FACTORS PREDICTING RESISTANCE STRATEGIES
TO SEXUAL AGGRESSION
AMONG COLLEGE WOMEN

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FACTORS PREDICTING RESISTANCE STRATEGIES TO
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The current study attempted to investigate factors influencing women’s resistance to a sexual assault by integrating current research findings on sexual victimization. Undergraduate women (N=324) completed self-report measures at the beginning of the academic quarter regarding demographic information, childhood and adolescent sexual victimization, perceived vulnerability for a sexual assault, self-efficacy, psychological barriers to resist, and anticipated use of resistance strategies. At the end of the quarter (2 months later), 219 women returned to respond to questions pertaining to their experiences with sexual assault during the quarter. Regression analyses indicated that women in the present study who were less concerned about preserving the relationship, felt less self-conscious and worried more about being injured predicted that they would be more likely to defend themselves assertively when faced with a future assault. Conversely, the greater the woman’s concerns about preserving the relationship, the more likely she was to predict the use of diplomatic resistance tactics in response to a hypothetical assault. Additionally, women who had a history of sexual victimization were more likely to be revictimized during the 2-month follow-up. Among women victimized during the quarter, those who worried about being harmed and felt less sadness during the assault, tended to defend themselves assertively. Victims who were concerned more about preserving the
relationship were more likely to respond diplomatically to the actual assault. Victims who felt more self-consciousness were more accurate regarding their use of assertive responses. Women with a history of sexual victimization in childhood were more accurate in their prediction of diplomatic responses. The more vulnerable the victim perceived herself to be and the more sadness she felt, the more discrepant were her anticipated and actual diplomatic responses. Implications of these findings and directions for future research are discussed.

Approved: Christine Gidycz

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Overview

Sexual violence is a pervasive social problem in the United States. The Uniform Crime Report documented 90,491 forcible rapes in the year 2001, representing 32 rapes per 100,000 people (Federal Bureau of Investigation, 2002). The college population is a particularly high-risk group and the prevalence rate in this group has remained stable for the past two decades. A 13% prevalence rate was found in a large-scale study of national representative sample of college students 15 years ago (Koss, Gidycz, & Wisniewski, 1987) and was recently replicated in a national study (Brener, McMahon, Warren, & Douglas, 1999) over a decade later.

Consequently, rape prevention has received increased attention in both research and government policy. Research has accumulated a plethora of evidence for risk factors for sexual victimization in women. Roodman and Clum (2001) obtained an overall effect size of 0.59, representing a moderate effect in a meta-analysis of 19 empirical studies of women, establishing a definite relationship of past history of victimization and future revictimization. Alcohol use has also been identified as a risk factor for sexual assault among women in sexual assault research. Heavy drinking increases a woman’s likelihood of being sexually assaulted by eight times (Gidycz et al., 2001). Further, research has indicated that situational factors, personality and attitudinal factors, and health-risk behaviors are associated with sexual victimization (e.g., Brener et al., 1999; Muehlenhard & Linton, 1987; Testa & Derman, 1999).

Women’s perception of their risks for sexual victimization is also the focus of current research. One of the most consistent findings is women’s underestimation of
their risk for sexual assault, compared with their peers (Norris, Nurius, & Graham, 1999). Factors that have been identified to influence women’s perception of risk include unrealistic optimism, personal goals, working memory, illusion of control, and alcohol use (Nurius, 2000).

Another line of research concerns women’s responses to sexual assault and their effectiveness (see review by Ullman, 1997). Researchers have begun to examine factors involved in the choice of resistance strategies (Nurius, Norris, Young, Graham, & Gaylord, 2000). In general, victims’ resistance strategies tend to match offenders’ attack tactics (Ullman, 1997). However, victims’ psychological barriers may hamper their willingness to resist a sexual assault effectively (Nurius, Norris, & Dimeff, 1996).

The current study attempted to further investigate factors influencing women’s resistance by integrating current research findings on sexual victimization. In particular, the main purpose of this study is to determine if women’s risk factors, perception of risk for and perceived self-efficacy to resist sexual assault, assault characteristics, and psychological barriers can predict their sexual victimization during an academic quarter and their responses to the assault. Another goal of the current study is to examine how women predict their use of resistance strategies. The findings of the current study have potential implications for rape prevention. Further understanding of factors that influence women’s resistance to an assault may increase the effectiveness of rape awareness and prevention program by targeting these factors.
Review of the Literature

Definition of Sexual Assault

Historically, rape and sexual assault have varying definitions and levels of severity. Legal definitions have traditionally been narrow and conservative. The legal definition of rape in Ohio describes rape as “vaginal, oral, or anal intercourse subsequent to the use of force, threats of force, or administration of intoxicants to lower the victim’s resistance, regardless of the sex of those involved” (Ohio Revised Code, 1997). Similarly, Federal Law defines aggravated sexual abuse as “knowingly causing another person to engage in a sexual act through the use of force or threats of force, or administration of a drug, intoxicant or other similar substance to impair the ability of that person to control their conduct” (Aggravated Sexual Act, 2002). Sexual acts are generally defined by the law as the penetration, however slight, of the vagina, mouth, or anus by the penis, hand, finger or other object (Definitions Statute, 2002).

Academic researchers, however, have typically used a much more inclusive approach towards defining sexual assault, which includes varying levels of severity. For example, Koss and Oros (1982) identified four levels of sexual assault victimization as measured by their Sexual Experiences Survey. These were defined in ascending order of severity as follows: (a) sexually aggressive contact: the use of continual arguments, their authority, or physical force to coerce a woman into sex play, including fondling, kissing or petting, but not sexual intercourse, (b) attempted rape: the use of physical force, alcohol, or drugs to attempt sexual intercourse with a woman, but intercourse does not occur, (c) sexual coercion: the use of authority,
continual arguments and pressure to compel a woman into sexual intercourse, and (d) rape: the use of alcohol, drugs, or physical force or threats of force to coerce a woman into sexual intercourse, including anal and oral sex. As a result, the reported incidence and prevalence of sexual assault varies among studies because researchers and legal personnel use different definitions.

**Incidence and Prevalence of Sexual Assault**

Incidence rates refer to the number of new incidents of rape that occurred during a specified time period, typically a six-month or one-year interval (Gidycz, Loh, & Lobo, in press). In the general population, 95,136 rapes were reported in the United States in the year 2002 (Uniform Crime Reports) that met the legal definition of rape (Federal Investigation Bureau, 2002). Further, the incidence of rape in a national college population of 3,187 women was reported to be 353 rapes during a 12-month period (Koss, Gidycz, & Wisniewski, 1987). More recently, Fisher, Cullen, and Turner (2000) found a total of 86 separate incidents of rape among 4,446 undergraduate women over a seven-month period.

Prevalence estimates refer to the frequency of rape occurring in a given population, over a specified time-frame. In most cases, prevalence rates are calculated on the basis of those experiences that have occurred in a lifetime after a particular cutoff age. Often researchers attempt to distinguish childhood and adult experiences (e.g. Brener, McMahon, Koss & Dinero, 1989; Warren, & Douglas, 1999). The high prevalence of sexual assault has been consistently demonstrated in the past two decades. A survey in 1982 recorded 13% of women in a college sample had
experienced a sexual assault experience that met the legal definition of rape (Koss, 1982). Subsequently, a large-scale survey of a representative national sample of college students reported a prevalence rate of 15% for rapes occurring after the age of 15 (Koss et al., 1987). Over a decade later, a similar prevalence rate appeared in a National College Health Risk Behavior Survey from a nationwide sample of college students (Brenner et al., 1999). This high prevalence of sexual assault has notably heightened awareness of sexual aggression and increased the need to investigate various risk factors related to this form of crime (Gidycz, Rich, & Loh, in press).

Despite a quarter century’s effort to prevent rape, prevalence rates of sexual assault remain almost constant (Rozee & Koss, 2001). Research findings provide little evidence to support the effectiveness of rape prevention programs (Breitenbecher & Gidycz, 1998; Breitenbecher & Scarce, 2001). Even when small improvements in rape attitudes have been observed, they tend to regress to pretest levels soon after the termination of the program (Breitenbecher, 2000). Rozee (2000) pointed out that one probable explanation of the failure of rape prevention programs is that they focus on stranger rape. This is problematic since most victims and survivors were assaulted by someone whom they knew. The probability of being assaulted by a stranger is much lower than by an acquaintance (Aizenman & Kelly, 1988). This renders women unprepared for the more common risky situations of dating and socializing events.
Risk Factors for Sexual Assault

Past History of Victimization

Over the past two decades, researchers have investigated the risk factors associated with sexual victimization in order to identify effective preventive measures for both men and women. Of all the risk factors, past history of victimization has been consistently demonstrated as the strongest predictor of future victimization, both in retrospective and prospective studies of college students (Gidycz, Coble, Latham, & Layman, 1993; Koss & Dinero, 1989), community (Wyatt, Guthrie, & Notgrass, 1992) and clinical (Stermac, Reist, Addison, & Millar, 2002) samples. Recent studies indicate that women with victimization histories are between two to three times more likely to be revictimized than someone without a history of assault (Gidycz, et al., 1993). In a meta-analysis, Roodman and Clum (2001) calculated an overall effect size of 0.59, which is considered as a moderate effect, based on 19 empirical studies of adult females. This finding suggests a definite relationship between the experience of childhood victimization and future revictimization in adulthood.

The relationship between prior history of victimization and future revictimization is complex. Investigators have suggested various mechanisms that might account for the repetitive nature of victimization experiences. Among cases of childhood sexual abuse, Fromuth and Burhart (1992) reported that child sexual abuse predicted self-description as promiscuous but did not predict the actual number of sexual partners, suggesting that promiscuity of sexual abuse victims may dampen the negative self-attribution and the feeling of being spoiled and that in turn may increase
the chance of future revictimization (Browne & Finkelhor, 1986). Arata and Lindman (2002) suggested that the self-silencing a victim learns in a violent family environment may impede her perceived ability to resist when faced with a sexual assault. Alternatively, Norris, Nurius, and Graham (1999) found that women with prior histories of sexual victimization needed a higher level of both clear and ambiguous risk factors in order to determine that they were at risk for a sexual assault compared to women without history of abuse. Thus, victims’ difficulty in detecting threat may put them at risk for subsequent victimization. Indeed, Wilson, Calhoun, and Bernat (1999) found an inverse relationship between the number of sexual victimization experiences and a woman’s ability to detect threat cues. Even when women with prior victimization histories were able to identify the risks, research suggests that they are more likely to use indirect means of resistance and, thus, their chances of being victimized increased (Nurius, Norris, Dimeff, and Graham, 1996). Nurius et al. (1996) suggested that women with histories of victimization may have found in their past experiences that active defensive strategies may have been ineffective. Consequently, they may develop pessimistic views of resistance, and are concerned about their perceived lack of ability to defend themselves. These feelings of helplessness, together with poorer psychological adjustment may increase future revictimization of victims. These studies on prior history of victimization, however, did not examine the effect of alcohol use on prior victims’ ability to detect threat cues prospectively. As a result, prior victims’ alcohol use during the assault may interfere with their ability to identify potential risky situations, leaving them more vulnerable to further revictimization.
Further, it is evident that women’s alcohol consumption increases after the assault (Kilpatrick et al., 1997), suggesting that past victims are more likely to be intoxicated so that they are less vigilant in perilous situations.

