and your friends, and begins dancing with you. You are flattered by Ted's attention, as he is really good looking and popular.
5. In a joking voice, Ted says, "You look great tonight!"
6. Ted puts his hands on your shoulders, and then starts to lean in towards you as he dances.
7. You jokingly tell him to "Back off!" and Ted calls you a "Flirt."
8. As he puts his arms around you Ted says, "Man you look sexy tonight in that outfit."
9. As you continue dancing, one of your friends gets sick and the other decide to take her home.
10. You are having a good time and don't want to leave yet. They agree to come back for you later.
11. As the party begins to die down, Ted invites you to go get something to eat. He offers to drive in his car.
12. You walk with Ted to his car and get in. You drive to Taco Bell.
13. While you are eating, he suggests that you go with him to his apartment. He wants to show you his new saltwater fish tank and listen to some music.
14. You aren't ready for the night to end. You agree to go to his place.
15. You notice as you are driving that you don't recognize this part of town. He pulls into the driveway of the apartment complex and you walk to his apartment.

16. You walk into the living room and he shows you the tank. He puts on some slow music.
17. Ted says again, "I'm so attracted to you. You are so smart and so beautiful. Would you ever be interested in a guy like me?"
18. He turns to you and begins kissing you on the lips, and puts his tongue in your mouth.
19. Even though you push him away, Ted kisses you again, this time more passionately, and reaches for your breast. He says, "I know that you have a secret crush on me. Otherwise, you wouldn't have come here."
20. Ted begins to un-tuck your shirt and reaches for your bra.
21. You try to block his hands, but he grabs both of your hands and holds them down.
22. He pushes you down on our back, continuing to kiss you passionately and somewhat forcefully.
23. As he continues to pin your arms down, he begins to unbutton your pants.
24. He yanks down your pants and panties. He unzips his jeans.
25. You try to push him off, but he has sexual intercourse with you.

(Questions to follow each line of the non-stranger sexual assault scenario)

Please indicate which of the following emotions best describes how you currently feel (choose one):

- ☐ Calm
- ☐ Angry
- ☐ Happy
- ☐ Upset
- ☐ Surprised
- ☐ Threatened

Appendix F

Behavioral Responses Scale

Directions: The following items include a variety of ways women have responded to sexual aggression. Please indicate how you think you would have reacted at the time in response to the situation described between you and Ted. There are no right or wrong answers.

0=Not at all like my response; 1= A little like my response; 2= Fairly like my response; 3= Quite a bit like my response; 4= Very much like my response.

- 1) Jokingly told Ted he was coming on too strong.
- 2) Nicely or apologetically told Ted that I didn't want to have sex.
- 3) Tried to get Ted to do things I was comfortable with, like kissing or hugging, but not sex.
- 4) Faked the arrival of others (e.g., I know my roommate is coming to pick me up soon).
- 5) Tried to stiffen my body and not respond to Ted's actions as a way of showing my lack of interest.
- 6) Shrugged or turned my body away from Ted.
- 7) Made an excuse as to why I didn't want to have sex.
- 8) Told Ted I had to leave.
- 9) Told Ted that I liked him, or found him attractive, but that I wasn't ready for this.
- 10) Tried to discuss with Ted how uncomfortable he was making me feel.
- 11) Told Ted that I wouldn't like him, or wouldn't go out with him anymore, if he didn't stop or if he tried to force me.
- 12) Started tearing up or crying.
- 13) Told Ted clearly and directly that I wanted him to stop.
- 14) Raised my voice and used strong language (e.g., "Hey, LISTEN! I really mean it!")
- 15) Clearly rejected or insulted Ted (e.g., "You jerk, you're acting like an adolescent!")
- 16) Threatened Ted that I would tell friends about his behavior.
- 17) Threatened Ted that I would tell the police or some authority about his behavior.
- 18) Ran away or attempted to run away.
- 19) Pushed Ted away.
- 20) Became physically defensive (e.g., hitting, kicking, scratching)
- 21) Suggested that I had a weapon (e.g., something sharp, like keys) or that I would do something to physically hurt Ted.
- 22) Felt overwhelmed that I felt almost paralyzed and was unresponsive to what Ted was doing.
- 23) I would yell or scream loud enough for someone to hear me.

