There is little research available that evaluates sexual assertiveness as a risk factor for sexual assault in college women. The current study examined risk factors for sexual assault and their relationship with relational sexual assertiveness. The female participants were from a mid-sized Midwestern University. Overall, different aspects of relational sexual assertiveness were related to sexual assault risk factors. The R-SAAQ, which measures sexual assertiveness, was predictive of the participants’ sexual assault knowledge, rape myth acceptance, and sexual behaviors (including age of first vaginal intercourse and number of vaginal intercourse partners). In addition, the R-SAAQ scales were related to alcohol consumption, and sex-role stereotyping. Women’s level of sexual assertiveness is related to and predictive of other sexual assault risk factors. Additional research is needed to determine if sexual assertiveness is a mediator between these risk factors and sexual victimization or if it is indeed another sexual assault risk factor.
RELATIONAL SEXUAL ASSERTIVENESS: AN EXPLORATION OF THE R-SAAQ WITH RESPECT TO VARIABLES ASSOCIATED WITH SEXUAL ASSAULT

A Thesis

Submitted to the
Faculty of Miami University
in partial fulfillment of
the requirements for the degree of
Master of Science
Department of Kinesiology and Health
by
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2009

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Dedication

I dedicate my thesis to my Dad. I would not be where I am today without your support.
Relational Sexual Assertiveness: An exploration of the R-SAAQ with respect to variables associated with sexual assault

The purpose of the current study was to examine the relationship between relational sexual assertiveness and risk factors for sexual assault that have been documented in the literature. The variables examined were women’s level of sexual assertiveness, sexual assault knowledge, alcohol consumption, number of sexual partners, and conservative sex-role beliefs.

Sexual Assault Definition and Implications

There are varying definitions of sexual assault. For the purpose of the current investigation, sexual assault was defined as non-consensual sexual contact obtained by physical force, threat of physical harm, or a situation where the victim is unable to give their consent (Koss, Goodman, Browne, Fitzgerald, Keita, & Russo, 1994). A type of sexual assault that is commonly discussed in the literature is rape. Rape is sexual intercourse without a woman’s consent, achieved chiefly by violence, threats or deception. Rape has mental, physical, emotional, legal, and social ramifications. In the literature are examinations of sexual assault in the context of intimate and non-intimate partners. Violence against women by both partners and non-partners creates both serious long- and short-term physical and mental health problems (Testa & Livingston, 2000). For example, sexual assault may result in fatal and nonfatal injuries, trauma-specific and generalized pain, unwanted pregnancies, sexually transmitted infections, and gynecologic problems (Moracco, Runyan, Bowling, & Earp, 2007). Victimized women may also view themselves as being less healthy, having more physical complaints and symptoms of emotional distress, and report lower levels of physical and mental well-being (Moracco et al., 2007). Although women of all ages might experience sexual violence, women younger than 25 have been found to be at greater risk for all types of violent sexual victimization (Moracco et al., 2007; Koss, 1992). The current study focuses the on risk of sexual assault in college women.

Scope of the Sexual Assault Problem

In the United States, sexual assault is a problem that affects 17 million women annually (Patel, Panchal, Piotrowski & Patel, 2008). It is estimated that 13-25% of women will experience rape at some point in their lifetime (Elliot, Mok, & Briere, 2004). Abbey, McAuslan, Ross, and Zawacki (1999) found that more than half of American college women have been sexually assaulted by someone they know. Koss (1992) found that 62% of those individuals who were raped were raped by former husbands, boyfriends, lovers and other male relatives. Koss
(1992) also found that of 95% of the completed rapes, 84% of these rapes involved an offender that the victim knew previously to the rape. Among 57% of the completed rapes, the perpetrator was on a date with the victim (Koss, 1992). However, these numbers represent only the sexual assaults that are actually reported. Numerous rapes go unreported every year and an accumulation of data suggests that the number of rapes may actually be 6-10 times higher than are actually reported (Koss, 1992). Gidycz and Koss (1990) report that as few as 5% of sexual assaults are ever reported to the police.

Koss, Gidycz, and Wisiewski (1987) reported that 24% out of 930 women in their sample described experiences that involved forced intercourse, intercourse through physical threats, intercourse that occurred while the woman was intoxicated, asleep or totally helpless. The previous study found that 27.5% of college women in the sample reported experiencing sexual assault, some as early as age 14 (Koss, Gidycz & Wisiewski, 1987). Gidycz and Koss (1990) found that during a sexual assault, forced vaginal intercourse is the most common act of assault reported to the police, but oral sex and groping are twice as likely to occur.

Why Focus on College Women?

College females are among the most likely in the female population to be sexually assaulted (Armstrong, Hamilton, & Sweeney, 2006). It has been estimated that 8-35% of college women have been a victim of a sexual assault (Fisher, Diagle, Cullen, & Turner, 2003). According to Koss, Gidycz and Wisiewski (1987), the peak age for sexual assault is 16-19 and the second highest age group at risk ranges from 20-24. The sexual assault rates for these two groups are four times higher than other female age groups (Koss, Gidycz & Wisiewski, 1987). Other than collegiate status, there are other conditions that may make it more likely for a female to be sexually assaulted. These conditions are previous sexual victimization, alcohol consumption, drug use and lack of awareness of surrounding environmental risks (Gidycz, Loh, Lobo, Rich, Lynn, & Pashdag, 2007). Each of these will be discussed further below. College women are generally aware both of the risk of experiencing a sexual assault and of available preventative measures. However, they view themselves as being at a lower risk than others and are more ambivalent about the specific tactics they would utilize to try to avoid an assault (Turchik, Probst, Chau, Nigoff, & Gidycz, 2007). The current study focuses on college women as its population of interest.
Common Issues with Research on Sexual Assault

The existing research on sexual assault has been limited by the use of convenience samples. Further, previous researchers have used various definitions of violence. This variability in terms of definitions has hindered researchers’ ability to fully characterize sexual assault. Prevalence estimates vary widely, due to differences in the types of violence included and sample populations considered. Researchers have indicated that sexual assault is vastly underreported and the published sexual assault rates do not reflect the actual rate of sexual assault experiences (Koss, 1992, 1993). Unfortunately, the rates of sexual assault are still high in college age women and further work is needed in this area. One promising area of research in regard to sexual assault risk is to evaluate women’s level of sexual assertiveness. In the next section, the research and theory accumulated on sexual assertiveness in women is reviewed.

Sexual Assertiveness

Sexual assertiveness is a personality characteristic that can be defined as “the ability to initiate wanted sexual activities, to refuse unwanted sexual activities, and to protect oneself against unwanted pregnancy and STDs” (Morokoff, 2000, p. 307-308). The extent to which women “assert themselves sexually depends on the extent to which women have an accurate, non distorted, internalized conception of their own sexuality, which they desire to actualize through interaction with others” (Morokoff, 2000, p. 307). Morokoff (2000) posits that if a woman’s internalized conception is based on socially derived stereotypes then that woman will not be able to assert an authentic sexual self.

The socially derived stereotype (which is related to sexual assault) is that a woman should remain sexually passive (Jesser, 1978). By adopting a sexually passive role, women do not have the opportunity to assert their own sexual interests through initiation of sexual activity. Research has shown that although men may often be the first to directly express sexual interest, women indicate sexual interest indirectly, by smiling, touching, or gazing into a partner's eyes (Jesser, 1978), for example. Females are sexualized in our society to be more sexually reserved and to be more indirect in their sexual desires (Jesser, 1978; Morokoff, 2000). Interestingly, Jesser (1978) found that those women who were upfront about their sexual desires were actually rebuffed by their male counterparts. However, this research may be dated, which is another reason for continuing research on the issue.
Another problem for women in complying with an expectation of sexual passivity is that women may be reluctant to refuse unwanted sex. According to Morokoff (2000) unwanted intercourse occurs when a reluctant partner acquiesces as a function of psychological pressure from a lover, but without the use of threat of force. Morokoff (2000) found that women emphasized that although unwanted intercourse was not sexual assault, neither is it wanted or desired by the woman. Such nonviolent sexual coercion is more common than violent sexual coercion, and reported rates of unwanted intercourse are alarmingly high. In college women, 30% of women reported having experienced unwanted intercourse (Morokoff, 2000). Thus, the experience of unwanted sex may be a common and pervasive problem for women. Unwanted sexual experiences may also be related to the potential victim’s personality characteristics.

Sexual Assertiveness in Young Females

Rickert, Sanghvi and Wiemann, (2002) found women ranging from the age 14-26 did not feel they had control of their decisions leading to their sexual behavior. Participants in the study with the inability to take ownership over their sexual decision had consequences such as poor grades in school and inconsistent contraceptive use among others. Jesser (1978) found that sexually assertive women use eye contact, tone of voice, or openly discuss their sexual desires. Auslander, Perfect, Succop, and Rosenthal, (2007) suggest that young women with lower sexual assertiveness may not initiate sexual activity, may not refuse unwanted sexual activity, may not be vocal in expressing desire to use sexually transmitted disease preventive methods, and may be coerced in their sexual relationships. This study found no relationship between young women perceiving they could communicate their sexual needs and their perception that they could refuse unwanted sex.

Auslander et al. (2007) also indicated that young females’ sexual assertiveness was related to their previous sexual experiences. Women who started having sex at earlier ages and had more sexual partners felt they were more able to initiate sex, but felt they were less able to insist on STD prevention methods. These results lead to the conclusion that increased sexual experience is accompanied by greater sexual risk behaviors. Predisposing sexual perceptions may shape these young females’ sexual experiences. For example, if a young female was not sexually assertive in a previous relationship, she may continue to be non-sexually assertive in future relationships.
In a prospective study, Livingston, Testa, and VanZile-Tamsen (2007) examined females’ feelings of powerlessness in their previous relationships and their continued lack of sexual assertiveness in future sexual situations. Livingston et al., (2007) found a correlation between sexual assertiveness (using Morokoff’s Sexual Assertiveness Survey) and sexual assault. Women who have reported difficulty refusing sexual advances were more likely to experience sexual victimization. Women who reported previous victimization reported this experience as having a negative impact on their sexual assertiveness. The potential link between sexual assault risk factors and sexual assertiveness is still unknown.

