THE MENTAL HEALTH IMPACT OF SEXUAL VIOLENCE ON VICTIMS AND
THEIR FRIENDS

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THE MENTAL HEALTH IMPACT OF SEXUAL VIOLENCE ON VICTIMS AND THEIR FRIENDS

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Thesis

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ABSTRACT

The current study examines the mental health impact of sexual victimization on victims and their friends. Past research has shown that sexual victimization has severe detrimental effects on the physical and mental health of victims. Other studies have found that college aged victims are most likely to report any incident to a friend, suggesting that the impact of sexual violence moves beyond the individual victim. The findings of the study support this suggestion. Victims and those aware of a friend's victimization both report higher depressive symptoms. The role of self-esteem in these relationships are also examined.
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CHAPTER I
INTRODUCTION

Over the past thirty years research on sexual assault and rape in college environments has examined incidence rates, reporting trends, incidence characteristics (Koss, Gidycz and Wisniewski 1987; Ward et al. 1991; Fisher, Cullen and Turner 2000; Banyard et al. 2010), and the social environments that place female college students at risk (Boswell and Spade 1996; Armstrong, Hamilton and Sweeney 2009). A report issued by the National Institute of Justice estimated that there are about 35 incidents of rape for every 1,000 female students, meaning that “for a campus with 10,000 women...the number of rapes [per year] could exceed 350” (Fisher et al. 2000:11). While these estimates seem high, they are actually fairly conservative in relation to other figures found in the literature. Some researchers estimate rape victimization rates ranging from ten to fourteen percent (Ward et al. 1991), and when general unwanted sexual contact is included, estimated victimization rates jump to about 54 percent (Koss et al. 1987).

The proposed study will take a slightly different approach to studying unwanted sexual contact. Based on the assumption that the prevalence of sexual assault and rape is a structural phenomenon that is indicative of gender inequality based on patriarchal control and devaluing of women (Lorber 1994; Henderson 2007; Hockett et al. 2009), it will utilize the social structure and personality research framework and the social stress literature to examine the possibility that the friends of victims are subjected to negative
mental health outcomes that are similar to those experienced by victims themselves. Past research has illustrated wide-spread awareness of the victimization of friends, but the effects of awareness have received little attention (Banyard 2010).

In the following sections I will provide a brief overview of the important developments and findings of past research on sexual violence. Next I will discuss the feminist perspective of sexual violence as a tool of domination. Then I will introduce and discuss depressive symptoms as an individual outcome for victims and their friends. Finally, I will explain the methods and planned analysis for the proposed research.

RESEARCH ON COLLEGE SEXUAL ASSAULT

Possibly the most influential work in this area has been headed by Mary Koss and Christine Gidycz, who's earlier work established the first realistic figure of victimization rates in American universities (Koss et al. 1987; Orchowski, Meyer, and Gidycz 2009). Exposing the prevalence of sexual assault and rape is a continuing theme throughout the work of these researchers, and their work indicates that college women might be at the highest risk of being victimized in the United States, when compared to other groups of women (Koss et al. 1987; Hart 2003).

Similar groundbreaking research was conducted through the National College Women Sexual Victimization (NCWSV) study, which was integral to the establishment of small federally funded rape education programs (Fisher et al. 2000; Fisher 2004). This work demonstrates that respondents need to be asked questions about sexual experiences and specific actions that can then be used to classify different types of unwanted sexual contact based on incident characteristics. Previously, respondents were often asked to
answer direct questions like “Have you been raped?”, where the confusion behind “rape” as a term can affect the findings (Koss and Oros 1982; Fisher 2004). Many individuals do not really know how to define “rape”, and definitions may vary across the population, forcing researchers to carefully word their questions.

Outside of gaining accurate estimates of the victimization rate, there are three other major themes in college sexual violence research that highlights some of the confusion surrounding the definitions of sexual violence. Researchers often find that the vast majority of sexual assaults are, in fact, perpetrated by acquaintances, friends, or romantic partners, and that the widely believed “stranger rape” or “blitz rape”\(^1\) happens very rarely on college campuses (Bondurant 2001; Ward et al. 1991). These stereotypical incidents are referred to as “rape scripts”, and are reinforced by the rape myths that are found within our culture (Peterson and Muehlenhard 2004). According to Burt, “examples of rape myths are 'only bad girls get raped'; 'any healthy woman can resist a rapist if she really wants to'; 'women ask for it'; 'women 'cry rape' only when they've been jilted or have something to cover up'; 'rapists are sex-starved, insane, or both'” (1980:217).