Some investigators had documented increased psychological symptomatology, especially feelings of depression, and Post-Traumatic Stress Disorder (PTSD) among previous sexual assault victims (Acierno, Resnick, Kilpatrick, Saunders, & Best, 1999; Gidycz et al., 1993). In particular, some of the PTSD symptoms such as numbing and hyperarousal in women with history of sexual victimization predicted their delayed responses in a dangerous situation. Further, women with prior histories of victimization were found to have dysfunctional learning processes, to experience feelings of learned helplessness, denial, low self-esteem, and to make poorer relationship choices (Messman & Long, 1996). Other explanations for revictimization center around environmental variables such as socioeconomic status or unsafe housing (Ellis, Atkeson, & Calhoun, 1982; Ruback & Menard, 2001). Taken together, a prior victimization history plays a fundamental role in increasing the vulnerability to future revictimization through a complex and interactive process involving the cognition and emotions of the victims and the environment.

Alcohol Use

Another salient risk factor for sexual victimization is alcohol consumption. Alcohol has been found to be associated with a majority of sexual assaults (Kanin, 1984, 1985; Koss et al., 1987; Scully & Marolla, 1984; White, 1994). Compared to nondrinkers, women who were drinkers were four times more likely to be assaulted.
sexually over a period of two months (Gidycz et al., 2001). The study also revealed that the risk for heavy drinkers was eight times higher than that for nondrinkers. Moreover, among sexual assault victims, women who were drunk often had more severe assault experiences than less frequent drinkers (Ullman, Karbastos, & Koss, 1999). To investigate the direction of the association between sexual assault and drug and alcohol use, Kilpatrick, Acierno, Resnick, Saunders, and Best (1997) conducted a prospective study of a nationally representative sample of women. They found that drug use predicted an increase in the likelihood of sexual assault during the two years preceding the time when data about drinking habits were initially collected. In addition, the likelihood of both alcohol and drug use were significantly increased after an assault, even among women with no prior history of drug and alcohol use and a history of victimization. These results illustrate the bidirectional relationship between drug and/or alcohol use and sexual assault.

Several mechanisms by which alcohol affects sexual victimization have been proposed. A line of research pointed to the relationship of alcohol and risk perceptions of sexual assault. For example, Nurius (2000) posited that alcohol might affect a woman’s ability to perceive a situation as potentially dangerous as well as her appraisal of her ability to protect herself effectively. In addition to the pharmacological effect of alcohol, Nurius (2000) also contends that a woman’s expectancies regarding alcohol use are important. Specifically, women may believe that alcohol can enhance their sociability, thus they pay less attention to potential risks in social situations. College women in Cue, George, and Norris’s (1996) study failed...
to identify alcohol as a risk factor for sexual assault in a three paragraph vignette depicting a couple on a first date. However, the researchers pointed out that the couple of beers that the couple drinks in the vignette may not be sufficient for the participants to identify alcohol as a risk factor. Even when they believed that alcohol was a risk factor, they only viewed alcohol as a sexual disinhibitor for other women, but not for themselves. Additionally, in her review of literatures on sexual assault risk perception, Nurius (2000) adopted Steel and Josephs’s (1990) alcohol myopia theory to elucidate women’s inadequate risk perception. She suggested that because alcohol’s impairment of cognitive functioning increases with dosage, women may be more oblivious to the peripheral cues of sexual aggression than when they are sober. Although these studies revealed similar findings on women’s difficulties in identifying alcohol as a risk factor for sexual aggression, it is important to note that these studies only used vignettes to elicit women’s opinions. The degree to which these vignettes resemble reality could affect women’s response or opinions, that could be different if they were in a real situation.

In addition to influencing risk perceptions, alcohol consumption also impairs physical coordination and problem-solving ability, thus weakening the woman’s capacity to engage in defensive problem-solving and effective active resistance. This is documented in Norris, Nurius, and Dimeff’s (1996) study in which women acknowledged that alcohol was the barrier that prevented them from resisting a sexual assault effectively. Time and again, studies have shown that victims drank more alcohol in completed rape than in attempted rape, whereas perpetrators’ alcohol use
was not related to rape completion (e.g. Abbey et al., 2000). The result suggested that under the influence of alcohol, women are less likely to defend themselves efficaciously when faced with an assault. A number of researchers proposed explanations for the relationship between victim’s alcohol use and completed rape. For example, Norris and Kerr (1993) demonstrated that compared to sober women, female students who had a moderate amount of alcohol considered themselves more vulnerable and perceived a male’s sexual aggressive behaviors portrayed in a vignette more acceptable. In another study of college student drinking, Dorsey, Miller and Scherer (1999) found that even though women realized the risk associated with alcohol use, they still engaged in heavy drinking which further reduced their self-efficacy in protecting themselves and quitting drinking. A vicious cycle is thus likely to develop where the woman subsequently places herself in risky situations where sexual assault is more likely to occur. Similarly, Norris and Kerr (1993) pointed out that psychological barriers due to alcohol use may contribute to women’s hesitant to resist. They contend "women in social situations may also succumb to the view that a drunk woman deserves to be violated. Thus, by blaming herself for inviting the assault, she may feel that she has no right to resist strongly" (p.139). However, these studies often do not take the violence of the offence into account, which is a major factor influencing a woman’s resistance (e.g. Levine-MacCombie & Koss, 1990). Therefore, it is difficult to determine the variance accounted for by alcohol use independent of other contextual factors such as severity of the offence or victim’s relationship with the perpetrator.
The relationship of increased incidence of sexual assault to alcohol use may also be a function of the settings in which drinking occurs, such as bars and parties, where sexual activity is viewed as desirable and expected. These settings are particularly risky because they place women in proximity with men, the potential perpetrators who are more likely to drink heavily and more likely to become sexually aggressive (Testa & Parks, 1996). Both the presence and use of alcohol can act as a cue to stimulate sexual interest. Norris and Cubbins (1992) found consistent results that both men and women in their study perceived the assailant and victim as more sociable and romantic when they are both drinking in a vignette. Both male and female participants in this study also had higher expectation that sexual activity would occur when the man and woman drank together. Apparently, women who drink alcohol are typically judged to be sexually interested to a greater extent than non-drinkers (George, Lehman, Cue, Martinez, & Lopez, 1997). Because most men view alcohol as a sexual cue, the presence of alcohol may be misperceived as a cue for sexual interest of the women. It is not surprising that women who tended to be misunderstood in situations where drinking occurred had a greater likelihood for sexual victimization (Abbey, Ross, McDuffie, & McAuslan, 1996). All of these findings suggest that it seems likely that alcohol use interacts with risky situations to increase the risk of sexual assault (Ullman, 2002).

Similar to the association of prior history of victimization and sexual assault, research has indicated that alcohol use increases the risk for sexual victimization through a number of different pathways, rather than by previously assumed
mechanisms. Victim’s use of alcohol both perpetuates their risk for sexual assault, and mediates their lack of effective resistance to rape.

*Situational Variables*

Situational factors have also been the focus of investigations into risk factors for sexual victimization. There are differences in risky contextual factors between stranger and acquaintance rapes. In stranger rapes, victimization is likely to occur when a woman engages in outdoor activities with delinquent peers at night (Lauritsen, Laub, & Sampson, 1992). While in cases of acquaintance rape, other factors increase the risk of victimization. Contrary to the common belief that acquaintance rapes often occur during the first few dates, research indicates that victims usually knew the perpetrator before the assault for a period of time and, most of the time, the assault did not happen on the first date (Muehlenhard & Linton, 1987). In addition, many sexual assaults occurred between two individuals after they had previously engaged in consensual sexual activity (Ullman et al., 1999). Muehlenhard and Linton (1987) observed that among women who were assaulted, the date was more likely to be initiated by the man. In addition to the man’s initiating the date, Muehlenhard and Linton (1987) also found that the man’s driving and paying all of the expenses were associated with sexual aggression. Further, the researchers reported that the location or dating activity that is significantly associated with sexual aggression was parking. Another common location where sexual assault often occurred was the man’s residence. According to Muehlenhard and Linton (1987), the privacy and the greater feeling of control in one’s own apartment might empower the man to become sexually
aggressive. This is consistent with the findings in which, among sorority victims of sexual assault, over half of the rapes occurred in a fraternity house (Copenhaver and Grauerholz, 1991). Research has also shown that college students see sexual coercion as more justifiable when women ask men out, go to their apartments, or allow them to pay for the date (Muelenhard, 1988). Women who wear revealing clothing are viewed as more sexually provocative and more interested in engaging in sexual activity than those who dress more modestly (Abbey, Cozzarelli, McLaughlin, & Harnish, 1987). Potential perpetrators may perceive these behaviors as an invitation to sex. Thus, if the woman refuses his sexual advances, the man might feel more justified in behaving in a more coercive way (Gidycz, et al., in press).

Social settings where alcohol is consumed such as bars or parties are also believed to be risky environments. While Testa and Parks (1996) posited that these settings increase the risk for sexual victimization by placing women in close proximity with men who are likely to drink heavily and become sexually aggressive, Zetes-Zanatta and Parks (1999) suggested that their mere presence in the bar setting, but not necessarily their heavy drinking may heighten their vulnerability. These findings are in line with studies that illustrate that women who drink in bars are perceived as legitimate targets for sexual aggression and judged to be more responsible for their victimizations than victims who do not drink in bars (Abbey et al., 1996; Norris & Cubbins, 1992).
Attitudinal and Personality Factors

Thus far, research assessing women’s attitudes and personality factors and their association with victimization has largely been inconclusive. For example, self-esteem is one of the personality factors that researchers have explored. Amick and Calhoun (1987) hypothesized that women with low self-esteem would be less likely to resist an assault and, thus, would be more likely to experience a sexual victimization than those with high self-esteem. They failed, however, to find any significant relationship between self-esteem and victimization. While Forbes and Adams-Curtis (2001) expected to find a link between self-esteem and victimization among college women, they only found that victims’ low self-esteem in childhood was associated with sexual assault, rather than their levels of self-esteem in adulthood. They also reported a weak correlation between sexual victimization and extraversion and agreeableness as assessed by the Big-Five Personality Measures (Lippa, 1991). Recently, researchers have suggested that perhaps specific attitudes or style may predict specific types of sexual assault experiences. For example, Testa and Derman (1999) found that while there were no personality differences between rape victims and non-victims, victims of sexual coercion were less assertive and had lower self-esteem than non-victims, suggesting that there may be different risk factors for different types of sexual assault.