The primary focus of the current research project was on sexual assault risk factors and their relationship with sexual assertiveness in female college students. The research on sexual assault in this particular population is reviewed in the next section of this paper.

*College Women and Sexual Assault*

College females have a higher likelihood of being sexually assaulted (Armstrong, Hamilton, & Sweeney, 2006) than their community peers. It has been estimated that between 8-35% of college age women will be sexually assaulted during their college careers (Fisher et al., 2003). College attendance is not the only risk factor for sexual assault. College women are generally aware both of the risk of experiencing a sexual assault and of available preventative measures. However, they view themselves as being at a lower risk than others and are more ambivalent about the specific tactics they would utilize to try to avoid an assault (Turchik et al., 2007). Despite the high rates of sexual assault occurring on college campuses, college women are more likely to perceive themselves at lower risk for sexual assault, but perceive their peers to be at higher risk (Turchik et. al., 2007)

*Risk Factors for Sexual Assault on College Campuses*

There are several possible explanations as to why sexual assault occurs more frequently on college campuses. First, there are individual determinants that contribute to sexual assault. This perspective of individual determinants views college sexual assault as primarily a consequence of perpetrator or victim characteristics (Armstrong et al., 2006). Some examples of these characteristics are gender role attitudes, personality, family background or sexual history of the victim and the perpetrator (Armstrong et al., 2006). In a nationally representative sample of female college students asking about their sexual victimization experience, 9% responded “yes”
to the forced intercourse item, 6% to the forced sex item, and 8% to the alcohol and sex item (Testa et al., 2003).

Macy, Nurius, and Norris (2007) also showed that assault antecedents such as women’s alcohol use at the time of the assault, relationship to the assailant prior to the assault, and victimization history also undermine women’s capacity to detect and resist assault threats. In this case, the antecedents are contextual factors and may include behaviors (e.g., alcohol use) and life experiences (e.g., prior victimization) that women bring with them into situations where sexual assault can arise (Macy et al., 2007). Another possible antecedent is previous number of sexual partners. Females who have had more sexual partners put themselves at high risk for sexual assault simply because there are more opportunities for sexual assault with more sexual experiences (Davis, Combs-Lane & Jackson, 2002; Loiselle & Fuqua, 2007). Conservative sex roles are also an antecedent that young females bring with them in sexual situations. Those women who have more conservative views of sex roles may be more likely to see themselves as property of men, and may not say “no” in a sexual experience (LaFree, Reskin & Visher, 1985).

Alcohol Use in College

College students, who are considered to be in an age group that has the highest rate of alcohol use, are at an extremely high risk for heavy drinking, as opposed to their peers who do not attend college (Wechsler, Dowdall, Davenport, & Castillo, 1995). Alcohol use and abuse among college students is a serious health concern. Surveys of college students find that between 65 and 80 percent of college age students drink alcohol (CASA, 2007; Hawthorne-Hoepner, Globetti, Stern, & Morasco, 1989; O’Hare, 1990) and that 15-25% engage in heavy or problem drinking (Barnes, Welte, & Dintcheff, 1992; Berkowitz & Perkins, 1986; CASA, 2007). When examining alcohol consumption habits, participants are given the definition of a “standard” drink. A standard drink is 13.7 grams of pure alcohol which is equal to: 12 ounces of beer, 8 ounces of malt liquor, 5 ounces of wine, and 1.5 ounces of 80 proof liquor (CDC, 2009). Heavy episodic or binge drinking is defined as 4 or more drinks in a row in one drinking occasion and is commonly used as the criteria for problematic drinking (Weschler & Nelson, 2008). The National Institute of Alcohol Abuse and Alcoholism (NIAAA) suggested there may be controversy with the term “binge” so in efforts to clarify, binge drinking defined by the NIAAA is the drinking pattern that brings the blood alcohol level to .08 (NIAAA, 2004).
Using these standard definitions, it has been estimated that alcohol consumption in female students is increasing (CASA, 2007). A nationwide survey found that, on average, college students report consuming 9.6 standard drinks per week (Engs, Diebold & Hanson, 1996). Also, 19% of females consume more than 14 drinks per week, which is exceeding the standards that were established by the federal government as safe levels of drinking (U.S. Department of Health and Human Services, 1990). Regarding binge drinking, Wechsler, Davenport, Dowdall, Moeykens, and Castillo (1994) found that 44% of students reported binging in a survey of more than 100 college campuses. Not only are college students in general drinking at high levels, but female college students are also trying to keep up with their male counterparts (Wechsler & Nelson, 2008).

Many (48%) college students report that the main reason for drinking alcohol is to get drunk (Wechsler & Nelson, 2008). Many college students’ drinking behavior is considered excessive. Students who binge drink consume 91% of the alcohol reported by students who drink (Wechsler & Nelson, 2008). One in four college students drink alcohol ten or more times a month, and three in ten college students report being intoxicated three or more times during the month.

*Rationale for examining Binge Drinking.* Binge drinking has been linked with higher risks for health problems, assault, aggressive behavior, physical injury, car accidents, and psychological problems (Wechsler et al., 1995). Binge drinking has also been linked to students missing class, falling behind in schoolwork, and a lower grade point average (Wechsler & Nelson, 2008). Binge drinking is also related to risky sexual behavior such as unplanned sexual activity and unprotected sex (Wechsler & Nelson, 2008). These risks are amplified by difficulties with reporting.

In many situations, college students may over-report their alcohol consumption in order to stand out or gain respect from their peers (Devos-Comby & Lange, 2008). It may be possible that college students over-report in order to fit in with what they feel to be the normal drinking habits of their peers within the college environment, yet when confronted by campus authorities, the same college students under-report as a means of protection (Devos-Comby & Lange, 2008). Due to this, it may be difficult to truly gauge how much alcohol college students are consuming.

*Binge Drinking in the College Environment.* Another rationale for drinking in college may come from the actual college environment itself. The CAS reports that drinking varies from
1-76% depending on the college, where the college is geographically located, and by the laws and policies for alcohol use and sale (Wechsler & Nelson, 2008). Environmental factors matter such as residential setting, price of alcohol, the density of alcohol markets and the drinking rates of the college (Wechsler & Nelson, 2008). These environmental factors together that influence heavy or binge drinking are referred to as a “wet environment” (Kuo, Wechsler, Greenberg, & Lee, 2003).

Alcohol and Sexual Assault in the College Environment

Given that alcohol consumption seems commonplace in the collegiate environment, women are likely to underestimate the role of alcohol on personal risk when it comes to sexual assault (Loiselle & Fuqua, 2007). Frequenting bars and fraternity parties are high risk places for sexual assault, and these are places where alcohol is readily available (Humphrey & Kahn, 2000). Women have reported very strong sexual advances by peers while out at a bar or at a fraternity party when alcohol was available (Humphrey & Kahn, 2000). Fraternity houses and bars are places where sexual assault situations can arise because alcohol and drugs have a higher chance of being present (Abbey et al., 1999). These places can be social and individuals go there with the intention of meeting new people and having a good time (Armstrong et al., 2006). Armstrong et al., (2006) refers to the link between alcohol use and rape as “party rape” which is a specific type of acquaintance rape. The U.S. Department of Justice defines party rape as a certain type of rape that “occurs at an off-campus house or on- or off-campus fraternity and involves alcohol…plying a woman with alcohol or targeting an intoxicated woman” (Armstrong, et al., 2006 p. 484).

Individuals who visibly consume more alcohol are perceived by their peers as being more sexually available (Corbin, Bernat, Calhoun, McNair & Seals, 2001). Another perspective for examining the association between alcohol use and sexual victimization focuses on alcohol expectancies, or the beliefs one holds about the effects of alcohol on behavior. In particular, alcohol expectancies related to perceptions of sexual availability may be the key to understanding the role of alcohol in sexual assault (Corbin et al., 2001). Both victim and perpetrator alcohol use are associated with more completed rapes, and victim resistance may be less likely in attacks involving alcohol (Ullman, 2003). Recent victimization theories suggest that the combination of risky situations, potential victims and motivated offenders occurring in the absence of guardians increase victimization risk (Ullman, 2003; Testa & Livingston, 2000).
This combination is common on college campuses. There are three different reasons in support of this theory. A first possibility is that alcohol consumption may precede and contribute to sexual assault risk by increasing contact with motivated perpetrators, and decreasing contact with people that would help to keep one safe. Most of the time when alcohol is involved, it is in social situations without chaperones (Ullman, 2003). A second possibility is that some individuals may use alcohol to cope with Post Traumatic Stress Disorder (PTSD; Ullman, 2003). This possibility could be that the PTSD was due to a previous sexual victimization, or that the PTSD could be attributed to any stressful life factor. There is a reciprocal relationship between sexual assault and substance abuse (Testa & Livingston, 2000). Women who experienced sexual assault later reported alcohol dependence. Another possibility may be bi-directional with the risk of sexual assault and drinking each influencing the other over time (Ullman, 2003). This last reason could be a domino effect of life events. For example, childhood sexual assault could lead to alcohol consumption; alcohol consumption could lead to another sexual victimization. Ullman (2003) found that those women who reported a lifestyle that involved heavy alcohol consumption were more likely to report more sexual assault.

Alcohol and Sexual Assertiveness

Alcohol use, especially before sexual activity, has been associated with an increase in the number of sexual relationships (Littleton, Breitkopf, & Berenson, 2005). This link could be due to alcohol’s ability to reduce inhibitions, therefore increasing confidence, and being sexually assertive. Abbey et al., (1999) have found that alcohol affects individuals’ positive self. Positive self-illusions can be adaptive, but can leave individuals vulnerable because they are unprepared for potential ramifications of their behaviors (Abbey et al., 1999). Abbey et al., (1999) found that the participants viewed others around them in a traditional gender stereotypic nature, but did not put themselves in this category. The women in the study found the women around them to be “feeling romantic” and vulnerable to sexual assault, but did not categorize themselves with their peers (Abbey et al., 1999 p. 181). According to Littleton et al. (2005), drinking alcohol is often viewed as an effective management strategy for anxiety about intimacy.