Some studies show that the majority of female victims do not acknowledge their experiences as rape or sexual assault, and suggest that this is most likely due to their experiences not fitting the script of blitz rape (Bondurant 2001; Koss 1988). Sexual violence perpetrated by acquaintances, friends, or romantic partners are often incongruent with common rape myths that narrowly define “who is and is not likely to be a perpetrator...or a victim” (Peterson and Muehlenhard 2004:131). These definitions often

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\(^1\) The “blitz rape” myth asserts that most rapes are perpetrated by violent strangers (Bondurant 2001).
exclude friends and partners as perpetrators, because of the widely held belief in rape scripts.

Reporting trends are also the focus in many past studies. For example, Orchowski and her colleagues (2009) found that women are most likely to report incidences of sexual violence to friends, if anyone at all. The same study also found that the likelihood of reporting an incident to anyone, whether it be to a friend or an authority figure, lowers with subsequent victimization. This is especially disturbing, as the same study found that the chances of being re-victimized are actually higher than those of being assaulted for the first time. Banyard and her colleagues found that 29 percent of students reported that they knew at least one friend who had been sexually victimized (2010:248). Similar to the work of Orchowski and her colleagues, this suggests that the impact of assaults moves beyond the individual victim to also have an effect on their close friends and, potentially, their family. This reflects the role of close friends and family members as social support resources (Pearlin and Schooler 1978).

THE SOCIAL STRUCTURE AND PERSONALITY APPROACH

One common thread that ties much of the research on sexual violence together is feminist theory and its interest in empowering women. What I propose is research that begins with a feminist approach to sexual violence as a part of social structure and culture, and attempts to demonstrate its effects using a social psychological approach. Since the goal of said research is to examine how a social system can have a direct impact in individual experiences, I suggest that the social structure and personality (SSP) framework provides an excellent guide for accomplishing this task.
The focus of the SSP approach can be simply stated as the relationship between social systems and the individual (Kohn 1989:26), and often “seems indistinguishable from the broader sociological project concerned with the social causes and consequences of human behavior” (McLeod and Lively 2003:79). It is important to understand that the SSP approach is more of a research framework than a theoretical framework. Where a theory might offer specific hypotheses, the SSP framework utilizes three principles that should be fulfilled for successful social research. The SSP research framework is composed of the components, proximal, and individual principles. These principles represent the simultaneous incorporation of multiple levels of interaction, and general knowledge of how each principle should be applied is required to understand how the SSP approach operates.

First is the components principle, which requires researchers to “understand the nature of the social structure, position, or system in question” (House 1981:540). When components are included in social research they are often conceptualized in typical sociological fashion: as social class, gender, religion, and race (McLeod and Lively 2003). Within the proposed study, this will include an understanding of how sexual violence works as a tool of a patriarchal social structure.

Second is the individual principle, which directs researchers to consider how social systems affect individuals. SSP researchers most often utilize psychological variables to measure these effects, however, the principle encourages the inclusion behavioral and physiological outcomes as well (McLeod and Lively 2003). The proposed study includes measures of mental health and well-being to assess the impact of sexual violence on victims and their friends.
Third is the proximal principle, which dictates that social systems affect individuals through interactions and immediate social arrangement. The proximity principle incorporates the “social experiences and stimuli” that expose individuals to structural or cultural forces (House 1981:540). According to McLeod and Lively (2003), when social psychologists successfully address the proximity principle they often examine social networks and social roles. Within the proposed study this process is assumed, but is not actually analyzed. However, this partial application is not uncommon in SSP research, where socialization is often used as a “fall-back explanation” in many models that attempt to explain the impact of social structure and culture on the individual (2003:90).

SEXUAL VIOLENCE AS A TOOL OF DOMINATION

In applying the components principle to sexual violence research, scholars would do well to look at the broad feminist literature available. Most noteworthy is the examination of the gender hierarchy as a system of social control (Lorber 1994; Bem 1993; Connell 1987). According to Ridgeway and Correll, the gender hierarchy has been able to persist throughout human history and at its “essential form...[is] the cultural assumption that men have more status and authority than do women” (2004:522).