Other studies have explored attitudes that may mediate the likelihood of experiencing a sexual assault. It is believed that attitudes such as sexual conservatism, the acceptance of adversarial sexual beliefs and rape myths are predictive of sexual victimization. Specifically, women who conform to traditional gender-role
stereotypes, view violence in interpersonal relationship as more justifiable, and hold negative views of relationships between men and women, are believed to be at a greater risk for sexual victimization. Research has, however, failed to establish any relationship between these attitudes and sexual assault (Forbes & Adams-Curtis, 2001; Koss & Dinero, 1989). Thus, the lack of consistent findings in personality and attitudinal factors associated with sexual victimization has led some researchers to suggest that it is time to stop focusing on these variables when attempting to predict sexual victimization in women (Gidycz, Rich, & Marioni, 2002).

Health-Risk Behaviors

Researchers have also investigated the association between sexual aggression and health-risk behaviors. In their national survey of 2,823 college students, Brener et al., (1999) compared the prevalence rates of a variety of health-risk behaviors for women who had either experienced victimization or were revictimized and found that women who had been raped were significantly more likely to engage in health-risk behaviors. Relative to women who had not been raped, women who had experienced a rape were twice as likely to report having been in a physical fight with a spouse or boyfriend (6% vs. 3%), and more than twice as likely to have considered suicide during the 12 months preceding the survey. They were also more than twice as likely to have had sexual intercourse before the age of 15 (21% vs. 9%), and to have had multiple sexual partners during the 3 months preceding the survey. A greater percentage of these victims reported driving after drinking in the 30 days preceding the survey (28% vs. 22%), and to have used alcohol or drugs last time that they had sexual intercourse.
(22% vs. 12%). Cigarette smoking was also more common among the victims (39% vs. 25%). Although evidence supports the relationship between rape and health-risk behaviors, the cross-sectional design of this study precludes an understanding of the temporal sequencing of these risky behaviors and a sexual assault experience (Brener et al., 1999).

To summarize, ample evidence had been found to establish the relationship between alcohol or drug use, prior victimization history, health-risk behaviors and sexual assault. Conversely, research findings on other risk factors such as personality or attitudinal variables, and situational factors remain inconclusive. It seems that the danger of rape is an ever-present stress in women’s lives. Their choices of coping strategies depend on a variety of factors, including the way that they perceive the level of risk in any situation as well as their perceptions of the effectiveness of various resistance options (Furby, Fishhoff, and Morgan, 1990).

*The Perception of Sexual Victimization Risk*

A line of research has focused on the perception of risk for sexual assault among women. One of the most consistent findings is that women perceive themselves to be at a lower risk for sexual assault than they perceive their peers. College women rated themselves generally below the risk perception scale midpoint and other women above it, indicating that they viewed other women at a substantially higher risk than themselves to experience sexual aggression (Norris et al., 1999). This is congruent with the findings of another study where sorority women were found to be aware of the risk for sexual aggression and the prevention measures that other women should
take, although they were ambivalent about their own risk for sexual aggression and about specific prevention strategies that they would use (Norris et al., 1996). Further, women viewed other women in sexual activities as being influenced by their alcohol consumption, while their own alcohol use was not perceived to be important when thinking about their own possible victimization (Cue, George, & Norris, 1996).

Women viewing themselves as being more in control of the environment can be explained by an optimistic bias that many individuals hold. In health prevention research, there is evidence suggesting people believe that if the problem has not yet appeared, they are immune from future risk, that the problem can be prevented or avoided, and that the danger does not happen very frequently. Thus, people tend to conclude that their own risk to experience a whole host of negative life events is less than the risk faced by their peers (Weinstein, 1987).

The accuracy and willingness to assess risks in the environment differs among women, even when the presenting risks are the same. Women’s risk perception is influenced by a number of factors and in many ways. First, level of ambiguity among risk factors for sexual assault are not equal in nature. In a study of college women, ambiguous risk factors such as a man paying for dating expenses, the man drinking, the woman drinking and being in an isolated environment tended to be those that are commonly accepted as being a normal part of socializing with a man (Norris et al., 1999). It is not surprising that women often needed a higher level of these risk factors to make judgments to be on guard in those situations, compared to situations that constituted clearer risk. In addition, although women who were drinkers or non-
drinkers both judged men drinking as a risk factor, those who identified themselves as drinkers in this study required a higher level of female drinking before making a risk judgment. Second, Norris and her colleagues (1999) found that global perceptions of risk for sexual assault in general were not related to judgments of specific situational risks. The lack of correlation between perceptions of global risk and specific situational risks indicates that general knowledge about the risk of acquaintance rape does not necessarily translate into the belief that one is just as much at risk as others. When women fail to believe that they are at risk for assault, they will not take personal precaution (Norris et al., 1999).

According to Nurius’s (2000) social-cognitive perspective on risk perception for acquaintance sexual aggression, there is a distinction between the risk that one perceives for the population and perception of risk to oneself of sexual assault. Unlike an individual’s perception of population risk, which is based on epidemiological data, the individual’s perception of her own risk is more personal. An individual’s decision about her own risk assessment is made within the specific context and is influenced by an individual’s goals and life experiences. The fact that a woman acknowledges acquaintance rape is common, does not mean that she would consider an acquaintance might pose a threat to her. Assessment risk for acquaintance sexual assault is further complicated by the findings that demonstrate that threat cues are associated with normal socializing situations, especially dating (Nurius, 2000). For example, it is not unreasonable to go out on a date when a man initiates the date, pays for the date, drinks alcohol, and the woman dresses attractively and talks provocatively. The
escalation of a date to a sexual assault can only be detected by extremely subtle and ambiguous cues. Thus, it is more worrisome that the greatest risk is found in situations that consist of familiar settings and known people (Muelenhard & Linton, 1987). Because of their tendency towards an optimistic bias and their perceptions of control, women are generally unprepared for acquaintance sexual aggression (Hoeckner & White, 1995). Even if a woman is fully aware of the personal risk, it is still challenging for her to retrieve the information that she learned about sexual aggression from her long-term memory into working memory during the time when she is having fun (Nurius, 2000). The incongruence of her mood and the precautionary knowledge renders the activation of such knowledge improbable. When making a decision to avoid potential risks for sexual aggression, women often weigh the benefits of taking appropriate action to protect themselves against the cost of being rejected by a man, feeling embarrassed, or losing the relationship (Cook, 1995). Young women are particularly concerned about their relationship with others, thus their goals of socializing and preserving the relationship may outweigh their goals related to personal safety (Norris, 2000). In essence, there are many factors influencing the accuracy of risk perception and the willingness to take adequate precautionary actions against acquaintance sexual assault. Indeed, most of the rape prevention programs educating women focus on helping women to identify and cope with risky situations.

*Rape Resistance Strategies*

Ullman (1997), in a review of the literature, defined resistance as the most commonly studied overt behavioral strategies used to avoid sexual attacks in which
oral, anal, or vaginal penetration is attempted. Different types of resistance strategies have been studied extensively in sexual assault research.

Rozee and Koss (2001) highlight the importance of allocating more effort and resources in promoting resistance strategies to facilitate rape avoidance in women. Resistance may help women avoid rape and resistance does not increase the risk of injury (Ullman, 1997). In the case of completed rape, the use of physical or forceful verbal resistance is also more likely to convince the jury that the victim tried all that she could to avoid being raped, thus increasing the likelihood that the perpetrator will be prosecuted (Kopper, 1996). Resistance can also help the victim generate a more positive attitude towards herself (Furby & Fischhoff, 1986) and may facilitate a quicker psychological recovery, regardless of whether the rape was completed or not (Bart & O’Brien, 1993).

Forceful physical resistance refers to active aggressive behaviors that are used in response to a sexually aggressive situation. These behaviors include wrestling, punching, biting, scratching, kicking, using a weapon, and executing martial arts techniques. These techniques have been found to be consistently associated with the successful avoidance of rape (Atkeson, Calhoun, & Morris, 1989; Bart & O’Brien, 1993; Becker et al., 1982; Lizotte, 1986; Queen’s Bench Foundation, 1976; Ruback & Ivie, 1988; Ullman & Knight, 1992; Zoucha-Jensen & Coyne, 1993). However, most studies had found that forceful physical resistance was also related to increased physical injury to the victim (Bart & O’Brien, 1993; Block & Skogan, 1986; Cohen, 1984; Griffin & Griffin, 1981; Prentky, Burgess, & Carter, 1986; Ruback & Ivie,
Nevertheless, these studies did not investigate whether the injuries occurred during or subsequent to the victim’s use of resistance (Ullman, 1997). When, other studies took the temporal sequence of action into account, it was found that physical resistance by the victim was not related to an increase in physical injury (Quinsey & Upfold, 1985; Ullman & Knight, 1992).

Nonforceful physical resistance is defined as passive physical resistance techniques used by the victim to escape the offender’s attack, and involves pulling away from the offender, fleeing, or shielding oneself with one’s hands or other objects. Research concludes that such nonforceful physical resistance is related to avoiding rape (Bart & O’Brien, 1993; Block & Skogan, 1986; Kleck & Sayles, 1990; Koss et al., 1988; Marchbank, Lui, & Mercy, 1990; Ullman & Knight, 1991; Zoucha-Jensen & Coyne, 1993), with the exception of gang rape (Gidycz & Koss, 1990). Nonforceful physical resistance was unrelated to physical injury in some studies (Block & Skogan, 1986; Kleck & Sayles, 1990; Marchbanks et al., 1990) but was found to be associated with decreased injury in another investigation (Skogan & Block, 1983). Again, when the sequence of offender and victim actions in assaults was analyzed, nonforceful physical resistance was related to rape avoidance in response to verbal threats, but not in response to physical attacks (Ullman & Knight, 1992).

Forceful verbal resistance includes active verbal strategies aimed at frightening the offender and/or obtaining outside help (Ullman, 1997). These strategies include screaming, yelling, and threatening the offender (Bart & O’Brien, 1993; Cohen, 1984; Kleck & Sayles, 1990, Koss, 1988; Queen’s Bench Foundation, 1976; Quinsey &
Upfold, 1985; Ruback & Ivie, 1988; Siegel et al., 1989; Ullman & Knight, 1992; Zoucha-Jensen & Coyne, 1993). Without sequencing information about victim and perpetrator behaviors, this form of resistance strategy was related to greater physical injury (Cohen, 1984; Kleck & Sayles, 1990; Ruback & Ivie, 1988). Analysis of the sequence of actions, however, indicated that forceful verbal resistance was associated with less severe sexual abuse in response to both physical and verbal attacks (Ullman & Knight, 1992).