Consequently, alcohol may be used as a strategy to avoid cognitive dissonance about casual sex. Women who engage in risky sexual behavior under the influence of alcohol tend to feel better about their behaviors because they were under the influence (Littleton et al., 2005). Alcohol can potentially alleviate any ill feelings of being sexually assertive, yet it has the
potential for increasing risks that can accompany sexual relationships (Murphy, Monahan & Miller, 1998). Murphy, Monahan and Miller (1998) found that the consumption of alcohol may alter both one’s ability and one’s motivation to process information about sex. Consequently, many individuals make the decision to engage in sexual activity when they are well beyond the point of making a rational decision due to the influence of alcohol. Alcohol has been shown to lower behavioral inhibitions and insecurities, especially those associated with sexual activity (Murphy et al., 1998). Alcohol also impairs higher order cognitive processing, and in doing so, could increase the function of more primitive brain structures such as the hypothalamus which controls sex drives (Murphy et al., 1998). Alcohol may break down cognitive dissonance about sexual situations, making women more sexually assertive.

Women who have been drinking may be affected by the interference of alcohol interacting with cognitively based cues. This could take place when it comes to sexual assertiveness. Ordinarily a woman may see the negative outcomes of a sexual experience, but under the influence of alcohol, the woman may only see the positive, which would be a sexual relationship with an attractive partner (Murphy et al., 1998).

College women’s levels of sexual assertiveness and gender role identity may also be related to the risk for sexual assault (Livingston, Testa & VanZile-Tamsen, 2007). In particular, it was not until recently that sex roles for women began to change from engaging in sexual behaviors to satisfy their partners, to engaging in sexual behaviors to satisfy their own desires (Morokoff, 2000). There is also a stigma that comes along with sexually assertive females and females who openly engage in sexual behavior (Morokoff, 2000). The stigma that women who are open with their sexual needs and desires as being sexually causal or immoral are stigmas of the past.

Rape Myth Acceptance

Rape myths are defined as “attitudes and beliefs that are generally false yet widely and persistently held and that they serve to deny and justify male sexual aggression against women” (McMahon, 2007, p. 357). An example of a rape myth would be “only bad girls get raped” (Burt, 1980, p. 217). Individuals who believe in rape myths are also known as having rape tolerant or rape supportive views (Burgess, 2007). Rape myths are linked to sexual assault in that rape myth formation is aided by the role of alcohol use, sexual expectation, perceived
availability of attractive partners, and the regularity of parties (Burgess, 2007). Therefore, rape supportive attitudes are considered a risk factor for sexual assault.

Rape myths are also formed by the amount and types of television watched. Kahlor and Morrison (2007) established a link between general daily television use and the acceptance of rape myths with college women. Kahlor and Morrison (2007) found that television can have an impact on the construction of social reality. If these notions are not rectified with sexual assault education, these misconceptions can influence self-efficacy and outcome expectations.

*Sexual Assault Knowledge*

It is also possible that levels of sexual assertiveness are associated with overall sexual assault knowledge which is another risk factor for rape. Individuals in college may have a difficult time discerning rape myths from rape facts based on their lack of sexual assault knowledge. Topics about which individuals should be knowledgeable include: acquaintance rape, false rape reports, rape demographics, trauma associated with attempted rape, anger associated with rape, recovery, and rape definitions as well as other myths (Frazier & Borgida, 1988).

Breitenbecher and Scarce (2001) evaluated a sexual assault education program. One aspect of this program was to increase sexual assault knowledge of the participant population. Their program was successful in increasing sexual assault knowledge of their participants, yet this increase in knowledge did not translate into reduced risk of experiencing sexual aggression (Breitenbecher & Scarce, 2001). Breitenbecher and Scarce (2001) found that sexual assault knowledge was inconsistent with reducing the risk of sexual assault. The information provided by the previous research drives the need for further research involving sexual assault knowledge in combination with other variables, such as sexual behaviors. While there are some initial studies examining sexual assault knowledge, there are no studies known to the author which examine sexual assault knowledge and sexual assertiveness.

The overarching research question for the current study examines risk factors for sexual assault and their relationship with college women’s level of sexual assertiveness. The specific risk factors examined are sexual assault knowledge, alcohol consumption, number of sexual partners, and conservative sex role beliefs. Building on the previous literature, corresponding with the presentation of the literature, the following relationships are hypothesized:
Hypothesis 1: The four sexual assertiveness scales (Relational Sexual Assertiveness and Agency Questionnaire (R-SAAQ; Relational Sexual Assertiveness, Sexual Agency and Communication, Sexual Standards and Sex Related Negative Affect) will predict sexual assault knowledge.

Hypothesis 2: The R-SAAQ will have relationships to the seven rape myth acceptance scales, as measured by the Illinois Rape Myth Acceptance Scale (IRMAS).

Hypothesis 3: Sexual behaviors (as measured by the number of sexual partners and age of first intercourse) and sexual assault knowledge will be predicted by sexual assertiveness, alcohol use, rape myth acceptance and sex role stereotyping.

Hypothesis 4: The R-SAAQ will have relationships with the measures of alcohol use (e.g. number of days per week a participant drinks, average number of drinks the participant has on a typical occasion, the highest number of drinks a participant has on an occasion).

Hypothesis 5: The R-SAAQ will have a relationship with sex-role stereotyping.

The primary focus of this study was to evaluate sexual assertiveness in relation to sexual assault risk factors. This study was cross sectional in nature and evaluated five different hypotheses. The first hypothesis of the study was that there would be a relationship between the relational sexual assertiveness of females and their overall sexual assault knowledge. To test for this, the study evaluated the sexual assertiveness of the female participants and their sexual assault knowledge. Another hypothesis of this study was that sexual assertiveness would predict levels of rape myth acceptance. It was predicted that those students who were sexually assertive would be more tolerant and accepting of rape myths. The current study also evaluated participants’ sexual behaviors and their sexual assault knowledge. The predictors for this examination were participants’ self-reported alcohol use, rape myth acceptance, sex role stereotyping and sexual assertiveness. The last two hypotheses dealt with the RSAAQ. It was anticipated that the RSAAQ scales would predict higher levels of alcohol use as well as high levels of sex role stereotyping. In order to test these links a correlation was performed using SPSS version 16.0.

Method

Participants

The current study used data collected for a previous study. The current study utilized only females from a mid-sized Midwestern university in the sample. There were 509 females in
the study with an age ranging from 18-27 years ($M=18.69$, $SD=9.80$), and 65% of the participants were freshmen. When asked the question, “How many sexual partners have you had?” the mean response was 1.82 ($SD=2.74$), and 64% of the population had one or less sexual partners. Regarding marital status, 96.5% of the population reported that they were not married. The sample was 90% Caucasian, which is consistent with the demographics of the university used for this study. There were few NCAA division one athletes (7.9%) who participated in this study, and 46% of the participants were intending to pledge a sorority. The sexual orientation of the sample was 92.5% completely heterosexual on a 5-point Likert scale ranging from completely heterosexual to completely homosexual.

About half of the sample, 51.1%, reported knowing someone who had been sexually assaulted. The most common relationship to the individual who was sexually assaulted was a peer or classmate. There were few females in the sample, 10.4%, who had participated in a sexual assault prevention program, and almost half of the sample, 57.6%, were willing to volunteer with rape prevention activities on campus and were in favor of a fee increase for sexual assault prevention programs on campus (59.7%). When asked if the participants had engaged in sexual intercourse (vaginal or anal), 61.7% of the population said yes to having sex, while 56% of the sample did not report being in a romantic or dating relationship.

**Procedure**

Participants involved in this project signed up for the study via experimetrix.com, an online recruitment tool. The recruitment paragraph students saw when they log on to the experiment was, “Online Study on Dating Practices: Researchers at Miami are interested in the dating practices of college students. We are seeking volunteers to take a short online survey addressing sexual attitudes, condom use, and sexual beliefs. The survey will take approximately 30-45 minutes to complete.” Students then clicked on the link provided by experimetrix.com to an online survey that was housed via Prezza Checkbox and saw the consent form. Students who agreed to consent to the survey then took the survey. After the student had completed the survey or exited the survey they saw the debriefing screen. In addition, more information for the participants about the theories (of the researchers) was provided on the debriefing sheet as well. Students also received a list of phone numbers to call if they were upset or concerned in any way by the questions asked by the survey. The phone number and email of the primary researcher was also provided.
Apparatus

The online website participants used to take the survey was Prezza Checkbox. Prezza checkbox is housed behind the university’s firewall and allowed for the data to be stored on the nebula server. Prezza Checkbox allows for the survey to have skip patterns and randomization of items.

Measures

A series of self-report questionnaires were used in this study. First, a basic demographic questionnaire was used to obtain information about the participants’ parents, the participants’ health, alcohol use, sexual history, sexual assault history, their parents’ education, and the participants’ ethnicity. In addition, a variety of other questionnaires were used to assess study variables. These are described in the following paragraphs. The measures are presented in the order that participants saw them in the survey. A complete listing of the measures is available in the appendix.

Illinois Rape Myth Acceptance Scale. (IRMAS; Payne, Lonsway & Fitzgerald, 1999)

Payne, Lonsway and Fitzgerald (1999) developed the IRMAS to provide a redefinition of rape myths. The IRMAS was developed to help conceptualize the function and formation of rape myth acceptance. The IRMAS is a 45-item scale measuring the endorsement of several sexual situation myths. Acceptance of rape myths is perceived as a risk for sexual assault. Respondents indicate their level of agreement with the statements on a seven-point Likert scale (from not at all agree to very much agree). Higher scores indicate attitudes supportive of sexual assault. Cronbach’s alpha for the present sample was .93. Good item test-retest reliability was found, $r(495)=.90, p<.01$ (Payne, Lonsway, & Fitzgerald, 1999). There are seven subscales: She Asked for It, It Really Wasn’t Rape, He Didn’t Mean To, She Wanted It, She Lied, Rape is a Trivial Event, and Rape is a Deviant Event.