Connell (1987) argues that this begins with differentiation between the sexes, and developed into labor, power, and sexual inequalities. Concerning the structure of human sexuality, or “cathexis”, she builds bases her analysis on the assumption that “sexuality is socially constructed” (1987:111). In capitalist societies, human sexuality is regulated by the idea that men and women are biologically and psychologically different from each
other. She argues that men and women “are not just different, they are specifically unequal [and that a] heterosexual woman is sexualized as an object in a way that a heterosexual man is not” (1987:113). To support this viewpoint, she points to the sexual double standard that exists in capitalist societies. Traditional gender roles discourage women from actively pursuing sexual activity, while encouraging men to initiate sexual relationships (O'Sullivan and Byers 1992:435). Connell states that “the ‘double standard’, permitting promiscuous sexuality to men and forbidding it to women, has nothing to do with greater desire on the part of men; it has everything to do with greater power” (1987:113).

Not only are sexual assault and rape recognized as an important part of this system of control (Kleck and Sales 1990; Lorber 1994), but sexual victimization rates have been shown to correlate with other indicators of gender inequality, such as job responsibilities and earned wages (Baron and Straus 1987). From this point of view, “norms associated with expressions of masculinity, such as dominance and aggression, encourage men to sexually exploit women” (1987:468). As Frese and her colleagues point out, patriarchal societies encourage men to “act out their sexual interest and they are told that in certain circumstances, it is not necessary to control their sexual urge” (2004:144). While all individuals within a society are subjected to the effects of gender relations as a macro-level force, being sexually victimized represents a very extreme, but not uncommon, exposure to the gender hierarchy.

A clear example of rape as a tool of domination is found in the work of Whaley (2001) who studied rape trends over 20 years. By combining Uniform Crime Report information, labor force data, education trends, as well as coding for gender equity laws,
she was able to compare rape trends and measures of gender inequality over time and region, and determine the individual impact of each source of inequality. Her findings indicate that over a twenty year period, broad gender inequality is inversely related to rape trends. However, she also found that as men and women began to compete for the same jobs in the early 1990s, rape rates spiked. Her results provide support for the “backlash hypothesis”, which states that “[i]n the short term, an increase in women’s status relative to men is expected to increase the perceived threat to men’s collective interests. In response to such threats, the importance of defining masculinity in contrast to femininity may increase” (2001:533).

The treatment of reported rape victims provides further evidence of oppression through sexual violence, and one needs to look no further than the court systems for instances of victim blaming and degradation (Pineau 1989). According to Giacopassi and Wilkinson, laws and institutional policies are mostly written by men and, “the rape of an unchaste woman often not only went unpunished but resulted in the trial being a public degradation ceremony of [her]” (1985:368). This prejudice is an outcome of the sexual double-standards that are broadly applied to men and women in the United States.

The ways in which victims are treated after an assault by informal helpers, such as friends and family members, often influences how victims understand the incident, another vital illustration of how gender oppression operates. Many victims are often doubtful that they were raped given the ambiguous nature of some incidents (Frese, Moya, and Megias 2004). If their doubts are reinforced by friends and family, the likelihood of reporting the crime appears to decrease, which Orchowski and her colleagues (2009) link to self-blame. In their study of victims of interpersonal violence
and help-seeking behavior, Próspero and Vohra-Gupta's respondents often reported that they felt stigmatized and embarrassed, to the point where they were reluctant to report the incident as a crime and to seek therapy, or other forms of support (2008). They also found that victims of sexual violence are less likely to seek formal help than victims of other types of interpersonal violence.

A Psychological Measure of the Impact of Sexual Assault

Negative mental health outcomes have already received some attention in the sexual assault literature (Kaukinen and DeMaris 2009; Conoscenti and McNally 2006; Cloutier, Martin and Poole 2002). These studies all go beyond the logic that “sexual assault causes depression”, to investigate specific sources, such the criminal justice system, or further consequences of negative mental health outcomes. In their study on physical health complaints and recognition of an incident as rape, Conoscenti and McNally came across the unexpected finding that the likelihood of victims to develop post-traumatic stress disorder was not affected by how they labeled the incident (2006).