Nonforceful verbal resistance is defined as nonaggressive verbal responses to an attack, such as pleading, talking, reasoning, begging, and crying (Ullman, 1997). This kind of resistance is related to completed rape (Bart & O’Brien, 1993; Ullman & Knight, 1992; Zoucha-Jensen & Coyne, 1993) and is thus perceived to be ineffective for lowering one’s risks for a sexual assault. Specifically, while Ullman and Knight (1992) found that nonforecful verbal resistance may not be harmful, it did not facilitate rape avoidance. Further, lack of resistance is associated with completed rape (Bart & O’Brien, 1993; Ullman & Knight, 1992; Zoucha-Jensen & Coyne, 1993). Of all the resistance strategies, women consistently choose the relatively less effective means (Ullman, 1998; Norris, Nurius, & Dimeff, 1996), and have been found to use fewer strategies than are available to them (Van Wynsberghe and Gidycz, 2002). Several factors such as the situation, and rapist and victim factors may help to understand how and why women make their choices regarding specific resistance strategies. Situational factors including a greater number of threats (Bart & O’Brien, 1993; Becker et al., 1982; Griffin & Griffin, 1981), absence of environmental
intervention (Bart & O’Brien, 1993), the presence of weapons (Bart & O’Brien, 1993; Becker et al., 1982; Quinsey & Upfold, 1985), indoor attacks (Bart & O’Brien, 1985; Quinsey & Upfold, 1985), and night attacks (Bart & O’Brien, 1993) have been found to be associated with more severe sexual abuse and physical injury among victims.

Despite evidence indicating that forceful physical resistance does not lead to physical injury, the fear of physical injury remains another focal concern for most victims (Prentky, Burgess, & Carter, 1986; Nurius, Norris, Young, & Gaylord, 2000). Women are told that if they fight back or physically resist, they may be severely injured or even killed (Bart & O’Brien, 1993). Further, women often do not believe that they have the physical ability to repel attacks by those with greater size and strength (Norris et al., 1996). Thus, women may be more timid about physical resistance and hesitant to use their full physical strength (McCaughey, 1998).

Alcohol use is another factor that determines a woman’s choice of resistance strategies during an assault. Research has shown that victims who were drunk at the time of assault reported a lower level of physical resistance than those who were not drunk (Harrington & Leitnberg, 1994). Indeed, the sorority members in Norris, Nurius, and Dimeff’s (1996) study acknowledged that alcohol impaired their ability to resist effectively during the assault. Alcohol use by offenders may also escalate their sexual aggression (Seto & Barberee, 1995), resulting in the hesitation to resist among victims. In a recent study assessing the quantity of perpetrators’ alcohol consumption, it was found that perpetrators were most violent when they drank extremely heavily or when they were sober (Abbey et al., 2002).
In addition, victim’s resistance strategies tend to match offender’s attack strategies (Ullman, 1998). Specifically, when offenders attack aggressively, victims are more likely to use more assertive resistance strategies. Similarly, Nurius et al. (2000) also found that women were likely to respond assertively to a man’s sexual aggression when he had used physical force. Conversely, victims tended to use less active strategies in response to a less aggressive assault (Van Wynsberghe & Gidycz, 2002).

The inclination to use less effective resistance strategies is also related to certain psychological barriers. In a retrospective study, sorority members reported that the fear of rejection by men, embarrassment at being negatively judged by others, and concerns about being stigmatized by friends or peers affected their use of direct or physical resistance strategies (Norris et al., 1996). They also found that women who were recently assaulted reported experiencing more psychological barriers than nonvictims and indicated that they did not believe in their ability to resist effectively. Further, it was also found that self-blame was a significant predictor of psychological barriers (Norris et al., 1996). Self-blame may result in feeling self-conscious about being in the situation in the first place thus leading to more passive resistance strategies on the part of the woman. Indeed, women with traditional views believe that it is inappropriate and foolish for women to resist their attackers (Ryckman, Kaczor, & Thornton, 1992). In general, women attributed greater responsibility to the victim and less blame to the assailant than did men (Krulwitz & Nash, 1978). Thus, the social reaction to rape may influence a woman’s choice of resistance strategies and be related
to psychological barriers in victims that may make it difficult for them to avoid a sexual assault.

Although self-efficacy has not received much attention in the sexual assault research, it may also be a psychological barrier to resist sexual aggression. Over a decade ago, the relationship between perceived self-efficacy and emotion was first examined in the context of sexual victimization. Ozer and Bandura (1990) conducted an experiment to investigate the mechanisms governing the improvement of women’s self-efficacy. Forty-three women participated in a self-defense program. Differences between pre- and post-measurements indicated that increased perceived self-efficacy significantly reduced participants’ perceived vulnerability to assault and their anxiety over sexual victimization. Even perceived low self-efficacy and perceived high vulnerability for sexual assault of women with past history of sexual victimization reverted to the same level as those without a history after the intervention. Although no participant had experienced an attempted sexual assault during the program and at follow-up, the relationship between increased self-efficacy and risk reduction and resistant to sexual assault cannot be determined due to the absence of a control group in this study. More recently, self-efficacy was demonstrated to be associated with a decreased likelihood of sexual victimization. In a multi-site sexual assault prevention program evaluation, Calhoun et al. (2001) found that women in the program group reported greater self-efficacy and were less likely to be assaulted at the end of the four-month follow-up than the waitlist control group.
Related to psychological barriers, emotions of victims during an assault are also predictive of their choice of resistance strategies, however, victims’ emotions have not received much attention in the research literature. Increased sadness accompanied by increased self-blame was associated with victim’s use of indirect or diplomatic response to an assault (Nurius, 2000). Conversely, level of anger experienced during an assault was positively related to accountability of the assailant, and use of more assertive means to resist. Additionally, greater depression and hostility were related to more frequent and greater alcohol consumption in a bar and more severe bar victimization (Parks & Zetes-Zanatta, 1999). Victim’s depressive symptoms during the assault were not, however, been investigated in this study. Therefore it cannot be determined if depression was directly associated with the sexual assault.

To summarize, although there are a variety of resistance strategies that women can use during an assault, little is known about why women choose specific strategies and factors that preclude their use of the most effective strategies.
Rationale of the Present Study

In a recent study, Van Wynsberghe and Gidycz (2002) found that women who were assaulted during an academic quarter predicted in advance that their risk of being assaulted was higher than the women who were not victimized during the same period of time. Moreover, compared to women without a history of victimization, women with a prior history of assault were relatively more accurate in predicting the number of resistance strategies that they actually used during the assault. Yet, the actual numbers of resistance strategies used by prior victims during the assault was far less than the number that they predicted that they would use. The authors suggested that the subtle nature of many of the assaults may have reduced victims’ perceptions of risk and thus, victims were not mobilized to use more defensive and assertive resistance strategies. Indeed, multiple regression analyses indicated that perpetrator aggression accounted for a significant amount of the variance in women’s accuracy scores in predicting the number of resistance strategies that they would use. Thus, when the offender was more aggressive, women were more accurate in predicting their resistance strategies. Offenders’ aggression is the second most potent predictor of resistance in a sexual assault situation followed by the victim’s prior history of victimization. This study did not, however, examine the psychological barriers that victims had encountered during the assault, which may have hampered their ability to resist as much as they had predicted.

To investigate the intertwined relationship of the variables involved in women’s responses to sexual assault, Nurius et al. (2000) proposed a conceptual model. In this
model, two sets of appraisal are involved: primary appraisal, which is a woman’s noticing of threat, and secondary appraisals which deal with her assessment of responsibility, possible outcomes of different courses of action, and her ability to cope. These appraisals are performed in a matter similar to a cost-benefit analysis involving conflicting goals and concerns, which the authors refer to as psychological barriers. There are a variety of coping responses such as verbal and physical means of resisting an unwanted sexual encounter that are found to differ in their effectiveness. Resistance strategies can be relatively indirect or diplomatic, or they can be assertive and defensive. Another factor that the authors examined in this model is the victims’ emotions because there is ample evidence that suggests that emotions are strongly related to cognitions. Victims’ emotions are also essential in mobilizing the woman to cope and to respond to a potential assault situation.

To test this model, path regression analyses were performed to analyze 202 undergraduate women’s recalled responses to their most severe sexual assault experience by an acquaintance (Nurius, et al, 2000). The results illustrated that cognitive appraisals and emotions accounted for a significant proportion of the variance in predicting women’s behavioral responses, even after the characteristics of the perpetrator’s aggression were controlled. It was found that appraisal and emotional responses predicted 34% of the variance in assertive responses and accounted for 21% of the variance in diplomatic responses. Results also indicated that women were most likely to resist a man’s sexual aggression assertively when he was physically aggressive, when she worried about being injured and was not concerned about
preserving the relationship, and when she was angry and assertive. Conversely, women were most likely to use indirect or diplomatic resistance strategies when the man was verbally coercive, when she was concerned about the consequence of her resistance, and when she was very sad but not too angry. Although a belief that the offender was responsible was not shown to predict behavioral responses, the increased responsibility assigned to the assailant resulted in greater anger, which is one of the key factors predicting assertive resistance. Conversely, self-blame was a psychological barrier to responding and resulted in the use of diplomatic resistance strategies.

Although this study has shed light on the psychological variables of the victims that influence their responses to an assault, there are other situational or individual variables that this study did not assess but variables that may interact with other psychological variables when predicting resistance strategies used by the victims. For instance, past research (e.g., Abbey et al., 2002; Nurius et al., 1996) demonstrated that alcohol use by both victim and offender were found to be a salient factor that predicted victims’ behaviors during the assault. Further, situational factors such as being isolated, and victim’s relationship with the offender may also play a pivotal role in the victim’s choice of resistance strategies.

Certain findings of Nurius and her colleagues (2000) contradict those of Levine-MacCombie and Koss’s (1986) study. To identify victims to participate in the study, 2,016 college women representing all levels and areas of study in a medium size Midwestern state university filled out the Sexual Experiences Survey (Koss & Gidycz, 198; Koss & Oros, 1982) to determine their sexual victimization history.
Participants were asked on an additional form if they would be willing to participate in an in-depth interview. 231 interviewees were classified into rape avoiders, acknowledged rape victims, and unacknowledged rape victims. Discriminant function analysis of the responses of the interviewee revealed that acquaintance rape victims could be differentiated from rape avoiders by the situational characteristics of the assault. Rape avoiders differed from rape victims in their appraisal of the assault, emotional responses to the assault, and the use of active response strategies. Moreover, rape victims experienced more nonaggressive emotions (e.g., fear and guilt) during the assault than rape avoiders. In contrast to the active physical resistance responses of the victims resulting from their anger toward the offender in the study by Nurius et al (2000), rape avoidance was not associated with victim’s anger during the assault in this study. Avoiders perceived their assault as less violent and more often used running away and screaming for help as their responses. More importantly, verbal response strategies were more likely to lead to rape completion, compared to active strategies. Physical resistance was not found to differentiate victims from avoiders. Contrary to the findings of Nurius et al (2000) in which anger rather than sadness, assertiveness rather than helplessness, and low self-blame instead of guilt were related to the victim’s use of more active physical resistance strategies, this study found that emotions such as fear, helplessness, guilt, shock, hurt, and unhappiness were predictive of rape avoidance. At the same time, Levine-MacCombie and Koss (1986) pointed out that similar to all rape avoidance research, it is difficult to determine if the avoided rape was simply not as serious or threatening as the completed rape. It may be
the offender’s level of aggression, rather than the victim’s resistance that led to rape completion. In addition, completion of rape may be a function of other situational variables, rather than victim’s resistance. The assault could be stopped due to the interruption of other persons, or the level of intoxication of the offender. Therefore, inclusion of situational variables may help to gain insight about the interaction of both psychological and situational variables on victim’s resistance.