The first subscale, called She Asked for It (SA), included eight total items (e.g., “A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex”), and had a Cronbach’s alpha of .87 for the present sample. The second subscale, called It Really Wasn’t Rape (NR), included five items (e.g., “If the rapist doesn’t have a weapon, you really can’t call it a rape”), and had a Cronbach’s alpha of .82 for the present sample. Third, the subscale called He Didn’t Mean To (MT) consisted of five items (e.g., “Rape happens when a man’s sex drive gets out of control”), with a Cronbach’s alpha of .76 for the present sample.
Fourth, the subscale She Wanted It (WI) consisted of five items (e.g., “Many women secretly desire to be raped”), with a Cronbach’s alpha of .82 for the present sample. Fifth, the subscale She Lied (LI) included five items (e.g., “A lot of women lead a man on and then they cry rape”), and had a Cronbach’s alpha of .83 for the present sample. The sixth subscale was titled Rape is a Trivial Event (TE), consisted of five items (e.g., “Women tend to exaggerate how much rape affects them”), and had a Cronbach’s alpha of .77 for the present sample. Finally, the subscale titled Rape is a Deviant Event (DE) included seven items (e.g., “Rape mainly occurs on the ‘bad’ side of town”), with a Cronbach’s alpha of .81 for the present sample. Filler items (FI), which were not scored, included five items (e.g., “This society should devote more effort to preventing rape”). See the appendix to view the specific subscale under which each item falls.

Measures of Alcohol Use. The following questions were asked in the alcohol use section of the questionnaire, “In a typical week, on how many days did you have at least one drink containing alcohol,” “During the last 30 days, what is the highest number of drinks that you drank on one occasion,” and “Please indicate how many drinks you have on average for each day of the week” (asked separately for each day of the week). This portion of the questionnaire assessed the average number of drinks the participants had over the course of the week, as well as their alcohol consumption behaviors. These measures are consistent with national surveys of alcohol use (e.g., CASA, 2007; Weschler & Nelson, 2008). See the appendix for a complete list of items for the measure.

Sexual Assault Knowledge (SAK; Frazier & Borgida, 1988). The SAK consists of eighteen items that assessed participants’ knowledge about several aspects of rape, including its definition, epidemiology, and psychological after-effects of (Frazier & Borgida, 1988). The SAK was developed based on a review of the current rape research and literature. The questions of the SAK deal with acquaintance versus stranger rape, false rape reports, rape demographics, trauma and emotional reactions to being raped, recovery time, knowledge of the definition of rape, rape myths, and the reporting of rape. Example questions of the SAK are: “Women between the ages of 15 and 24 are most likely to be raped,” “Anger is the most common initial reaction to being raped,” “Women of all races and socioeconomic levels are equally likely to be raped.” Approximately half of the questions in the scale were true, and half false. Participants were asked to answer each of the 18 questions to the best of their ability either answering “True” or “False” with an option for “Don’t know.” Cronbach’s alpha for the present sample was .66.
Sex Role Stereotyping. (SRS; Burt, 1980) The questionnaire was derived from a study of 598 Minnesota adults who were asked about their attitudes and feelings about males and females and their behavior towards each other in everyday life, their romantic behavior and their sexual behavior. Burt’s sex-role stereotyping questionnaire consisted of nine items intending to measure participants’ attitudes towards women, with a reliability of .80. Some example items include: “It is acceptable for the women to pay for the date,” and “A wife should never contradict her husband in public.” The items were based on a Likert scale with 1=Agree and 7=Disagree. See the appendix for the full list of questions. Cronbach’s alpha for Burt’s sex-role stereotyping scale was .82 for the current sample.

Relational Sexual Assertiveness and Agency Questionnaire. (R-SAAQ; Messman-Moore, Ward, & Walker, 2009). The R-SAAQ was used to assess several aspects of sexual assertiveness. There were a total of 30 R-SAAQ items using four subscales: Relational Sexual Assertiveness, Sexual Agency and Communication, Sexual Standards, and Sex-Related Negative Affect.

Relational Sexual Assertiveness is an assessment of sexual assertiveness in a relational context (example items: “I agree to have sex when I don’t feel like it,” “I go along with what my partner wants sexually,” “even when I’m uncomfortable, I give more than I take in sexual situations”). Sexual Agency and Communication (example items: “I don’t really know what I want sexually,” “I am good at expressing my sexual needs and wants,” “it is easy for me to be assertive in sexual situations with a partner”) incorporates aspects of sexual agency, or the knowledge of one’s sexual needs and desires, and the ability to act according to one’s will in a sexual realm (Messman-Moore, Ward & Walker, 2009). The two other subscales, Sexual Standards (examples of items: “I don’t have sex unless I know my partner very well,” “I limit sexual activity to kissing and fondling when I first meet someone”) and Sex-Related Negative Affect (examples of items: “I feel bad after having sex,” “sexual behavior makes me feel dirty or ‘cheap’”), measure behavior and emotional experience related to sexual assertiveness. All subscales of the R-SAAQ were reliable, and possessed preliminary evidence of convergent and divergent validity (Messman-Moore, Ward & Walker, 2009). This portion of the questionnaire was designed to determine if the participants did things sexually in order to please their partner. Participants were asked questions on a 5 point Likert scale (strongly disagree to strongly agree). Cronbach’s alphas for the subscales in the present sample were .93, .82, .76, and .78.
Results

The current study used five hypotheses as the basis to examine the variables that are associated with sexual assault and sexual assertiveness in women. The current study assessed college women’s sexual assertiveness, sexual assault experiences, risk factors for sexual assault, and alcohol consumption.

Hypothesis One: The R-SAAQ will predict sexual assault knowledge, as measured by different items on the SAK.

Before analyses were conducted for hypothesis one, the four sexual assertiveness scales and the sexual assault knowledge questionnaire were correlated. The correlation was conducted to address the degree and strength of the relationship between the variables. A precondition for regression is that the independent variables (scales of the R-SAAQ) be correlated with the dependent variable (SAK). This hypothesis examined if knowledge of sexual assault situations could be predicted by the participants’ relational sexual assertiveness in sexual situations. A stepwise regression was used for this analysis with the dependant variable being sexual assault knowledge.

A stepwise multiple regression was computed to investigate whether the knowledge of sexual assault situations could be predicted by the participants’ relational sexual assertiveness in sexual situations (as measured by the four scales of the R-SAAQ). Assumptions of linearity and normal distributions were checked and met. The overall regression equation was significant, $F(2, 406) = 12.72, p< .001$, adjusted $R^2 = .05$. Given that this equation accounted for five percent of the variability it was considered a small effect. The linear combination of relational sexual assertiveness ($\beta = .16$), and sexual standards ($\beta = .13$), significantly predicted knowledge of sexual assault situations by the participants’ relational sexual assertiveness in sexual situations. See Table 1 for the beta weights and Table 2 for correlations.

Hypothesis Two: The R-SAAQ will have relationships with the seven rape myth acceptance scales, as measured by the IRMAS.

Hypothesis two examined the relationship between sexual assertiveness and rape supportive attitudes. It was hypothesized that those with higher levels of rape supportive attitudes would have lower levels of sexual assertiveness. This hypothesis was examined using the four scales of the R-SAAQ and the seven scales of the IRMAS. Bi-variate correlations were conducted between the scales. The Relational Sexual Assertiveness subscale was negatively
correlated with all seven rape myth acceptance scales. These correlations ranged from -0.12 to -0.33 which were all small effects except for “rape is a trivial event” which, at r=-0.33, was a medium effect. The Sexual Agency and Communication subscale was negatively correlated with three of the IRMAS including: “it really wasn’t rape,” “rape is a trivial event,” and “rape is a deviant event.” The three correlations ranged from -0.15 to -0.19 which were small effects. The Sexual Standards subscale was negatively correlated with three of the IRMAS including: “it really wasn’t rape,” “she wanted it,” and “rape is a trivial event.” The three correlations ranged from -0.12 to -0.18 which were small effects. The Sex Related Negative Affect subscale was positively correlated with all seven of the IRMAS subscales. The seven correlations ranged from 0.16 to 0.27 which were small effects. See Table 3 for correlations.

Hypothesis Three

Sexual behaviors (as measured by the number of sexual partners and age of first intercourse) and the SAK will be predicted by, sexual assertiveness, alcohol use, rape myth acceptance and sex role stereotyping.

The third hypothesis explored how much of sexual behavior and sexual assault knowledge could be predicted by sexual assault risk factors. The traditional sexual assault risk factors (alcohol use, rape supportive attitudes, sex-role stereotyping) tend to be positively related to victimization, with sexual assertiveness negatively related to victimization. The purpose of this hypothesis was to establish a link between these risk factors and other variables associated with sexual assault. Sexual behavior (as measured by the number of sexual partners and age of first sexual intercourse) and the score on the SAK were predicted by the R-SAAQ, alcohol use (highest drinking occasion, typical number of drinks, number of days typically drinking in a week, and average number of drinks per each day of the week), the seven scales of the IRMAS, and sex-role stereotyping.

For hypothesis three, three separate stepwise linear regressions were conducted. The dependent variable for the first regression was the number of sexual partners. The dependent variable for the second regression was age of first intercourse. The final regression dependent variable was sexual assault knowledge as measured by the SAK.

For the first stepwise multiple regression predicting the number of vaginal intercourse sexual partners, the overall regression equation was significant, \( F(4, 389)= 30.96, p<0.001 \), adjusted \( R^2 = 0.23 \). Given that this equation accounted for 23 percent of the variability, it was
considered a medium effect. The linear combination of highest drinking occasion in the last 30 days ($\beta=.26$), Sexual Standards ($\beta=-.24$), Sexual Agency and Communication ($\beta=.30$), and Relational Sexual Assertiveness ($\beta=-.22$) significantly predicted the number of intercourse partners. See Table 4 for the beta weights.

The second stepwise multiple regression predicted how old participants were when they first had vaginal sexual intercourse, and the overall regression equation was significant, $F(2, 242)= 7.87, p<.001$, adjusted $R^2=.05$. Given that this equation accounted for 5 percent of the variability, it was considered a small effect. The linear combination of Sexual Standards ($\beta=.27$), and Sexual Agency and Communication ($\beta=-.15$), significantly predicted how old participants were when they first had intercourse. See Table 5 for the beta weights.

The third stepwise multiple regression predicted SAK. The overall regression equation was significant, $F(3, 369)= 18.45, p<.001$, adjusted $R^2=.12$. Given that this equation accounted for 12 percent of the variability, it was considered a small effect. The linear combination of “It really wasn’t rape” ($\beta=-.29$), sexual standards ($\beta=.14$), and “In a typical week, on how many days did you have at least one drink containing alcohol?” ($\beta=-.10$), significantly predicted SAK. See Table 6 for the beta weights.