According to Kaukinen and DeMaris victims or sexual assault and rape often experience both immediate and long-term mental health problems, which could be accompanied, and intensified by, drug and alcohol abuse (2009), but reporting the crime to police, and perpetrator arrest, are correlated with higher levels of depression with less severe substance abuse. Finally, Cloutier and colleagues (2002) report that victims of sexual violence are at a higher risk for obesity, tobacco use, and hypertension, and note that this increased risk is most likely caused by maladaptive coping linked to negative mental health outcomes.
Past research has mostly focused on the impact of rape on victims and formal helpers. However, Orchowski and her colleagues (2009) found that the majority of victims will disclose their experiences to friends. This finding suggests that the next step for investigators to take is considering the negative effects that sexual assaults may have on these informal helpers, and the possible “spreading” of negative mental health outcomes among social networks. Banyard and her colleagues (2010) found that many friends who were aware of an assault felt distressed about being an adequate confidant, indicating that a more long-term impact is possible.

The transfusion of negative mental health through social support is nothing new to sociological research. Most pertinent to the proposed study is the work of Kessler and McLeod who focused on the importance of network events in explaining gender differences in mental health. Their results indicate that,

“women are aware of more of the crises that occur to the people around them...[and that] this could occur as a result of women being more attuned to their interpersonal environments or because the members of these environments look to women more than men for support and comfort in times of trouble” (1984:625).

More recently, Rosenfield and her colleagues (2000) found that female children are more likely to develop a stronger sense of empathy compared to male children, and that this increased empathy plays a part in explaining why female children display more depressive symptoms than male children. When taken as a whole, these studies suggest that any negative effects on mental health caused by sexual victimization are likely to be experienced by their friends as well, and that the impact might be higher for female friends than male friends.
**Hypothesis 1:** Women who have been victims of sexual violence are more likely to display depressive symptoms compared to those who have not been victimized.

**Hypothesis 2:** Individuals who are aware of sexual violence within their social networks are more likely to display depressive symptoms than those who are not aware of any assaults.

**Hypothesis 3:** Women who are aware of sexual violence within their social networks are more likely to display depressive symptoms than men who are aware of sexual violence within their social networks.

Within the social stress literature, self-esteem is considered an important part in coping to life events and chronic strains as a *psychological resource*, or “the personality characteristics that people draw upon to help them withstand threats posed by [stressors] in their environment” (Pearlin and Schooler 1978:5; Pearlin 1989). Self-esteem is often considered a mechanism to explain variations in vulnerability to life events and chronic stressors (Pearlin 1982; Aneshensel 1992), and is usually believed to buffer the effects of an assault on depression, and is often operationalized as such. Although coping, and the role that self-esteem plays in this process, is not a focus of the current study, it will be examined as having an impact on the relationship between victimization, awareness, and depression.
CHAPTER II
DATA AND METHODS

Sample and Analytic Strategy

The data that is used in the study is a convenience sample of 226 undergraduate students obtained at a large Midwestern university in 2010. The respondents filled out a survey that was administered to sociology classes. All respondents were instructed that participation was optional, and that the survey would include sensitive subject matter. Only one respondent chose to not complete a survey.

Multiple regression was used to analyze the relationship between victimization, awareness of victimization, and mental well-being. The first goal is to establish a connection between sexual victimization and depression. Then, the connection between awareness of victimization and depression is explored. Finally, the role of self-esteem is examined in these relationships.

Dependent Variables

Depression. This study will use modified version of the CES-D scale to indicate levels of depression as a mental health outcome. Respondents are asked to indicate their level of agreement with four statements using a four item Likert scale (Strongly Agree, Agree, Disagree, Strongly Disagree). The answers to three of the four questions are then reverse coded to allow for higher scores to indicate higher depressive symptoms. The
possible scores on the depression scale range from four to sixteen. The Cronbach alpha
coefficient for the depression scale is .77.

Self-Esteem. This study used the Rosenberg (1965) Self-Esteem Scale to measure
self-esteem as a mediating variable in the analysis of depression. Respondents were asked
to indicate their level of agreement with ten statements using a four item Likert scale
(Strongly Agree, Agree, Disagree, Strongly Disagree). The possible scores on the self-
esteeem scale range from ten to forty. The Cronbach alpha coefficient for the scale is .80.