The major limitation of these two studies with inconsistent results is that they were retrospective in nature. The memory of a sexual assault experience that the participants were asked to recall was likely from a distant past and, therefore, the memory of the experience was subject to deterioration or distortion. The emotions that participants recalled may not be as intense as they were soon after the assault occurred.

The current study replicated and extended the study of Nurius et al. (2000), utilizing a prospective design that only focused on the most recent sexual victimization that occurred during a two-month period following the initiation of the study. There are several purposes for the present study. One goal is to investigate how women’s risk factors (i.e., past victimization history and alcohol use) and their perception of risk, perceived self-efficacy, and psychological barriers influence their predicted responses to a sexual assault. All of these variables were measured at the beginning of the study and prior to participants’ most recent assault. A second goal is to examine how women’s risk factors (i.e., past history of victimization and alcohol use) and perception of risk, and their perceived self-efficacy, and psychological
barriers predict revictimization over a quarter. Additionally, the present study tested how women’s psychological factors and situational factors predict resistance strategies that they employ during an assault, among those women assaulted during the follow-up. Specifically, women’s psychological factors include their overall perception of risk, perceived self-efficacy to defend against an assault, ability to appraise threats, psychological barriers to resist, and emotions during the assault. Situational variables assessed include alcohol use by the victim and offender during the assault, the characteristics of the environment where the assault occurs (isolated vs. not isolated), the offender’s aggression, and the nature of the victim and offender relationship. Lastly, the study explored the factors that may influence the accuracy of women’s prediction about their resistance strategies. The factors to be assessed include risk factors (i.e., past history of victimization and alcohol use), perception of risk, perceived self-efficacy, threat appraisal, alcohol use by the victim and offender, severity of the attack, self-blame, psychological barriers and emotions during the assault.
Method

Participants

Demographics and Sample Characteristics. Participants for this study were 324 college women, the majority of whom were between the age of age 18 to 21 $(M=18.94, SD=1.06)$. Over 90 percent of them were in their first and second year in college. Almost all of the participants (97.9 %) indicated that they were heterosexual. The majority of participants were Caucasian (93 %) and never married (97.3%). Approximately 11.3% of the women in the study reported that they did not date, 46% were currently dating casually, and 41.7% were involved in a long-term monogamous relationship. Most of the participants reported that they were Catholic (39.8%) or Protestant (18.2%). Complete demographic information can be found in Table 2.

Participants received extra course credit for their participation in this study. To receive full credit, participants were asked to complete one set of measures at the beginning of the academic quarter, then returned at the end of the quarter to complete some additional measures. The study was conducted during the winter and fall academic quarters.

Attrition rate. Of the initial 324 women who participated at the beginning of the quarter, 219 returned at the end of the quarter to complete both parts of the study, which constitutes a 68% retention rate. The attrition rate was acceptable over the course of the study. Chi-square analyses were conducted to assess whether women who withdrew were significantly different from those who completed the study. There was no significant difference in the demographics and childhood and adolescent
victimization history between women who withdrew and those who returned for Session Two. Among those returned for the second part of the study, fifty-six were victimized during the quarter.
Table 1.  
*Demographic Information*

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Measures

Demographic information. (see Appendix B, Section 1). To obtain demographic information on this sample, each participant were asked several questions regarding their age, year in school, ethnicity, religion, sexual orientation, marital status, and dating status. The demographic questionnaire also inquired about sexual behavior and alcohol use. The questions regarding sexual behavior asked if the individual had ever willingly had sexual intercourse and, if so, at what age she first engaged in consensual sexual intercourse, as well as the number of consensual sexual partner she has had. The questions on alcohol use assessed the frequency of drinking, how much alcohol was consumed on a typical drinking occasion, and how many times the participant had become intoxicated in the past two months. Past research has suggested that the combination of these alcohol items was predictive of sexual victimization experiences in college women (Gidycz, Loh, Lobo, & Lynn, 2002).

Child Sexual Victimization Questionnaire. (Finkelhor, 1979; Koss et al., 1987; see Appendix B, Section 2). This self-report measure consisted of 13 items and was designed to assess childhood sexual victimization experiences. Items one through five were adapted from Finkelhor (1979) and eleven additional items were developed by Koss et al. (1987). Participants were asked to answer “yes” or “no” to indicate whether they have had certain sexual experiences. Sexual experiences were listed from the least to most severe (e.g., from “Another person kissed you or touched you in a sexual way over your clothes” to “another person had intercourse (oral, anal, or vaginal) with you (any amount of penetration-ejaculation not necessary”). Participants who
indicated that they had any of these sexual experiences were then asked a series of
nine questions which ascertained the number and sex of the people involved, number
of occurrences, and the participant’s relationship to the other person. There were also
two qualifying questions concerning the age of the other person involved and the main
reason why the woman participated in the experience. Reasons why they participated
ranged from “Felt good” to “Other person used physical force”. For the purpose of this
study, child sexual abuse was defined as any sexual experience that occurred before
the age of 14, involving an offender who was at least five years older than the child,
and/or involving the use of coercion or force. This definition is comparable to that
used in previous research (e.g., Gidycz et al., 1993). Risin and Koss (1987) provided
evidence for the concurrent validity of this scale in their study of child sexual abuse
among male college students. Fifteen male participants completed the Child Sexual
Victimization Questionnaire, followed by an interview about their victimization
experiences. Results indicated that 14 of the 15 men provided the same response to the
interviewer as they had on the self-report questionnaire.

*Sexual Experiences Survey.* (Koss & Oros, 1982; See Appendix B, Section 3-a
and 3-b). This 10-item self-report instrument assessed sexual victimization
experiences. Two versions of this measure were used. One version (Appendix A,
Section 3-b) was used to assess sexual victimization that occurred during adolescence
(i.e., victimization after age 14 but prior to the beginning of the study). Participants
responded to this version in Session One to indicate whether they had had an
unwanted sexual contact, sexual coercion, attempted rape, or rape experience since the
age of 14, but prior to their participation in the current study. The items were in a “Yes”-“No” format and participants were asked to indicate whether they had had a variety of sexual victimization or aggression experiences. For example, a question referring to a mild form of sexual victimization was: “Have you given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn’t want to because you were overwhelmed by a man’s continual arguments and pressure?” Extreme forms of sexual victimization which reflect the legal definition of rape following the Ohio Revised Code are represented by items such as the following: “Have you had sexual intercourse when you didn’t want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you?” Since there are different types of sexual aggression, the women’s experiences were categorized as sexual contact, sexual coercion, attempted rape, or rape. Sexual contact consists of “sexual behavior such as fondling or kissing that does not involve attempted penetration subsequent to the use of menacing verbal pressure, misuse of authority, threats of harm, or actual physical force” (Koss et al., 1987). Individuals classified as the sexual contact group responded “yes” to items 1, 2, or 3 but not to any higher numbered item on this measure. Sexual coercion involves “sexual intercourse subsequent to the use of menacing verbal pressure or the misuse of authority. No threats of force or direct physical force are used” (Koss et al., 1987). Women in this group responded “yes” to items 6 or 7 but not to any higher numbered items) and rape categories (“yes” responses to items 8, 9, or 10 and any lower numbered items) include experiences that “met legal definitions of these crimes” (Koss et al., 1987).
A second version (Appendix B, Section 3-a) was used to identify participants who experienced any type of sexual victimization during the academic quarter. Eight additional items were used to assess the environment where the assault occurred, alcohol or drug use by the victim and offender, and the nature of the relationship of the victim and offender. Victimization during the two-month follow-up was defined as any act of unwanted sexual contact or more severe victimization during the period between the initial session and the time of the two-month follow-up. Participants were collapsed into two categories, either victim or nonvictim, based on their response to the Sexual Experience Survey at the time of the two-month follow-up.

Koss and Gidycz (1985) conducted reliability and validity studies on the Sexual Experiences Survey with several populations of university students. This scale was found to have good internal consistency for women ($\alpha = .74$), and excellent one-week test-retest reliability ($r = .93$). The Sexual Experiences Survey also appears to have good construct validity, as responses to the Sexual Experiences Survey were significantly correlated with subsequent responses to an interview ($r = .73, p < .001$; Koss & Gidycz, 1985).

*Perceived vulnerability to Sexual Victimization.* (Norris et al., 1996, see Appendix B, Section 4). This survey assesses perceived vulnerability to sexual victimization through five items, which were originally adapted from the Sexual Experiences Survey (Koss & Oros, 1982). Items for the present study were slightly adapted from those used by Norris at al. (1996). The items inquired about an individual’s perceived likelihood of encountering unwanted sexual activity under the following
circumstances: (a) because of feeling pressured by a man’s persistent argument; (b) because a man used his position of authority; (c) because a man threatened to use physical force; (d) because a man used physical force; and (e) because a man offered alcohol or other drugs. These items were answered on a 7-point scale, ranging from “extremely unlikely” to “extremely likely,” with a higher score indicating a greater perceived vulnerability to sexual victimization. Past research on sexual victimization had demonstrated that women who had been assaulted previously reported that they felt significantly more vulnerable to being sexually assaulted in the future than women who had never been sexually victimized, as measured by this scale (Bryant, 2000).

*Primary Appraisals of Threat Questionnaire.* (Nurius et al., 2000; see Appendix B, Section 5). This survey measured a woman’s perception of the sexually aggressive behaviors of a man in a sexual assault situation, and the extent to which she felt uncomfortable. Participants filled out this questionnaire at Session Two in response to the most severe assault that occurred during the follow-up period. These items were scored on a scale of 0 to 4, with 0 indicating the event did not happen, 1 (happened but did not think about it) to 4 (happened and made me very uneasy). Two types of threat cues, manipulative and isolating/controlling behaviors were measured. Emotionally manipulative behaviors were assessed by three items related to verbal statements appealing to the woman’s emotions and empathy (e.g., “He complained about being hurt by women in past relationships” and “He said I would have sex with him if I really cared about him’). The coefficient alpha for these items was .57 ($M=1.74$, $SD=.83$) (Nurius et al., 2000). Isolating and controlling behaviors were
assessed with 4 items (e.g., “He insisted on going where he wanted to go and doing what he wanted to do” and “He wouldn’t take me home when I said I wanted to leave.”). The coefficient alpha was found to be .70 ($M=2.52$, $SD=.73$) (Nurius et al., 2000). Appraisal of threat on this instrument was found to be positively correlated with assertive behavioral responses (Nurius et al., 2000).