**Hypothesis Four**

*The R-SAAQ will have relationships with the measures of alcohol use (e.g. number of days per week a participant drinks, average number of drinks the participant has on a typical occasion, and the highest number of drinks a participant has on an occasion).*

Correlations were computed to see if the four sexual assertiveness scales had relationships with the measures of alcohol use. The Relational Sexual Assertiveness subscale was negatively correlated with “In a typical week, on how many days did you have at least one drink containing alcohol,” “During the last 30 days what is the highest number of drinks that you drank on any one occasion,” as well as the average number of drinks participants consumed on Sunday, Thursday, Friday and Saturday of each week. The correlations ranged from -.10 to -.23 which were considered small effects. The Sexual Agency and Communication subscale was not correlated with any measure of alcohol use. The Sexual Standards subscale was negatively correlated with “In a typical week, on how many days did you have at least one drink containing alcohol, During the last 30 days what is the highest number of drinks that you drank on any one occasion,” as well as the number of drinks consumed on Tuesday, Wednesday, Thursday, Friday
and Saturday. The correlation ranged from -.10 to -.22 which were considered small effects. The Sex Related Negative Affect subscale was positively correlated with the number of drinks participants had on Thursday. The correlation was .09 which was a near zero effect. See analysis presented in table 7 which shows that sexual assertiveness was negatively correlated with six of the nine alcohol measures, sexual standards was negatively correlated with seven of the nine alcohol measures, sex related negative affect was positively correlated with one of the nine alcohol measures, and sexual agency and communication was not correlated with any of the alcohol measures.

**Hypothesis Five**

*The R-SAAQ will have a relationship with sex-role stereotyping (as measured by Burt’s 1980 scale).*

A correlation was computed to determine if the four sexual assertiveness scales had a relationship with sex role stereotyping. Two of the four R-SAAQ scales were positively correlated with Sex Role stereotyping. Scores on the relational sexual assertiveness and sexual agency and communication subscales were correlated, $r(448)=.21, p<.01$ and $r(471)=.13, p<.01$, respectively. Scores on the sex related negative affect subscale were negatively correlated with a value of $r(469)=-.24, p<.01$. Each of the significant correlations was considered a small effect since they ranged from .13 to .24. The sexual standards subscale showed no relationship with sex role stereotyping. See Table 8 for the correlations.

**Discussion**

The present study examined risk factors for sexual assault in the context of sexual assertiveness, sexual assault knowledge, alcohol consumption, number of sexual partners, and conservative sex role beliefs. The different forms of relational sexual assertiveness (as measured by the four scales of the R-SAAQ) were related to the traditional sexual assault risk factors (i.e., sexual experience, alcohol use, sexual assault knowledge, stereotypic sex roles).

Supporting the first hypothesis, the current study found the linear combination of relational sexual assertiveness and sexual standards to be predictors of participants’ sexual assault knowledge. Partially supporting the second hypothesis, the present study found a relationship between a majority of the R-SAAQ subscales and the rape myth acceptance subscales. Hypothesis three was partially supported in that some of the R-SAAQ subscales, two of the alcohol use questions, one rape myth acceptance subscale, and none of the sex role
stereotyping questions were found to be predictors for sexual behaviors (including age of first vaginal intercourse and number of vaginal intercourse partners) as well as sexual assault knowledge. Hypothesis four was partially supported in that two of the R-SAAQ subscales were negatively correlated with a majority of the alcohol items, one of the R-SAAQ subscales was positively correlated with one of the alcohol items and the last R-SAAQ subscale showed no relationship. Hypothesis five was partially supported in that two of the R-SAAQ subscales were positively correlated with sex role stereotyping, one of the R-SAAQ subscales was negatively correlated with sex role stereotyping and one R-SAAQ subscale showed no relationship. Finally, based on the findings of the current study there is a relationship between sexual assertiveness and sexual assault knowledge.

**Hypothesis One**

This hypothesis was looking to see if knowledge of sexual assault situations could be predicted by the participants’ relational sexual assertiveness in sexual situations (as measured by the RSAAQ). The current study found that those women who scored high in relational sexual assertiveness and scored high on sexual standards scored high on sexual assault knowledge. Those individuals who scored high in relational sexual assertiveness, thus likely having a higher ability to be sexually assertive with a partner, or with another person, and those who scored high in sexual standards, thus waiting until they knew their partners very well before having sex, scored high on sexual assault knowledge. The current hypothesis is exploratory in that there is currently scarce literature available looking at sexual assault knowledge as a risk factor for sexual assault risk. The current study did find a relationship between higher sexual assertiveness, higher sexual standards and high sexual assault knowledge.

Higher levels of sexual standards and relational sexual assertiveness could both come from previous sexual experiences had by the participants or acquaintances of the participants, giving them more sexual knowledge overall (Auslander et al., 2007). Unfortunately, it is also possible that some of the sexual experiences had by the participants were unwanted or forced (Koss, Gidycz & Wisiewsk, 1987). Livingston, Buddie, Testa and Van-Zile Tamsen (2004) supported the current study in their findings that women with low self-esteem and who are low in overall sexual assertiveness have a higher risk for sexual coercion, as opposed to those women who have higher levels of sexual assertiveness and are able to express their desire to wait until
they know their partner better until they have sex. However, any sexual experience at all whether negative or positive leads to sexual knowledge (Auslander et al., 2007).

It may also be possible that participants with high sexual standards (being more conservative) and high relational sexual assertiveness may be more in tune with their sexuality, willingness to talk about sexual situations, and overall sexual knowledge in general. So, participants who know themselves in sexual situations may have gathered situational cues or schemas on how sexual situations will transpire (Vanzile-Tamsen, Testa, & Livingston, 2005).

Stoner, Norris, George, Morrison, Zawacki, Davis and Hessler (2008) and Morokoff, Redding, Harlow, Rossi, Meier and Mayer (2009) found that higher sexual assertiveness is associated with lower sexual risk, which suggests that women with higher overall sexual assertiveness tend to use this as a proactive measure against sexual risk. Morokoff et al., (2009) found overall sexual assertiveness mediates the relationship for sexual assertiveness for condom use. The results found by Stoner et al., (2008) and Morokoff et al., (2009) support the findings of the current study in that higher levels of sexual assertiveness have a relationship with high sexual assault knowledge and low levels of sexual assault risk.

**Hypothesis Two**

Hypothesis two examined the relationships between sexual assertiveness and rape supportive attitudes. Relational sexual assertiveness was negatively correlated with the IRMAS, lending support to the hypothesis. Those participants who scored high on supporting rape myths scored low on relational sexual assertiveness (e.g., I agree to have sex when I don’t feel like it), and vice versa.

According to Vanzile-Tamsen, Testa, & Livingston, (2005), as degree of intimacy increases, risk appraisal decreases in a relationship, supporting this hypothesis. For the present hypothesis, those who scored high in relational sexual assertiveness, sexual agency and communication and sexual standards scored low on many of the IRMAS subscales, and vice versa. This finding is supported by Morokoff (2000) in that those women whose sense of sexual self was based on stereotypes were not able to assert a true sexual self. Those whose sexual identity was based on stereotypes would be more likely to accept rape myths and would also be low in relational sexual assertiveness. Conversely, those females who were high in relational sexual assertiveness and sexual standards were also high in sexual assault knowledge thus having low rape myth acceptance.
These findings are also supported by Stoner et al., (2008), who found that those women who were higher in overall sexual assertiveness were at lower risk for sexual assault. The findings support the current hypothesis in that those women who are high in rape myth acceptance and low in relational sexual assertiveness are at higher risk for sexual assault, as opposed to those women who are high in sexual assertiveness.

The Sex Related Negative Affect subscale was positively correlated with all seven of the IRMAS (e.g., I feel bad after having sex) subscales. Those individuals who scored high on sex related negative affect also scored high in rape supportive attitudes, and those who scored low on sex related negative affect scored lower in rape supportive attitudes. This relationship may be due to the “just world hypothesis” in that bad things do not happen to good people, and people get what they deserve (Carmody & Washington, 2001). Participants, who are disgusted, angered, feel shame or humiliation, or fear sex, are more likely to be accepting of rape myths (Bohner & Lampridis, 2004). The effects of rape importance seem to be more negative for women who reject rape myths than for those who endorse rape myths. This relationship suggests there is a self-protective function of rape myth acceptance. In the current study, participants who scored high on sex related negative affect were more likely to find the female to be at fault for being raped. It is possible that a potential third variable may be responsible for this trend, such as sexual victimization. This possibility will be further discussed in the future directions section.

**Hypothesis Three**

The third hypothesis explored how much sexual behavior and sexual assault knowledge could be predicted by sexual assault risk factors. Various sexual assault risk factors (alcohol use, rape supportive attitudes, sex-role stereotyping) tend to be positively related to victimization, and sexual assertiveness being negatively related to victimization. The purpose of this hypothesis was to establish a link between these risk factors and other variables associated with sexual assault. Sexual behavior (as measured by the number of sexual partners, age of first intercourse) and sexual assault knowledge were predicted by the R-SAAQ, alcohol use (highest drinking occasion, typical number of drinks, number of days typically drinking in a week, average number of drinks per each day of the week), the seven scales of the IRMAS, and sex-role stereotyping.

The first stepwise regression included the variables from the R-SAAQ (Relational Sexual Assertiveness, Sexual Agency and Communication, Sexual Standards, and Sex-Related Negative Affect), measures of alcohol use and the participants’ self-reported number of sexual partners.
The hypothesis was exploratory in nature. Currently, there is a relative paucity in the literature on the potential relationship between sexual assertiveness and the number of sexual partners. Those participants who did not report having vaginal sexual intercourse were not included in the analysis. The first stepwise linear regression showed the linear combination of highest drinking occasion in the last 30 days (positive relationship), Sexual Standards (negative relationship), Sexual Agency and Communication (positive relationship) and Relational Sexual Assertiveness (negative relationship) significantly predicted the number of intercourse partners. Young females who consume large quantities of alcohol, are not waiting until they know their partner very well to engage in sex, know what they want sexually, and are easily seduced into sexual activity were more likely to have a higher number of sexual partners.