Independent Variables

Sexual Victimization. To measure exposure to and severity of victimization, the
questionnaire utilizes a heavily modified version of an instrument found in the National
Violence against College Women Study (Fisher et al. 2000). The NVCWS utilizes a two-
step design, where respondents are screened for victimization, and then are asked to
complete a detailed incident report. The tool purposefully uses behavior focused language
in order to avoid ambiguity. The questionnaire used in the current study is a compressed
version of the tool, where many of the categories are collapsed. For example, the
NVCWS used several screen questions to precisely categorize incident types. Since
incident characteristics were not being examined in the current study, respondents were
simply asked if they had ever experienced “unwanted sexual contact” within the past
three years, or since college enrollment. Respondents were then asked to categorize the
incident as “verbal sexual harassment”, “unwanted touching”, or “unwanted intercourse
(including oral sex, anal sex, or intercourse involving any foreign object or finger)”.

The first main focus of the study is the effects of physical victimization. The
analysis uses a dummy variable to measure these effects, where women who reported
unwanted touching or unwanted intercourse were assigned a value of 1, and everyone else was assigned a value of 0. While it is certainly possible for men to be subject to sexual violence, this victimization is not examined the current project for several reasons. First, the research questions are based on a simple gender inequality model that assumes men have more power than women. Research on the sexual victimization of men would require a more in-depth analysis of feminist theories of masculinities, which is beyond the scope of this paper. Second, only six men in the sample reported any sexual victimization. A proper examination of this topic would require a much larger sample.

_Awareness of Victimization._ To measure awareness of victimization, the survey utilized a version of the questionnaire used by Fisher and colleagues (2000). Instead of asking about the respondents' experiences, these questions concerned the victimization of a friend. Respondents were asked, “Has anyone that you know experienced unwanted sexual contact?”, to indicate awareness of victimization. Those who indicated “yes” where also asked to categorize the incident as “verbal sexual harassment”, “unwanted touching”, or “unwanted intercourse (including oral sex, anal sex, or intercourse involving any foreign object or finger)”. The second main focus of the study is the effects of being aware of any sexual victimization. The analysis uses a dummy variable to measure these effects, where those who reported being aware of victimization where assigned a value of one, and everyone else was assigned a value of 0.
CHAPTER III

RESULTS

The means and standard deviations of the variables in the study can be found in table 1. The final sample is fifty percent female, and has a median age of 21.38. The university from which the sample was drawn is ethnically diverse enough to allow for comparison of whites (n=156) and African-Americans (n=57). However, an in-depth examination of the possible effects of race are beyond the scope of the proposed study.

Table 2 shows the details of victimization in the sample. The sample is appropriate for the research questions in that about thirty percent of the female students reported that they had experienced unwanted sexual contact while enrolled in the university, and that about eighty percent of victims were assaulted by a partner, friend, or acquaintance. The prevalence of victimization found within the sample is comparable to estimates found in past research (Fisher et al. 2000). The mean depression score for the sample is 7.07. The mean self-esteem score in the sample is 31.74. Previous analysis found that GPA was not associated with any of the variables of interest.

*Depression*

The first two models in table three present the effects of age, race, and gender on the predicted depression scores. Age does not have a significant effect on depressive symptoms, which is to be expected, considering the lack of variation across age within
the sample. Unexpectedly, race and gender did not have significant effects on the expected depression score. The effects of gender, race and age remained insignificant in a model that controlled for self-esteem.

<table>
<thead>
<tr>
<th>Table 1: Descriptive Statistics of Full Sample (n=226)</th>
<th>Proportion/Mean</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>21.38</td>
<td>5.04</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>0.69</td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>0.25</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
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</tr>
<tr>
<td>Residence Hall</td>
<td>0.25</td>
<td></td>
</tr>
<tr>
<td>With Parent/Guardian</td>
<td>0.33</td>
<td></td>
</tr>
<tr>
<td>Off-Campus Housing</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>Greek Living</td>
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</tr>
<tr>
<td>With Significant Other</td>
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<td></td>
</tr>
<tr>
<td>Depression</td>
<td>7.07</td>
<td>2.19</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>31.74</td>
<td>4.62</td>
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<tr>
<th>Table 2: Victimization within the last three years (n=226)</th>
<th>Proportion</th>
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<tr>
<td>Unwanted Sexual Contact*</td>
<td>0.33</td>
</tr>
<tr>
<td>Rape*</td>
<td>0.18</td>
</tr>
<tr>
<td>Reported to Friend**</td>
<td>0.43</td>
</tr>
<tr>
<td>Knew Perpetrator**</td>
<td>0.88</td>
</tr>
<tr>
<td>Victimized Friend</td>
<td>0.34</td>
</tr>
</tbody>
</table>