**Severity of Attack Questionnaire.** This questionnaire (Appendix B, Section 6) consisted of 12 items designed to assess the severity of the assault. Each item asks a specific “yes” or “no” question. Examples of items include “Did he display a weapon?” and “Did he choke you or attempt to choke you?” Items of this questionnaire have been used in previous sexual victimization research (Van Wyensberghe & Gidycz, 2002).

**Self-blame and Offender-blame Items.** (Nurius et al., 2000; see Appendix B, Section 7). Women who were victimized during the quarter were asked two questions in session two. These two items assessed the extent to which the woman considered herself responsible for the assault (self-blame) and the extent to which she assigned responsibility to the man involved in the assault. On a 5-point measurement scale (1 = not at all to 5 = very responsible), the mean for self-blame was 2.05 ($SD = 1.2$) and for offender-blame was 3.30 ($SD = .84$). Though women in one study appraised themselves as having some responsibility for the incident, the extent of male responsibility they assigned was significantly greater ($t = 11.6, p < .001$; Nurius et al., 2000).
Predicted Scenario Instrument. (see Appendix B, Section 8). Adapted from Nurius et al. (2000), the Predicted Scenario Instrument were used to facilitate response to Psychological Barriers Instrument, Emotional Response Questionnaire and Behavioral Response Questionnaire with a hypothetical situation. Participants were asked to describe the situation in which they imagined themselves encounter an unwanted sexual advance. Additionally, they answered seven questions similar to those in Sexual Experiences Survey relating to the assault characteristics, but in a predicted scenario.

Psychological Barriers Instrument. (Nurius et al., 2000; see Appendix B, Section 9). This scale measured psychological barriers to responding to a sexual assault. This measure included three subscales related to: self-consciousness (three items $M=2.25; SD=1.06$; coefficient alpha =.83); concern for preserving the relationship (three items $M=2.14; SD=1.14$; coefficient alpha=.72); and concern for exacerbating injury due to the offender’s ability to hurt her. (four items $M=1.68; SD=.96$; coefficient alpha=.80). All were based on 5-point scales assessing the extent to which these sets of concerns make it difficult for a victim to protect herself or control the situation (0= not at all to 4 = very). Examples of items include: “I didn’t want to overreact and make a big deal out of nothing,” “I didn’t want to hurt his feelings,” and “I was afraid of being physically hurt if I didn’t go along with it.” For the purpose of this study, this instrument was used both in the context of a hypothetical assault in Session One, and for those who are victimized, in the situation of an actual assault occurring during the quarter. As evidence for the validity of this
scale, psychological barriers were found to be positively correlated with diplomatic resistance and negatively correlated with the use of assertive resistance as measured by this instrument (Norris et al., 1996).

**Self-Efficacy Scale.** (Ozer & Bandura, 1991; see Appendix B, Section 10). This scale consisted of seven items that were developed specifically to assess a woman’s self-efficacy related to her ability to successfully resist a sexual assault. Participants responded to each item on a 7-point scale, ranging from 1 being “not at all confident” to 7 being “very confident”. A higher score is indicative of greater self-efficacy. Typical questions on this scale include, “How confident are you that you could successfully avoid a situation in which you could be sexually assaulted?” and “How confident are you that if you recognized the danger signs of sexual assault you could prevent it from happening?” Internal consistency reliability of this scale was reported to be excellent, with a coefficient alpha of .97 (Ozer & Bandura, 1991). This scale has been used previously to examine the relationship between self-efficacy and sexual victimization in a rape prevention program evaluation study (Calhoun et al., 2001). Results suggested that high self-efficacy was one of the strongest predictors of not being sexually victimized over a four-month follow-up period.

**Emotional Response Questionnaire** (Nurius et al., 2000; see Appendix B, Section 11). Emotional responses to a sexual assault that occurs during the quarter were assessed by items that tap anger (four items $M=2.64$, $SD=1.05$; coefficient alpha = .81); sadness (six items $M=1.81$, $SD=1.51$; coefficient alpha = .86); and confidence (two items $M=1.11$, $SD=1.29$; coefficient alpha = .87). This scale was
previously used in Nurius et al. (2000) to assess emotional responses to a sexual assault.

*Behavioral Response Questionnaire* (Nurius et al., 2000; see Appendix B, Section 12). Adopted from Nurius et al. (2000), the Behavioral Response Questionnaire assessed two types of responses to a sexual assault through the assertive response subscale and the diplomatic response subscale. In Session One, participants were asked to indicate their likelihood of using each of the six assertive responses and the four diplomatic response in case they were to be assaulted during the quarter on a 5-point scale (0 - 4; “Not at all” to “highly likely”). The assertive response index ($M = 2.16, SD = 1.11; \text{ coefficient alpha} = .85$) is the sum of the response to the six items representing the verbal assertive and physical resistance responses. The diplomatic resistance index ($M =2.32, SD =1.02; \text{ coefficient alpha} = .72$) is the sum of the responses to the four items representing gentle or indirect messages where the woman tells the perpetrator diplomatically that she does not want the sexual contact. Diplomatic and assertive responses to sexual aggression were not significantly correlated ($r = .001, p =.99$) (Nurius et al., 2002) suggesting that they represent different aspects of responses to sexual aggression. Further, participants were asked to indicate how certain they were about the responses that they predicted during Session Two, women who were victimized during the quarter were asked to indicate their responses to their assault experiences occurring during the quarter on this questionnaire.
Procedure

Participants filled out packets of surveys during two separate sessions in groups no larger than 25. Each session lasted approximately 1 1/2 hours and was held in classrooms in the Department of Psychology. Session One was conducted at the beginning of a 10-week academic quarter, and Session Two was conducted approximately nine weeks later, at the end of the academic quarter.

In Session One, the facilitator handed out and read the informed consent to the participants. The informed consent (Appendix A, Section 1) stated the nature of the research and also emphasized that participation is voluntary and could be discontinued at any time without penalty. Written informed consent was obtained from each participant and they were given one copy for their records. Next, participants were given a packet containing the surveys, Scantron sheets, and a Subject Number Calculation Form (see Appendix A, Section 2). To protect their identities, participants identified themselves only with the number obtained using the Subject Number Calculation Form. The facilitator then informed participants of the coding procedure for the questionnaire. Participants were instructed to fill out all the questionnaires in the packet on Scantrons.

Measures that were used in both Sessions are summarized in Table 1. The packets for Session One contained a demographic survey, the Child Sexual Victimization Survey, the Adolescent Sexual Experiences Survey, the Perceived Vulnerability of Sexual Assault Questionnaire, the Behavioral Response Questionnaire used to predict future responses to sexual victimization, Predicted Scenario
Instrument, The Psychological Barriers Instrument, and the Self-Efficacy Scale. These measures given at Session One assessed participants’ drinking habits and determine how participants perceived their vulnerability to sexual assault, their predictions about how they would respond to a sexual assault and the certainty of their predictions, the psychological barriers that they anticipated would occur in a hypothetically dangerous situation, and their perceived self-efficacy to defend themselves in an assault situation. At the completion of Session One, participants were debriefed (Appendix A, Section 3), and they also received a list of support services that they could contact in the event that any of the questionnaire items produce distress or if they desire services. At this time, participants were asked to sign-up for Session Two. Each participant received a reminder slip before she left and was told that she would be receiving a reminder phone call one week prior to Session Two.

At Session Two informed consent was again obtained. All participants recalculated their subject number using the Subject Number Calculation Form and recorded their subject numbers on each Scantron sheet. The facilitator instructed the participants to fill out the questionnaires in the packets. Measures that were included in the second packet of questionnaires are the Sexual Experiences Survey (referring to experiences occurring during the quarter), Primary Appraisals of Threat Questionnaire, Self-blame and Offender-blame Items, Emotional and Behavioral Response Questionnaire for victimization over the quarter, Psychological Barriers Instrument, and Severity of Attack Questionnaire. Session Two surveys assessed sexual victimization during the academic quarter, victim’s appraisals of threats in the
assault, victim’s actual emotional and behavioral responses to victimization over the
quarter, their psychological barriers to resist, severity of victimization, the extent to
which the woman blamed herself or the offender, and alcohol use by offender and
victim in the assault. Participants who were not victimized during the quarter were
asked to fill out the Perceived Vulnerability of Sexual Assault Questionnaire, the
Behavioral Response Questionnaire used to predict future responses to sexual
Their responses were used to ascertain the test-retest reliability of these measures.
Upon completion, participants were debriefed and once again received the list of
support services. At this time, participants received experimental credit for their
participation in both sessions.
Table 2.
*Measures Included in Packets A and B*

<table>
<thead>
<tr>
<th>Packet A for Session One</th>
<th>Packet B for Session Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic questionnaire</td>
<td>Sexual Experiences Survey for assault Occurred during the Quarter</td>
</tr>
<tr>
<td></td>
<td>Primary Appraisals of Threat Questionnaire</td>
</tr>
<tr>
<td>Child Sexual Victimization Survey</td>
<td>(For victims only)</td>
</tr>
<tr>
<td>Adolescent Sexual Experiences Survey</td>
<td>Severity of Attack Questionnaire</td>
</tr>
<tr>
<td></td>
<td>(For victims only)</td>
</tr>
<tr>
<td>Perceived Vulnerability of Sexual Assault Questionnaire</td>
<td>Emotional Responses during the Assault Questionnaire (For victims only)</td>
</tr>
<tr>
<td>Self-Efficacy Scale</td>
<td>Actual Behavioral Responses Questionnaire</td>
</tr>
<tr>
<td></td>
<td>(For victims only)</td>
</tr>
<tr>
<td>Predicted Scenario Instrument</td>
<td>Predicted Behavioral Response Questionnaire</td>
</tr>
<tr>
<td></td>
<td>Psychological Barriers during the Assault Questionnaire (For victims only)</td>
</tr>
<tr>
<td>Predicted Behavioral Response Questionnaire</td>
<td>Self-blame and Offender-blame Items (For victims only)</td>
</tr>
<tr>
<td>Psychological Barriers Instrument</td>
<td>Perceived Vulnerability of Sexual Assault Questionnaire (For nonvictims only)</td>
</tr>
<tr>
<td></td>
<td>Self-Efficacy Scale (For nonvictims only)</td>
</tr>
<tr>
<td></td>
<td>Predicted Behavioral Response Questionnaire</td>
</tr>
<tr>
<td></td>
<td>Psychological Barriers Instrument (For nonvictims only)</td>
</tr>
</tbody>
</table>
Hypotheses and Data Analyses

Figures 1 illustrated the first hypothesis of the present study. The first hypothesis addressed the relationship of past history of abuse, alcohol use, risk perception, self-efficacy and psychological barriers, to the predicted behavioral responses. It was hypothesized that women’s past history of victimization, alcohol use, perceived vulnerability for sexual victimization, perceived self-efficacy, and the perceived psychological barriers would be associated with participants’ anticipated use of diplomatic responses and assertive responses. Particularly, women without a past history of victimization who reported light drinking, perceived themselves to be at lower risk for sexual assault, and had higher perceived self-efficacy and fewer psychological barriers would be more likely to predict that they would use assertive responses. Conversely, women who were victimized previously and drank heavily, perceived themselves to be at a higher risk for sexual victimization, and had lower perceived self-efficacy and more psychological barriers, would be more likely to predict that they would use diplomatic responses to protect themselves in an assault.