This result is consistent with the alcohol literature that links the number of sexual partners to patterns of alcohol consumption (Desiderato & Crawford, 1995; Davis, Combs-Lane & Jackson, 2002; Littleton et al., 2005). Alcohol consumption, both in frequency and quantity, is significantly associated with the number of sexual partners, and individuals with multiple sexual partners report more frequent alcohol consumption. Alcohol consumption is related to risky behavior because those who consume more alcohol have been found to use fewer risk reduction strategies than those who consume less alcohol (Hertzog & Yeilding, 2009).

Building on hypotheses one, those individuals who scored low on sexual standards and low on relational sexual assertiveness also scored low on sexual assault knowledge, and those who scored high on sexual standards and high on relational sexual assertiveness scored high on sexual assault knowledge. Therefore, those individuals who are overall low in sexual assault knowledge may not be aware of the sexual assault risks associated with high levels of alcohol consumption. It may also be possible that those individuals who scored high on sexual agency and communication are more in tune with their sexual needs, and wanting to go out, consume alcohol and please themselves sexually while not necessarily waiting until they know their partner very well, or are easily persuaded into sexual activity (Abbey et al., 1999).

The second stepwise regression contained the variables from the R-SAAQ, and how old the participants were when they first had vaginal sexual intercourse. When testing this hypothesis only those participants who reported having vaginal sexual intercourse were included. Not included in the analysis for this hypothesis were participants who did not report having sexual intercourse. The second stepwise linear regression showed that the linear combination of Sexual
Standards and Sexual Agency and Communication significantly predicted how old participants were when they first had intercourse. Those participants who scored high on sexual standards and low on agency and communication were older when they first had sex, and those who scored low on sexual standards and high on sexual agency and communication were younger when they first had sex. It may have been possible that those females who had been ready to have sex at an early age did not because they were not able to communicate their sexual needs to their partner.

The third stepwise regression contained the variables from the R-SAAQ (Relational Sexual Assertiveness, Sexual Agency and Communication, Sexual Standards, and Sex-Related Negative Affect), IRMAS, SAK and the measures of alcohol use. The third stepwise linear regression showed that the linear combination of “It really wasn’t rape,” Sexual Standards, and “In a typical week, on how many days did you have at least one drink containing alcohol?,” significantly predicted sexual assault knowledge. Those individuals who scored low on “it really wasn’t rape,” high on sexual standards, and low on “in a typical week, on how many days did you have at least one drink containing alcohol?” scored high on sexual assault knowledge.

Referring back to hypothesis one, those individuals who scored high on sexual standards scored higher on sexual assault knowledge thus believing fewer rape myths and drinking less alcohol because they were aware of the sexual assault risks that accompanied alcohol consumption. Stoner et al., (2008) supports the current hypothesis in that high quantities of alcohol consumption are related to high risk taking sexual experiences, such as unprotected sex. Stoner et al. (2008) also supports alcohol’s ability to inhibit clear sexual decision making and increases the intention to engage in sex. The current hypothesis is supported in that alcohol can inhibit a person’s ability to discern a risky sexual situation where sexual assault or verbal sexual coercion may occur. By using verbal coercion, the perpetrator and the victim are more likely to believe that consent was given, and to believe that the situation was not in fact a sexual assault (Livingston, Buddie, Testa & VanZile-Tamsen, 2004).

In supporting the current hypothesis, Nasta, Shah, Brahmanandam, Richman, Wittels, Allsworth, and Boardman (2005) found that lack of awareness of sexual assault resources, along with concerns regarding confidentiality, fear, embarrassment, and guilt, comprised the barriers women cited as reasons for not seeking assistance following an episode of victimization. A striking association between sexual victimization and alcohol and/or drug use may partially explain these results. Almost 40% of those who reported being sexually assaulted in the studied
population reported an inability to resist unwanted sexual activity due to concomitant alcohol or drug use, supporting the current hypothesis (Nasta, Shah, Brahmanandam, Richman, Wittels, Allsworth, & Boardman, 2005).

**Hypothesis Four**

In evaluating hypothesis four, it was found that those participants who scored high on the Relational Sexual Assertiveness subscale scored low on “In a typical week, on how many days did you have at least one drink containing alcohol,” “During the last 30 days what is the highest number of drinks that you drank on any one occasion,” as well as the average number of drinks participants consumed on Sunday, Thursday, Friday and Saturday of each week. The data suggests that women who report being more sexually assertive also report lower levels of alcohol consumption. Potentially, those women who are more in control of their alcohol consumption are also more in control of their sexual experience.

For measures of Sexual Agency and Communication, there was no correlation with any of the alcohol scales. Messman-Moore, Ward and Walker (2009) found that the subscale Sexual Agency and Communication did not have a significant relationship with victimization variables. Alcohol is widely considered to be a variable related to victimization. In addition, Messman-Moore, Ward and Walker (2009) reported that the Sexual Agency and Communication subscale was not related to alcohol-facilitated coercion. Given that the Sexual Agency and Communication subscale was strongly related to the Relational Sexual Assertiveness subscale (Messman-Moore, Ward & Walker, 2009) this relationship needs to be further explored in future samples.

The score on Sexual Standards was inversely correlated with “In a typical week, on how many days did you have at least one drink containing alcohol,” “During the last 30 days what is the highest number of drinks that you drank on any one occasion” as well as the average number of drinks participants consumed on Sunday, Thursday, Friday and Saturday of each week. Those individuals, who are waiting until they know their partner very well to have sex, drink less alcohol, thus putting them at low risk for sexual situations. Individuals who are not waiting until they know their partner very well to have sex are drinking more, perhaps using alcohol as a management strategy for anxiety about intimacy (Littleton et al., 2005). Another rationale for the inverse relationship may be due to a possible third variable of participants’ spirituality and
alcohol consumption (Johnson, Sheets & Kristeller, 2008; Gorsuch, 1995). Spirituality has been linked to lower alcohol consumption and delay of sexual experiences.

The scores on Sex Related Negative Affect scale were positively correlated with the number of drinks participants had on Thursday. This may be due to those participants who had a negative sexual experience having had this experience over the weekend while alcohol was involved, and therefore not wanted to go out during the weekends and consume alcohol. Park and Grant (2005) found that frequent binge drinkers were up to 16 times more likely than non-binge drinkers to have experienced something negative due to alcohol consumption such as: missed class, gotten behind in their schoolwork, engaged in unplanned sexual activity, or been hurt or injured.

Hypothesis Five

Hypothesis five was evaluating the relationship between sexual assertiveness scales and sex role stereotyping. Higher scores on Burt’s (1980) sex role stereotyping scale were indicative of more liberal views for women. Those participants who scored high on Relational Sexual Assertiveness and Sexual Agency and Communication were positively correlated with high sex role stereotyping.

Those individuals who are sexually assertive in relationships and have high sexual agency and communication have more liberal sex role views for women. Those individuals who were high on sex related negative affect hold less liberal sex role views for women. This may be due to those participants being very aware of themselves and their sexuality, as well as being able to convey their feelings and desires to their partner, therefore not endorsing traditional sex role stereotypes. For example, one of the questions read: “A man should fight when the woman he is with is insulted by another man.” Women who scored high on this question may feel that they are assertive enough to take care of the insult themselves, not waiting for the male to step in and fight.

Those women who have more conservative views of sex roles, may be more likely to see themselves as property of men, and may not say “no” in a sexual experience as opposed to women of liberal sex roles, who may not necessarily believe a women needs to be a virgin when she marries (Burt, 1980; LaFree, Reskin & Visher, 1985). With the women’s movement, women began to change from engaging in sexual behaviors to satisfy their partners, to engaging in sexual behaviors to satisfy their own desires (Morokoff, 2000). The sex role stereotype that
women who are open with their sexual needs and desires as being sexually causal or immoral are stereotypes of the past.

General Discussion

The current study has several findings that can add to the current literature. Globally, sexual assertiveness seems to be related to other sexual assault risk factors. Given this relationship, sexual assertiveness might be another mechanism lessening the likelihood of sexual victimization. Future studies would need to examine the relationship between sexual assertiveness and victimization.

The first hypothesis dealt with sexual assertiveness relating to sexual assault knowledge. Currently in the literature, greater sexual knowledge (in any domain) is correlated with greater sexual assertiveness and confidence among women (Weinstein, Walsh & Ward, 2008). In the current study, sexual assault knowledge was related to relational sexual assertiveness. In contrast to the previous literature which found that women who have more restrictive premarital sexual standards found it more difficult to communicate with their partners about topics pertaining to sex and sex roles (Mendelsohn & Mosher, 1979), the current study found that females with higher sexual standards seemed to have more knowledge about sexual assault. Additional research is needed to determine if a third variable is moderating this relationship (e.g., spirituality).

Given the association between women who report difficulties with assertiveness and those women’s risk for sexual victimization (VanZile-Tamsen, Testa, & Livingston, 2005), the current study provides interesting support to the current literature. Women who reported being sexually assaulted were uninvolved in planning the date activities with their partner, were less likely to use alcohol, were less likely to engage in sexual activities during the date, and experienced difficulties being assertive during the date (VanZile et al., 2005). The current study provides a basis for future research to explore the role of the types of sexual assertiveness in this relationship.

Regarding sex role stereotyping and sexual assertiveness, the literature indicates that overall assertiveness is positively correlated with self acceptance and positive perceptions of the self. Women who reject stereotypic sex roles are associated with greater overall assertiveness and more positive self concepts (Tolor, Kelly, & Stebbins, 1976). The current study supports the
current literature in that those participants who scored high on Burt’s (1980) sex role stereotyping scale held more liberal views for women and sexuality.

Limitations

The current study has several limitations. One of the limitations was that the data came from a single mid-sized Midwestern university, thus not giving an accurate demographic depiction of women in the United States. However, the results were consistent with the current university’s demographics. Thus, future studies should have a wider participant demographic. Another limitation was the use of self report data. When using self report research methods it is always a possibility that the participant will not answer the questions truthfully. Also in regards to the research design, a Latin square design was not used for the survey, so it may be possible that participants experienced fatigue by the time they got to the final portions of the survey.

Another limitation of the study was analyzing participants’ responses for vaginal sex oriented questions, as only those participants who self reported having vaginal sex were included in these analyzes. The results may have differed if the analysis had included all participants’ responses, rather than only those who self reported having vaginal sexual intercourse.