Appendix G

Life Experiences Questionnaire (LEQ)

Childhood Sexual Experiences. It is now generally realized that many women and men, while they were children or adolescents, have had a sexual experience with an adult or someone older than they were. By sexual, I mean behaviors ranging from someone exposing themselves (their genitals) to you to someone having intercourse with you. These experiences may have involved a relative, a friend of the family, an acquaintance, a stranger, or another individual. Some experiences are very upsetting and painful while others are not, and some may have occurred without your consent.

Now, please think back to your childhood and adolescence (before your 17th birthday), remember if you had any sexual experiences, and answer the following questions.

EXCLUDE:

- Voluntary sexual activities with a dating partner no more than 5 years older than you were.
- Consensual sexual play with a peer no more than 5 years older than you were.

Report below activities that occurred without your consent or were unwanted or that happened with a partner more than 5 years older than you or that happened with a family member.

1. During childhood and adolescence, did anyone ever expose themselves (their sexual organs) to you?

(1) Yes (o) No

2. During childhood and adolescence, did anyone masturbate in front of you?

(1) Yes (o) No

3. During childhood and adolescence, did anyone ever touch or fondle your body, including your breasts or genitals, or attempt to arouse you sexually?

(1) Yes (o) No

4. During childhood and adolescence, did anyone try to have you arouse them or touch their body in a sexual way?

(1) Yes (o) No

5. During childhood and adolescence, did anyone rub their genitals against your body in a sexual way?

(1) Yes (o) No

6. During childhood and adolescence, did anyone attempt to have intercourse with you?

(1) Yes (o) No

7. During childhood and adolescence, did anyone have intercourse with you?

(1) Yes (o) No

8. During childhood and adolescence, did you have any other sexual experiences involving another person not included above?

(1) Yes (o) No

Table 1.

Means, Standard Deviations, and Ranges for Study Variables

Variable	M	(SD)	Range
1. CSA	0.28	(0.45)	0-8
2. TOSCA	27.83	(6.86)	11-46
3. ESS	52.12	(13.58)	25-97
4. Bene	2.64	(.78)	.27-4.73
5. Assert	29.59	(10.30)	0-44
6. Indirect	17.12	(7.12)	0-32
7. Passive	8.39	(3.76)	0-16

Table 2.

Bivariate Correlations among Study Variables

	1.	2.	3.	4.	5.	6.	7.
1. TOSCA	-----						
2. ESS	0.514	-----					
3. BENE	0.046	-0.028	-----				
4. ASS	0.034	-0.019	0.051	-----			
5. BIND	0.263***	0.142	0.079	0.242	-----		
6. PAS	0.286***	0.179	0.080	0.405	0.516	-----	
7. CSA	0.015	0.074	-0.002	-0.06	-0.003	-.036	-----