To test this hypothesis with regression analysis, alcohol use and past history of sexual victimization in childhood and adolescence were forced in the first block to control for the variance associated with these variables. In order to select the significant predictive variables among psychological barriers to responding to a sexual assault, perceived vulnerability and self-efficacy, anticipated use of resistance strategies (assertive and diplomatic responses) were regressed on history of victimization in childhood and adolescence, alcohol use, self-efficacy, perceived vulnerability and
psychological barriers in a stepwise manner in the second step of the regression analysis.

Figure 1. Hypothesis 1: Proposed stepwise regression analyses of predicted use of assertive and diplomatic responses
The second hypothesis addressed the prediction of sexual victimization during the follow-up period. In line with previous research findings on risk factors for sexual victimization, it was hypothesized that a past history of victimization, alcohol use, perception of vulnerability, self-efficacy, and psychological barriers could be used to significantly predict sexual victimization during the quarter. In particular, it was predicted that women who had a past history of sexual victimization in childhood and adolescence, binge drank, perceived themselves to be at a higher risk for sexual assault, and had lower feelings of self-efficacy and more psychological barriers would be significantly more likely to be assaulted during the quarter. A logistic regression analysis was performed to investigate the contribution of history of sexual victimization, alcohol use, and psychological factors in predicting the likelihood of victimization over the quarter. History of sexual victimization in childhood and adolescence and alcohol use were simultaneously forced in the first block in the model while perceived vulnerability to sexual victimization, perceived self-efficacy and psychological barriers were entered in a stepwise fashion in the second block as predictors in the logistic regression equation.
Figure 2. Hypothesis 1: Proposed stepwise regression analysis of prediction of sexual victimization over the quarter
The third hypothesis aims to investigate the factors associated with actual use of resistance strategies. A series of regression analyses were conducted with only women who were victimized during the quarter to explore the relationship between psychological and situational factors and the three emotional responses (i.e., sadness, anger, and confidence) and two resistance tactics that they used (assertive and diplomatic). Specifically, alcohol use by victim and offender during the assault, the severity of the attack, the length of time that the victim knew the offender, and the environment in which the assault occurred were included as situational variables, while the appraisal of threats, victims’ perceived responsibility for the assault, psychological barriers and emotional responses were included as psychological variables.

It was predicted that: (1) among women who were assaulted during the quarter, those who were intoxicated during the assault and were assaulted by a drunk but less violent perpetrator in an isolated environment would be more likely to use diplomatic responses. In a related vein, it was expected that: (2) among the victims, women who did not consume alcohol and who were assaulted by a sober but aggressive perpetrator in a non-isolated location would be more likely to use assertive responses.

It was also predicted that: (1) women who identified that they were isolated during the assault and subsequently blamed the offender, and perceived themselves as less vulnerable to sexual victimization and as more self-efficacious, would be more concerned about being injured and would be more likely to feel angry and confident to use assertive strategies to protect themselves. In turn, it was also expected that: (2)
women who detected that the offender was emotionally manipulative, and indicated that they blamed themselves for the assault, perceived themselves as more vulnerable to sexual victimization, felt less self-efficacious and were more self-conscious and concerned about preserving the relationship with the perpetrator would be more likely to feel sad and devised diplomatic resistance tactics to defend themselves.

To test these related hypotheses, five sets of stepwise regression analyses were performed separately to predict the emotional responses and the actual use of assertive and diplomatic responses. All stepwise regression analyses began with two steps. First, histories of childhood and adolescent sexual victimization were entered simultaneously in the first step to control for variance associated with these factors. Next, situational factors including severity of the attack, isolated environment, alcohol use by victim and offender, the length of time in which the victim knew the offender were entered simultaneously in the second step of the regression equation to remove the variance due to situational factors.

In the first sets of regression equations predicting emotional responses, after the variance of history of childhood and adolescence sexual victimization and situational factors were controlled for, each of emotional response (sadness, anger, and confidence) were regressed stepwise in the third step on perceived vulnerability to sexual victimization, self-efficacy, appraisal of threats (emotional manipulation and isolation), self- and offender-blame, and psychological barriers (self-consciousness, the desire to preserve the relationship, and the fear of exacerbating injury) so as to
identify the factors that contributed a significant amount of variance in emotional responses.

Similar to the first set of regression analyses, the second set of regression analyses predicting actual use of assertive and diplomatic response started with simultaneously entering sexual victimization history in childhood and adolescence and alcohol use in the first step to control for their associated variance. Subsequently, situational factors were simultaneously forced in the second step to remove the relevant variance. Finally, in order to single out the variables significantly predicted actual use of diplomatic responses in women who were victimized during the quarter, perceived vulnerability to sexual victimization, self-efficacy, appraisal of threats (emotional manipulation and isolation), self- and offender-blame, psychological barriers (self-consciousness, the desire to preserve the relationship, the fear of exacerbating injury and emotional responses were entered in a stepwise fashion in the third step.
Figure 3. Hypothesis 3: Proposed stepwise regression analyses of actual use of assertive and diplomatic responses
The last hypothesis concerns the accuracy of victims’ prediction. In this set of analyses, accuracy of prediction was determined by the comparison of behavioral response scores obtained in Session One (when they were asked about what they would do if an attempted assault occurred) and Session Two (when they reported on what they did in the assault situation) in women who were assaulted during the quarter. Difference scores of both behavioral responses were the absolute value of the sum of difference of individual item scores obtained in both sessions. Greater difference between the two scores indicated lesser accuracy, whereas a smaller difference indicated greater accuracy and these difference scores (calculated for each participant) were subsequently used as the criterion in two stepwise regression analyses that were performed to explore the factors that predicted reporting difference between the predicted and actual resistance strategies.

In both stepwise regression analyses predicting difference in victim’s anticipated and actual use of resistance tactics, histories of victimization in childhood and adolescence were always entered simultaneously in the first step to control for variance associated with these factors. Assault characteristics comprising severity of attack, alcohol use by victim and offender, the length of time that the victim knew the offender, and the environment in which the assault took place were always entered simultaneously for removal of related variance in the second step in these regression equations. Finally, stepwise regression was used in the third step to retain the variables predicted of discrepancies in behavioral responses. Variables entered in the third block in a stepwise manner included appraisal of threats (emotional manipulation and
isolation), self- and offender blame, psychological barriers (self-consciousness, the desire to preserve the relationship, and the fear of exacerbating injury), and emotional responses.

Figure 4. Hypothesis 4: Proposed stepwise regression analyses of accuracy of prediction of responses
Results

Sample Descriptive Characteristics

Sexual Behavior. The demographic questionnaire inquired about each participant’s sexual behavior and alcohol use at the time of the initial assessment. Approximately one-third (30.5%) of the participants reported that they had not had any consensual sexual intercourse. Among those who had consensual sexual intercourse, the mean age of first consensual sexual intercourse was 16.6 year of age ($SD = 1.40$) and the average number of consensual sexual partners was 2.09 ($SD = 2.00$).

Alcohol Use. Only 6.5% of the sample reported that they never consumed alcohol while 13.3% stated that they drank less than once a month. Approximately one quarter of the women (24.7%) reported that they drank one to three times a month, 38.6% drank one to two times each week, and 17% drank more than twice a week. Approximately one quarter of the women (23.7%) reported that they typically drank zero to two drinks per occasion, over half of the sample (56.2%) drank between three to six drinks per occasion, and about 20% of the women drank more than six drinks per occasion. Approximately 18% of the participants reported that they had not been intoxicated at any time in the past two months, 34.9% were intoxicated one to three times, 15.1% became intoxicated four to five times, 13.6% were drunk six to ten times, and 18.3% were intoxicated more than ten times in the past two months.
Table 3 lists the descriptive characteristics regarding sexual behaviors and past alcohol use for the sample as measured at the start of the study.

Women in the study were classified into four categories based on both their frequency and amount of alcohol use: (1) *nondrinkers* responded that they never drank alcohol or had not used alcohol in the past year, (2) *light drinkers* indicated that they drank a maximum of three times a month, and did not typically binge (less than 4 drinks per episode), (3) *moderate drinkers* reported that they engaged in infrequent binging episodes (a maximum of 3 times a month) or drank frequently (at least once a week) but did not binge, and (4) *heavy drinkers* reported that they drank a minimum of once a week and typically binged.
### Table 3.
**Descriptive Statistics for Sexual Behavior and Alcohol Use**

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age of first sexual intercourse</strong></td>
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<td></td>
</tr>
<tr>
<td>Never</td>
<td>104</td>
<td>31.70</td>
</tr>
<tr>
<td>≤ 13</td>
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<td>1.80</td>
</tr>
<tr>
<td>14</td>
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<td>46</td>
<td>14.00</td>
</tr>
<tr>
<td>≥ 19</td>
<td>17</td>
<td>5.20</td>
</tr>
<tr>
<td><strong>Number of sexual partners</strong></td>
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</tr>
<tr>
<td>None</td>
<td>101</td>
<td>31.20</td>
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<td>12</td>
<td>3.70</td>
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<td>≥7</td>
<td>23</td>
<td>7.10</td>
</tr>
<tr>
<td><strong>Frequency of alcohol use</strong></td>
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</tr>
<tr>
<td>Never/ not in past year</td>
<td>21</td>
<td>6.50</td>
</tr>
<tr>
<td>&lt; Once a month</td>
<td>43</td>
<td>13.30</td>
</tr>
<tr>
<td>1-3 times a month</td>
<td>80</td>
<td>24.70</td>
</tr>
<tr>
<td>1-2 times a week</td>
<td>125</td>
<td>38.60</td>
</tr>
<tr>
<td>&gt; Twice a week</td>
<td>55</td>
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Sexual Victimization Experiences. Victimization experiences prior to age 14 as measured by the Childhood Sexual Victimization Survey were categorized into three groups: (1) Non victims responded that they had not had an experience that resulted in any sexual activity with someone who was at least five years older, or involving some form of force or coercion, (2) moderate childhood sexual abuse victims reported that they had an experience where they were forced to engage in sexual activity with someone at least five years older but the incident did not involve attempted or completed intercourse, (3) severe childhood sexual abuse victims indicated that they had an experience where they were forced to have sexual intercourse, or that someone who was five years older attempted to have intercourse with them. There were 39 participants who were moderately sexually victimized before age 14, representing 11.89% of the entire sample, whereas 9 women (2.75%) experienced severe sexual victimization prior to age 14.