Future Research and Practical Implications

A link between sexual assault knowledge, sexual assertiveness, rape supportive attitudes, sex-role stereotyping, and alcohol consumption was established in the current study. Future research might extend this study by examining a measure of sexual victimization. The standard victimization measure is Koss’ Sexual Experience Survey (Koss & Oros, 1982) which was recently revised by the leader in the sexual assault research field (Koss et al., 2007). It is possible that sexual behaviors (as measured by the number of sexual partners, age of first intercourse) and the SES will be predicted by sexual assertiveness, alcohol use, rape myth acceptance and sex role stereotyping.

No literature was found examining the relationship between sexual assault knowledge and alcohol use. The results of the current study suggest that there may be a link between sexual assault knowledge and alcohol consumption by female college students. It is possible that women who have less knowledge about the risks for victimization are also unaware of the risks that come with of alcohol consumption. Further exploration of this relationship is warranted.

In regards to practical applications for the current study, the information provided could be used for sexual assault knowledge and sexual assertiveness classes on college campuses, or
freshmen orientation. It is important to give future college students all the information available on sexual assault so they are able to protect themselves. Results from the current study could also be used to create an overall assertiveness program for young women.
References


Center on Addiction and Substance Abuse at Columbia University. (2007). Wasting the best and the brightest: Substance abuse at America’s colleges and universities. [On-line].


Table 1.

**Hypothesis One: Predicting Sexual Assault Knowledge from Relational Sexual Assertiveness and Sexual Standards**

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t-test</th>
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<tr>
<td>R-SAAQ - Relational Sexual Assertiveness</td>
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<td>2.94, p=.003</td>
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<td>R-SAAQ - Sexual Standards</td>
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Table 2  
*Correlations for Hypothesis One*

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<th>Subscales</th>
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<tr>
<td>1. R-SAAQ_Relational Sexual Assertiveness</td>
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</tr>
<tr>
<td>2. R-SAAQ_Sexual Agency and Communication</td>
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<td></td>
</tr>
<tr>
<td>3. R-SAAQ_Sexual Standards</td>
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<td>.30**</td>
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<td></td>
</tr>
<tr>
<td>4. R-SAAQ_Sex Related Negative Affect</td>
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<td>-.60**</td>
<td>-.26**</td>
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<tr>
<td>5. Sexual Assault Knowledge</td>
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<td>.08</td>
<td>.17**</td>
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Note. **Correlation significant at the 0.01 level (2-tailed)**
Table 3

_Hypothesis 2: Those with higher levels of rape supportive attitudes would have lower levels of sexual assertiveness._

<table>
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<tr>
<th>Subscales</th>
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<td></td>
</tr>
<tr>
<td>2. R-SAAQ_Sexual Agency and Communication</td>
<td>.55**</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. R-SAAQ_Sexual Standards</td>
<td>.44**</td>
<td>.30**</td>
<td>--</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. R-SAAQ_Sex Related Negative Affect</td>
<td>-.61**</td>
<td>-.60**</td>
<td>-.26**</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. IRMAS- she asked for it</td>
<td>-.12*</td>
<td>-.03</td>
<td>.06</td>
<td>.17**</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. IRMAS- it really wasn’t rape</td>
<td>-.27**</td>
<td>-.15**</td>
<td>-.16**</td>
<td>.23**</td>
<td>.59**</td>
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</tr>
<tr>
<td>7. IRMAS- he didn’t mean to</td>
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<td>-.09</td>
<td>-.00</td>
<td>.16**</td>
<td>.53**</td>
<td>.35**</td>
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<tr>
<td>8. IRMAS- she wanted it</td>
<td>-.25**</td>
<td>-.09</td>
<td>-.12**</td>
<td>.19**</td>
<td>.57**</td>
<td>.55**</td>
<td>.46**</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. IRMAS – she lied</td>
<td>-.17**</td>
<td>-.06</td>
<td>-.03</td>
<td>.19**</td>
<td>.69**</td>
<td>.51**</td>
<td>.54**</td>
<td>.61**</td>
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<tr>
<td>10. IRMAS- rape is a trivial event</td>
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<td>-.19**</td>
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<td>.54**</td>
<td>.78**</td>
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<td>11. IRMAS- rape is a deviant event</td>
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<td>-.05</td>
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<td>.56**</td>
<td>.61**</td>
<td>.44**</td>
<td>.48**</td>
<td>.47**</td>
<td>.60**</td>
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</table>

Note, **. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).
Table 4
Hypothesis 3: Sexual behavior and sexual assault knowledge could be predicted by sexual assault risk factors

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
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<th>β</th>
<th>t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the last 30 days, what is the highest number of drinks that you have drank on any one occasion?</td>
<td>.18</td>
<td>.03</td>
<td>.26</td>
<td>5.6, p&lt;.001</td>
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<tr>
<td>R-SAAQ - Sexual Standards</td>
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<td>-4.7, p&lt;.001</td>
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<tr>
<td>R-SAAQ - Sexual Agency and Communication</td>
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<td>.03</td>
<td>.30</td>
<td>5.5, p&lt;.001</td>
</tr>
<tr>
<td>R-SAAQ - Relational Sexual Assertiveness</td>
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<td>.02</td>
<td>-.22</td>
<td>-3.8, p&lt;.001</td>
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</tbody>
</table>
**Table 5**

_Hypothesis 3: Sexual agency and Communication and Sexual Standards predicted how old participants were when they first had vaginal sexual intercourse_

<table>
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<td>R-SAAQ - Sexual Standards</td>
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<td>3.9, p&lt;.001</td>
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</table>
Table 6

*Hypothesis 3: Rape supportive attitudes, sexual standards, and alcohol use predicted sexual assaulted knowledge*

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<td>IRMAS - It really wasn’t rape</td>
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<td>RSAAQ - Sexual Standards</td>
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<td>.04</td>
<td>.14</td>
<td>2.8, p&lt;.005</td>
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<tr>
<td>In a typical week, on how many days did you have at least one drink containing alcohol?</td>
<td>-.23</td>
<td>.11</td>
<td>-.10</td>
<td>-2.1, p&lt;.05</td>
</tr>
</tbody>
</table>
Table 7

_Hypothesis 4: See if the four sexual assertiveness scales will have relationships with the measures of alcohol use_

<table>
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<td>1. RSAAQ_Relational Sexual Assertiveness</td>
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<td>2. RSAAQ_Sexual Agency and Communication</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. RSAAQ_Sexual Standards</td>
<td>.44*</td>
<td>.30*</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. RSAAQ_Sex Related Negative Affect</td>
<td>-.61*</td>
<td>-.60*</td>
<td>-.26*</td>
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</tr>
<tr>
<td>5. In a typical week, on how many days did you have at least one drink containing alcohol?</td>
<td>-.17*</td>
<td>-.02</td>
<td>-.18*</td>
<td>-.00</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>6. During the last 30 days, what is the highest number of drinks that you drank on any one occasion</td>
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<td>.74*</td>
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<tr>
<td>7. Please indicate how many drinks you have on average for Sunday?</td>
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<td>-.03</td>
<td>-.09</td>
<td>.00</td>
<td>.11*</td>
<td>.07</td>
<td></td>
<td></td>
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<tr>
<td>8. Please indicate how many drinks you have on average for Monday?</td>
<td>.02</td>
<td>-.05</td>
<td>.02</td>
<td>-.00</td>
<td>.20*</td>
<td>.13*</td>
<td>-.01</td>
<td></td>
<td></td>
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<tr>
<td>9. Please indicate how many drinks you have on average for Tuesday?</td>
<td>-.01</td>
<td>-.05</td>
<td>-.10*</td>
<td>.03</td>
<td>.28*</td>
<td>.28*</td>
<td>.09*</td>
<td>.30*</td>
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<tr>
<td>10. Please indicate how many drinks you have on average for Wednesday?</td>
<td>-.07</td>
<td>-.04</td>
<td>-.13*</td>
<td>.02</td>
<td>.39*</td>
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<td>.10*</td>
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Table 7 Continued

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<th>10</th>
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<th>12</th>
<th>13</th>
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</thead>
<tbody>
<tr>
<td>11. Please indicate how many drinks you have on average for Thursday?</td>
<td>-.19**</td>
<td>-.04</td>
<td>-.20**</td>
<td>.09*</td>
<td>.62**</td>
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<td>.20**</td>
<td>.28**</td>
<td>.33**</td>
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</tr>
<tr>
<td>12. Please indicate how many drinks you have on average for Friday?</td>
<td>-.21**</td>
<td>-.03</td>
<td>-.19**</td>
<td>.05</td>
<td>.76**</td>
<td>.84**</td>
<td>.04</td>
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<td>.22**</td>
<td>.34**</td>
<td>.56**</td>
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<td></td>
</tr>
<tr>
<td>13. Please indicate how many drinks you have on average for Saturday?</td>
<td>-.22**</td>
<td>-.04</td>
<td>-.22**</td>
<td>.04</td>
<td>.76**</td>
<td>.84**</td>
<td>.09*</td>
<td>.15**</td>
<td>.26**</td>
<td>.30**</td>
<td>.57**</td>
<td>.84**</td>
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</table>

Note. **. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).
Table 8

Hypothesis 5: *Determine if the four sexual assertiveness scales will have a relationship with sex role stereotyping*

<table>
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<tr>
<th>Subscales</th>
<th>R-SAAQ_RelationalSexual Assertiveness</th>
<th>R-SAAQ_Sexual Agency and Communication</th>
<th>R-SAAQ_Sexual Standards</th>
<th>R-SAAQ_Sex Related Negative Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Role</td>
<td>.21**</td>
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<td>.07</td>
<td>-.24**</td>
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</tbody>
</table>