* $p < .05$, ** $p < .01$, *** $p < .001$

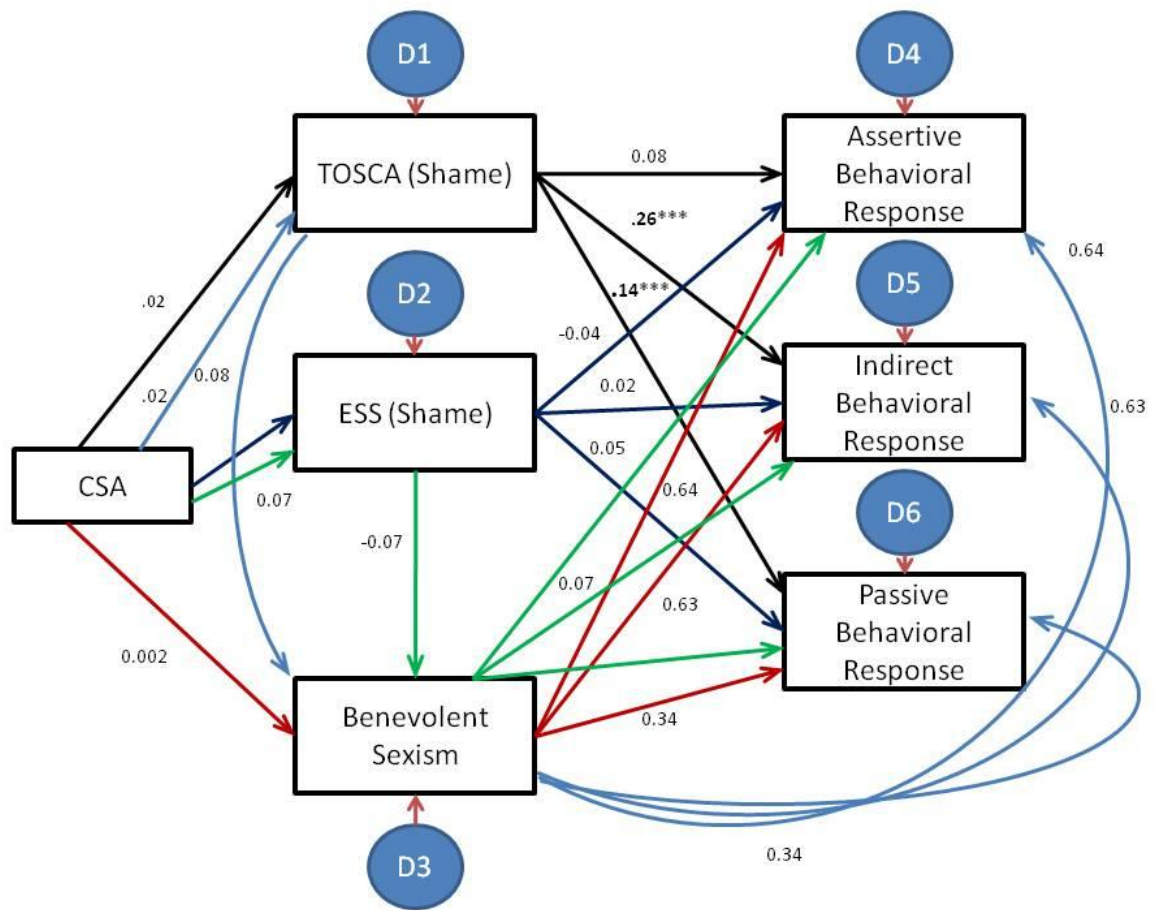


Figure 1. Mediation pathways. $N = 403$. CSA = Childhood Sexual Abuse (Life Experiences Questionnaire); TOSCA= Test of Self-Conscious Affect Scale-Shame Subscale; ESS = Experience of Shame Scale; Benevolent Sexism= Ambivalent Sexism Inventory-Benevolent Sexism Scale; Assertive Behavioral Response; Indirect Behavioral Response; Passive Behavioral Response. Standardized estimates are reported. * $p < .05$, ** $p < .01$, *** $p < .001$

Vita

Alison Megan Nathanson attended Ernest W. Seaholm High School, Birmingham, MI. In 2001, she entered DePaul University in Chicago, Illinois. During the summer of 2004, she attended University of Montpellier in Montpellier, France for further French study. She received the degree of Bachelor of Arts from DePaul University in June, 2005. During the following years, she worked as a case manager and child advocate in Chicago, Illinois. In August, 2007, she entered the program of Clinical Psychology at the University of Tennessee at Knoxville. Her current research interests are in the area of sexual assault and childhood sexual abuse, including revictimization of traumatized individuals and susceptibility for psychopathology in those who have experienced abuse as children.