*Females only (n=111); **Victims only (n=37)

_Victimization._ The third model on table three presents the effects of victimization on the expected depression score, controlling for the effects of age, race, and gender. Victimization was shown to have no significant effect in this model. However, model one on table four, which controls for self-esteem does present victimization as having a
significant effect ($b = .887, p = .02$). This finding supports hypothesis 1, which predicted that victims would report higher depressive symptoms than non-victims. The inverse relationship between self-esteem and depression ($b = -.218, p > .001$) indicates that those with high self-esteem are less vulnerable to attacks on their mental well-being.

**Awareness of Victimization.** The fourth model on table three presents the effects of awareness of victimization on the expected depression score, controlling for the effects of age, race, and gender. Awareness of victimization is shown to have a significant effect ($b = .821, p = .01$), where individuals who are aware of sexual violence have an expected depression score that is higher than those who are not aware of sexual violence. This finding provides support for hypothesis 2. Model two on table four presents the effects of awareness in addition to controlling for self-esteem. Awareness continue to be significant, although the effects are diminished ($b = .546, p = .035$).

| Table 3: Unstandardized Regression Coefficients for Expected Depression Score (n=226) |
|---------------------------------|---|---|---|---|---|---|
|                                | b  | s.e. | b  | s.e. | b  | s.e. | b  | s.e. |
| Age                            | 0.039 | 0.03 | 0.039 | 0.031 | 0.03 | 0.031 | 0.039 | 0.03 |
| White                          | -0.24 | 0.327 | -0.163 | 0.339 | -0.234 | 0.344 | -0.118 | 0.327 |
| Female                         | 0.329 | 0.317 | 0.121 | 0.355 | 0.208 | 0.395 |
| Victimization                  | 0.71 | 0.462 |
| Awareness                      | 0.821 * | 0.328 |
| Intercept                      | 6.378 | 0.723 | 6.616 | 0.759 | 6.385 | 0.777 | 5.923 | 0.73 |
| R2                             | 0.02 | 0.02 | 0.02 | 0.03 | 0.02 | 0.04 |

*p < .05
Table 4: Unstandardized Regression Coefficients for Expected Depression (n=226)

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th></th>
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<th>Model 2</th>
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<tr>
<td></td>
<td>b</td>
<td>s.e.</td>
<td>b</td>
<td>s.e.</td>
<td>b</td>
<td>s.e.</td>
</tr>
<tr>
<td>Age</td>
<td>0.029</td>
<td>0.029</td>
<td>0.042</td>
<td>0.027</td>
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<tr>
<td>White</td>
<td>-0.558</td>
<td>0.314</td>
<td>-0.405</td>
<td>0.301</td>
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<td></td>
</tr>
<tr>
<td>Female</td>
<td>-0.180</td>
<td>0.322</td>
<td>0.047</td>
<td>0.278</td>
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</tr>
<tr>
<td>Victimization</td>
<td>0.887*</td>
<td>0.421</td>
<td></td>
<td></td>
<td>0.546 *</td>
<td>0.301</td>
</tr>
<tr>
<td>Awareness</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Self_Esteem</td>
<td>-0.218*</td>
<td>0.031</td>
<td>-0.199*</td>
<td>0.029</td>
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<tr>
<td>Intercept</td>
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<td>1.253</td>
<td>12.507</td>
<td>1.165</td>
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</tr>
<tr>
<td>R2</td>
<td>.22</td>
<td></td>
<td>.23</td>
<td></td>
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Model four on table three presents the comparison of female friends and male friends in terms of depression scores. Gender is shown to have no significant effect on the expected depression scores of individuals who are aware of sexual victimization. The same holds true for model two on table four, which controls for self-esteem. The analysis did not provide support for hypothesis 3, which predicted that women who are aware of victimization would report more depressive symptoms than men who are aware of victimization.
CHAPTER IV
DISCUSSION AND CONCLUSION

The purpose of this study was to explore the effects of sexual victimization on the mental health of victims and their friends. The study utilized a general measure of psychological well-being, depression, along with behaviorally specific measures of victimization. Self-esteem was also included in the analysis to account for the ability of individuals to cope with the negative effects of victimization. The study also served as an application of the SSP research framework. While not all three of the principles were completely fulfilled, the framework was present in the creation of the hypotheses.