Note. **Correlation significant at the 0.01 level (2-tailed)
Appendix

Appendix A: Sexual Assault Questionnaire
Frazier & Borgida, 1988

Sexual Assault Questionnaire

1. "Stranger" rape is much more common than "acquaintance" rape.
   True     FALSE     Don't know
2. The percentage of false rape reports is about equal to that of false reports of other crimes.
   TRUE     False     Don't know
3. Women between the ages 15 and 24 are most likely to be raped.
   TRUE     False     Don't know
4. Women of all races and socioeconomic levels are equally likely to be raped.
   True     FALSE     Don't know
5. Victims of attempted rapes are generally much less traumatized than victims of completed rapes.
   True     FALSE     Don't know
6. Anger is the most common initial reaction to being raped.
   True     FALSE     Don't know
7. Most victims have recovered from their initial symptoms by about one month after a rape.
   True     FALSE     Don't know
8. The existence of prior stress and psychological problems can interfere with the ability of a rape victim to cope with an assault.
   TRUE     False     Don't know
9. The severity of an assault is probably the most important factor in predicting how traumatized a rape victim will be.
   True     FALSE     Don't know
10. A young couple is out on their first date. After going to dinner, they return to her apartment. They kiss for a while and he begins to insist that they have intercourse. She says that she does not want to and he replies that he knows she does and proceeds to have intercourse with her against her will. Given the circumstances, would this be legally defined as rape?
    YES     No        Don't know
11. Most rapes are planned in advance rather than occurring spontaneously.
    TRUE     False     Don't know
12. If a rape victim blames herself for the assault, it often means she played some role in precipitating it.
    True     FALSE     Don't know
13. It is not rare for a rape victim to have experienced more than one sexual assault during her lifetime.
    TRUE     False     Don't know
14. Most victims report rapes to the police and want to see their assailant punished.
    True     FALSE     Don't know
15. There is little consensus as to whether it is better to submit to a rape attempt or try to resist and risk further harm.
    TRUE     False     Don't know
16. It is not uncommon for a victim to delay in reporting a sexual assault.
    TRUE     False     Don't know
17. Because of the trauma of the rape experience, victims seek stability and tend not to make any sudden life changes, such as moving or changing jobs.
   True    FALSE    Don't know

18. When victims delay in reporting a rape, there is reason to suspect the rape did not really occur.
   True    FALSE    Don't know
Appendix B: RSAAQ

1. I go farther sexually than I want because otherwise my partner might reject me.
2. I engage in sexual behavior when I don’t really want to because I’m afraid my partner might leave me if I don’t.
3. I am easily persuaded to engage in sexual activity.
4. I worry that my partner won’t like me unless I engage in sexual behavior.
5. It is difficult for me to be firm sexually if my partner keeps begging or pressuring me about it.
6. It is easier to “give in” sexually than to argue with my partner.
7. I engage in sexual activity when I don’t want to because I don’t know how to say “no”.
8. I agree to have sex when I don’t feel like it.
9. I go along with what my partner wants sexually, even when I’m uncomfortable.
10. I give more than I take in sexual situations.
11. I engage in unwanted sexual activity to avoid hurting my partner’s feelings.
12. Once I agree to some sexual activity, it is difficult for me to stop things from going farther than I’d like.
13. I engage in unwanted sexual behavior to “avoid making a scene” with my partner.
14. It is easy for others to seduce me into sexual activity.
15. I have trouble expressing my sexual needs.
16. I lack confidence in sexual situations.
17. I know what I want sexually.
18. I am good at expressing my sexual needs and wants.
19. I don’t really know what I want sexually.
20. It is easy for me to tell my partner what I want, and what I don’t want, sexually.
21. It is easy for me to be assertive in sexual situations with a partner.
22. My partner must express respect and love for me before I engage in sexual behavior.
23. I need to know my partner very well before I engage in oral, vaginal, or anal sex.
24. I limit sexual activity to kissing and fondling when I first meet someone.
25. I don’t have oral sex unless I’m in a committed relationship.
26. I don’t have intercourse unless I know my partner very well.
27. I worry that my partner might think less of me if I engage in sexual activity.
28. If you express your sexual needs, your partner may think you are promiscuous.
29. I feel bad after I have sex.
30. Sexual behavior makes me feel dirty or “cheap”.

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Appendix C: IRMAS
Payne, Lonsway, & Fitzgerald (1999)

1. If a woman is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.
2. Although most women wouldn’t admit it, they generally find being physically forced into sex a real “turn-on.”
3. When men rape, it is because of their strong desire for sex.
4. If a woman is willing to “make out” with a guy, then it’s no big deal if he goes a little further and has sex.
5. Women who are caught having an illicit affair sometimes claim that it was rape.
6. Newspapers should not release the name of a rape victim to the public.
7. Many so-called rape victims are actually women who had sex and “changed their minds” afterwards.
8. Many women secretly desire to be raped.
9. Rape mainly occurs on the “bad” side of town.
10. Usually, it is only women who do things like hang out in bars and sleep around that are raped.
11. Most rapists are not caught by the police.
12. If a woman doesn’t physically fight back, you can’t really say that it was rape.
13. Men from nice middle-class homes almost never rape.
14. Rape isn’t as big a problem as some feminists would like people to think.
15. When women go around wearing low-cut tops or short skirts, they’re just asking for trouble.
16. Rape accusations are often used as a way of getting back at men.
17. A rape probably didn’t happen if the woman has no bruises or marks.
18. Many women find being forced to have sex very arousing.
19. If a woman goes home with a man she doesn’t know, it is her own fault if she is raped.
20. Rapists are usually sexually frustrated individuals.
21. All women should have access to self-defense classes.
22. It is usually only women who dress suggestively that are raped.
23. Some women prefer to have sex forced on them so they don’t have to feel guilty about it.
24. If the rapist doesn’t have a weapon, you really can’t call it a rape.
25. When a woman is a sexual tease, eventually she is going to get into trouble.
26. Being raped isn’t as bad as being mugged and beaten.
27. Rape is unlikely to happen in the woman’s own familiar neighborhood.
28. In reality, women are almost never raped by their boyfriends.
29. Women tend to exaggerate how much rape affects them.
30. When a man is very sexually aroused, he may not even realize that the woman is resisting.
31. A lot of women lead a man on and then they cry rape.
32. It is preferable that a female police officer conduct the questioning when a woman reports a rape.
33. A lot of times, women who claim they were raped just have emotional problems.
34. If a woman doesn’t physically resist sex—even when protesting verbally—it really can’t be considered rape.
35. Rape almost never happens in the woman’s own home.
36. A woman who ‘‘teases’’ men deserves anything that might happen.
37. When women are raped, it’s often because the way they said ‘‘no’’ was ambiguous.
38. If a woman isn’t a virgin, then it shouldn’t be a big deal if her date forces her to have sex.
39. Men don’t usually intend to force sex on a woman, but sometimes they get too sexually carried away.
40. This society should devote more effort to preventing rape.
41. A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex.
42. Rape happens when a man’s sex drive gets out of control.
43. A woman who goes to the home or apartment of a man on the first date is implying that she wants to have sex.
44. Many women actually enjoy sex after the guy uses a little force.
45. If a woman claims to have been raped but has no bruises or scrapes, she probably shouldn’t be taken too seriously.
Appendix D: Alcohol Measure

1. Have you ever had an alcoholic beverage to drink?
   YES  NO
2. In a typical week, on how many days did you have at least one drink containing alcohol?
3. During the last 30 days, what is the highest number of drinks that you have drank on any one occasion?
4. Please indicate how many drinks you have on average for each day of the week_SUNDAY
5. Please indicate how many drinks you have on average for each day of the week_MONDAY
6. Please indicate how many drinks you have on average for each day of the week_TUESDAY
7. Please indicate how many drinks you have on average for each day of the week_WEDNESDAY
8. Please indicate how many drinks you have on average for each day of the week_THURSDAY
9. Please indicate how many drinks you have on average for each day of the week_FRIDAY
10. Please indicate how many drinks you have on average for each day of the week_SATURDAY
Appendix E: Sex-Role Stereotyping
Burt (1980)

1. A man should fight when the woman he is with is insulted by another man
2. It is acceptable for the woman to pay for the date
3. A woman should be a virgin when she marries
4. There is something wrong with a woman who doesn’t want to marry and raise a family
5. A wife should never contradict her husband in public
6. It is better for a woman to use her feminine charm to get what she wants rather than ask for it outright
7. It is acceptable for a woman to have a career, but marriage and family should come first
8. It looks worse for a woman to be drunk than for a man to be drunk
9. There is nothing wrong with a woman going to a bar alone
Appendix F: Basic Demographic Questionnaire

1. What year are you in school?
   a. Freshman (1st year)
   b. Sophomore
   c. Junior
   d. Senior
   e. Super Senior (5th year)
   f. Not Matriculated

2. What is your age?
   a. Range 18-30

3. What is your gender?
   a. Female
   b. Male

4. What is your marital status?
   a. Married
   b. Not married, but living with partner
   c. Not married
   d. Separated
   e. Divorced
   f. Widowed
   g. Don’t know

5. What is your ethnicity? (Please check all that apply)
   a. American Indian or Alaskan Native
   b. Asian or Asian American
   c. Black, African American or Haitian
   d. Hispanic or Latino (Latina)
   e. Native Hawaiian or Other Pacific Islander
   f. White (Caucasian)
   g. Other

6. Have you had sexual intercourse (vaginal or anal)?
   a. Yes
   b. No

7. Are you currently in a romantic/dating relationship or marriage?
   a. Yes
   b. No

8. Do you know someone who was sexually assaulted (e.g. forced to be part of a sexual act against his or her will)?
   a. Yes
   b. No

9. If you answered yes to the previous question, what relation was the person to you?
   a. Parent
   b. Sibling
   c. Brother
   d. Peer or classmate
   e. Dating partner
f. Other relative
g. Other
h. Not applicable
10. Have you been part of a sexual assault prevention program?
   a. Yes
   b. No
11. Do you intend on pledging a sorority or fraternity?
   a. Yes
   b. No
12. Do you participate in intercollegiate, NCAA varsity sports?
   a. Yes
   b. No
13. Would you be willing to support a fee increase for sexual assault prevention programs on campus?
   a. Yes
   b. No
14. Would you be willing to volunteer to help with rape prevention activities on campus?
   a. Yes
   b. No
15. How tall are you (in inches)?
16. How much do you currently weigh (in pounds)?
17. How old were you first had sexual intercourse (vaginal or anal sex)? (skip this question if you had not had sexual intercourse)
18. How many sexual partners have you had? (partners that you have had sexual intercourse with, put 0 if you have not had sexual intercourse)
19. What is your sexual orientation?
   a. Completely Heterosexual
   b. Mostly Heterosexual
   c. Equally Heterosexual and Homosexual
   d. Mostly Homosexual
   e. Completely Homosexual