The findings support two of the three hypotheses. It was found that college women who have been victimized within the last three years, or since college enrollment, are more likely to display depressive symptoms when compared to other college students. Additionally, college students who are aware of sexual violence within their social networks are more likely to display depressive symptoms when compared to other college students. These effects remained when the analysis controlled for race, age, and gender, which have been shown to have significant effects on depression in past research.

The third hypothesis, which predicted that women who are aware of victimization would display more depressive symptoms than men who are aware of victimization, did not receive any support from the analysis. This could be due to the weaknesses in how this variable was measured. Among other things, the study did not capture how the
individuals became aware of the victimization. Some of the respondents may have acted as close confidants, who could have had in-depth conversations with the victim concerning the incident. Others may have been told about the incident by the victim and not have acted a source of support, or were simply made aware of the incident through a mutual friend. These different situations should lead to different meanings being attached to a friend's victimization. Finally, the study did not collect data on how many incidents that individuals are aware of. It is possible that many respondents are aware of several different friends who have been victimized, or a single friend who has been victimized several times.

There are several other limitations to the study that also need to be considered. First, the survey instructed respondents to only report incidents since college enrollment, or within the last three years, but did not collect data on the specific timing of the assault or rape. This means that respondents who were assaulted or raped three years ago are grouped with respondents who were assaulted or raped within the last three months. Although the analysis did detect differences in levels of depression, the time since victimization could have an effect on the relationship between victimization and the display of depressive symptoms. This is especially important when considering the effect of coping resources, such as self-esteem, because it is implied that individuals cope with attacks to their mental well-being over time. The same criticism can be applied to the analysis on the friends of victims.

Another limitation of the study is that the analysis relied on one wave of data. A longitudinal study design would allow for the analysis of mental well-being over time. Given a large enough sample size or a long enough study period, a panel design could
allow for comparisons of individuals before and after they are victimized, or made aware of a friend's victimization.

Finally, the small sample size prevented a comparison between different types of victimization. Even though the survey did collect data on incidence characteristics, the sample size was too small to allow for an effective analysis of their effects on the relationship between victimization and mental well-being. Individuals might meanings to an incident that are dependent on the characteristics of the incident. For example, someone might be able to avoid blaming themselves if the incident was violent, but might be more likely to blame themselves if they were coerced into the situation. This difference in blame could account for differences in depressive symptoms following an incident.

Regardless of the limitations, the study contributes to the literature in the following ways. First, it reaffirmed the negative mental health impact of sexual victimization by providing evidence of increased depressive symptoms connected to sexual assault and rape. The study also established a connection between awareness of sexual victimization and the mental well-being of the friends of victims. This is a partial extension on the work of Banyard and her colleagues (2010), who point out that very little is known about how the friends of victims respond to acting as a confidant. Finally, the study highlights and reaffirms the importance of individual coping resources. It was only through accounting for the distribution of self-esteem that the relationship between victimization and depression could be seen. It appears that self-esteem plays an important role in coping with sexual victimization, as it does with many other stressors and strains. This study found that self-esteem had a suppressing effect on the relationship between
victimization and depression. Future studies should pay close attention to, and further investigate, this relationship.

Past research has found that reporting incidents to the police, and bringing a case to the court system, may decrease mental well-being (Kaukinen and DeMaris 2009). However, this is not the only way to cope with the stress of sexual victimization. Pearlin and Schooler (1978) explain that individuals can also cope with stress by changing the meaning of the situation, and turning to our positive social ties for an emotional boost. They also link these strategies to psychological coping resources, such as self-esteem and self-efficacy. Future research should explore the usage of these strategies, and whether or not specific psychological resources influence their activation and success.

The role of friends of informal helpers should also be the focus of future research. One of the limitations of the current study is absence of disclosure characteristics. It is plausible that how individuals evaluate their performance as confidants would have an impact on their mental well-being following a disclosure. Additionally, personality characteristics could play a role in the types of coping that informal helpers encourage for their victimized friends. For example, highly efficacious people may be more likely to encourage their friends to report incidents to police, and press charges. Most importantly, future research on victims and their friends should be conducted using panel design studies.
REFERENCES