Women’s adolescent sexual victimization experiences and sexual victimization during the academic quarter were classified according to their highest level of victimization experienced as measured by the Sexual Experience Survey. Adolescent sexual victimizations that occurred after the age of 14 were categorized into three groups: (1) non-victims responded “no” to all the questions on the Sexual Experience Survey, (2) sexual coercion victims indicated that they were forced or coerced to engage in sexual activity including sexual touching but sexual intercourse did not occur, as well as sexual intercourse occurred under the verbal threat and pressure of authority, (3) rape victims reported that they had had sexual intercourse under the use
of physical force. Half of all the participants (50.61%) in the study had been the 
victims of some form of sexual aggression after age 14 but prior to the start of the 
study. One hundred and twenty-seven women (38.72%) were sexually coerced, and 35 
women (10.67 %) had experienced a rape. During the academic quarter, 
approximately one quarter of the sample were victimized sexually. There were 51 
women (23.28%) who experienced sexual coercion and 5 women (2.29 %) who were 
raped. Table 4 shows the frequencies and percentages of women who experienced 
childhood sexual victimization, adolescent sexual victimization, and sexual 
victimization over the two-month academic quarter.

*Psychological factors related to sexual victimization.* Behavioral responses to 
sexual victimization were measured by the Behavioral Response Questionnaire 
(Nurius et al., 2000). As shown in Table 5, a pair-sample t-test was conducted to 
compare the two behavioral responses anticipated by the participants in Session One. 
The results of the pair-sample t-test revealed that the participants in this study tended 
to endorse that they would be more likely to use assertive responses ($M = 3.20, SD = 
1.07$) than diplomatic responses ($M = 2.99, SD = .81$) when faced with an assaultive 
situation ($t = 2.73, p < .01$).

Additionally, results of post-hoc analysis of variance revealed that the 
anticipated behavioral responses of women who were victimized during the quarter 
did not differ from those who were not. Further, women who were victimized during 
the quarter were more likely to use diplomatic ($M = 2.46, SD = .95$) rather than 
assertive responses ($M = 1.96, SD = .98$) during the actual assault ($t = -2.86, p < .01$).
Additionally, these victims were not accurate in their prediction of both assertive and diplomatic responses to an actual assault (59% and 61% accuracy respectively).

Among the three psychological barriers as measured at Time one that women could experience when faced with sexual aggression as measured by the Psychological Barriers Instrument, a pair-sample t-test showed that the women in this study indicated that they were relatively more self-conscious ($M = 2.28, SD = 1.03; t = 2.84, p < .01$) and concerned about preserving the relationship ($M = 2.20, SD = 1.00; t = 4.06, p < .001$), than worried about exacerbating injury ($M = 2.02, SD = .87$).

Finally, the women in the current study did not perceive themselves to be vulnerable to sexual victimization as measured by the Perceived Vulnerability for Sexual Victimization Questionnaire ($M = 10.93, SD = 6.13$), and they tended to have high self-efficacy when asked about their anticipated ability to defend against sexual aggression ($M = 37.49, SD = 7.31$) on the Self-efficacy Scale.

*Participants’ anticipated and actual assault characteristics.* At Time 1, all the participants in the study were fairly realistic in their anticipated assault characteristics, according to the Predicted Scenario Instrument. The majority of the participants anticipated in Session One that the hypothetical future assault would take place in an isolated environment (72.3%). They also anticipated that the perpetrator was someone whom they knew (92.9%) and did not have sexual intercourse previously (85.1%). While they anticipated that both the victim (75.5%) and perpetrator (75.5%) drank alcohol, the majority of them expected that both the victim (92%) and perpetrator (66.9%) did not use other drugs during the hypothetical future assault.
Among women who were victimized during the quarter, similar patterns of assault characteristics were observed. Sixty percent of the victims reported that they were assaulted in an isolated environment. Virtually all of the victims were assaulted by someone they knew (98.2%), while 30.4% of them had prior sexual intercourse with the perpetrator. Relatively more victims reported that both the victim (58.9%) and perpetrator (62.5%) drank alcohol during the assault, but few of them indicated that the victim (5.4%) and perpetrator (10.7%) used other drugs.
Table 4.  
*Descriptive Statistics for Sexual Victimization Experience*

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Table 5.  
*Psychological Factors Relating to Sexual Victimization Measured at Session One*

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<td>Exacerbate injury</td>
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Hypothesis 1: Prediction of Anticipated Use of Resistance Strategies

Bivariate Correlations. Table 6 shows bivariate correlations among variables predicting the anticipated use of resistance responses. Anticipated use of assertive responses were significantly associated with perceived vulnerability ($r = -.13, p < .05$), self-consciousness ($r = -.27, p < .001$), and concerns about preserving the relationship ($r = -.33, p < .01$), suggesting that women who perceived themselves as less vulnerable, less self-conscious, and less concerned about preserving the relationship were more likely to anticipate using assertive responses to an assault. Diplomatic responses were significantly associated with self-consciousness ($r = .31, p < .001$), concerns about preserving the relationship ($r = .33, p < .001$), and the fear of exacerbating injury ($r = .14, p < .05$). Together, these findings indicated that those with greater self-consciousness, who were concerned about preserving the relationship and feared being injured, were more likely to anticipate that they would use diplomatic responses when faced with an assault situation.

Regression Analyses. It was hypothesized that childhood and adolescent sexual victimization, alcohol use, and psychological factors (i.e., self-efficacy, perceived vulnerability, and psychological barriers) would be associated with women’s anticipated use of both assertive and diplomatic responses to sexual aggression. Two stepwise multiple regression analyses were performed to investigate how well the range of variables would predict anticipated resistance strategies (assertive and diplomatic). In both regressions, childhood sexual victimization, adolescent sexual victimization, and alcohol use were always forced simultaneously in
the first step of the model. Perceived vulnerability, self-efficacy and psychological barriers (i.e., self-consciousness, the desire to preserve the relationship, and the fear of exacerbating injury) were entered stepwise in the second step in these regression equations in order to select the predictive variables. Descriptive data for all the variables tested in Hypothesis 1 can be found in Table 7.

*Women’s anticipated use of assertive responses.* When testing women’s anticipated use of assertive response strategies, none of the variables in the first block (i.e., childhood sexual victimization, adolescent sexual victimization and alcohol use) were significantly related to anticipated assertive responding. When the variables were entered stepwise in the second block, the desire to preserve the relationship was the most significant variable in predicting the anticipated use of assertive responses ($F$ change $= 41.69, p < .001$), accounting for an additional 12% of the variance. Self-efficacy became the next significant predictor of anticipated use of assertive responses ($F$ change $= 8.94, p < .01$) that accounted for an additional 3% of the variance. Following self-efficacy, the fear of exacerbating injury is the next predictor that contributed a significant increment (3%) in the variance in anticipated use of assertive responses ($F$ change $= 5.82, p < .05$). As the last significant predictor in the stepwise regression, self-consciousness was found to be predictive of assertive responding ($F$ change $= 6.29, p < .05$), accounting for additional 2% of the variance. The results suggested that less concern about preserving the relationship ($\beta = - .35; t = -6.45, p < .001$), increased self-efficacy ($\beta = .16; t = 2.99, p < .01$), greater concern about exacerbating injury ($\beta = .13; t = 2.41, p < .05$), and decreased sense of self-
consciousness ($\beta = -.17; t = 2.51, p < .05$) were associated with women’s belief that they would implement assertive response strategies. The detailed results of the regression analysis on anticipated assertive responses are listed in Table 8.

*Women’s anticipated use of diplomatic responses.* Table 9 displays the results of the regression analysis of women’s anticipated use of diplomatic responses. Variables in the first block did not account for a significant amount of variance in women’s anticipated use of diplomatic responses. Again, after removing the variance due to the variables in the first step, only the desire to preserve the relationship predicted a significant increment (10%) in the variance accounted for in the anticipated use of diplomatic responses ($F_{\text{change}} = 33.17, p < .001$). Particularly, greater concern about preserving the relationship ($\beta = .31; t = 5.76, p < .001$) was accompanied by women’s anticipated use of diplomatic responses, such that the women in the study who were concerned about preserving the relationship tended to report that they would use diplomatic responses if they encountered a future assault.
Table 6. Bivariate Correlations among Variables Predicting Anticipated Use of Resistance Strategies and Victimization

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*N = 328, *p < .05, **p < .01, ***p < .001*
Table 7. Variables Investigated to Predict Anticipated Use of Resistance Strategies

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Table 8.  
Stepwise Regression Analysis: Predictors of Anticipated Use of Assertive Responses

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<td>.17***</td>
</tr>
</tbody>
</table>

$N = 328$, *$p<.05$, **$p<.01$, ***$p<.001$

Note: Perceived vulnerability was not found to be significantly predictive of anticipated use of assertive and was excluded from the model.
Table 9.  
Stepwise Regression Analysis: Predictors of Anticipated Use of Diplomatic Responses

<table>
<thead>
<tr>
<th>Step</th>
<th>Standardized Coefficients $\beta$</th>
<th>SE</th>
<th>$R$</th>
<th>$R^2$ Changed</th>
<th>Adjusted $R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Childhood sexual victimization</td>
<td>-.10</td>
<td>.10</td>
<td></td>
<td>.02 *</td>
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<tr>
<td>Adolescent sexual victimization</td>
<td>.11</td>
<td>.06</td>
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<td></td>
</tr>
<tr>
<td>Alcohol use</td>
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<td>.04</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preserve relationship</td>
<td>.31</td>
<td>***.10</td>
<td>.11***</td>
<td></td>
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$N=328$, *$p<.05$, **$p<.01$, ***$p<.001$

Note: Perceived vulnerability, self-efficacy, self-consciousness, and the fear of exacerbating injury were not found to be significantly predictive of anticipated use of diplomatic response and were excluded from the model.
Hypothesis 2: Prediction of Sexual Victimization over the Quarter

**Bivariate correlations.** Among the variables tested in Hypothesis 2, victimization over the quarter was associated with childhood \( r = .16, p < .05 \) and adolescent sexual victimization \( r = .44, p < .001 \), and perceived vulnerability to sexual assault \( r = .16, p < .05 \). These correlations suggested that women with a history of childhood or adolescent sexual victimization and those who perceived themselves as more vulnerable to sexual assault were more likely to be assaulted during the quarter. Bivariate correlations among variables predicting victimization over the quarter are listed in Table 6.

**Regression analysis.** It was hypothesized that women with a history of childhood or adolescent sexual victimization, who were heavy drinkers, who perceived themselves to be at high risk but with low self-efficacy, would be more likely to be assaulted during the quarter. Additionally, women who were more self-conscious, concerned about preserving the relationship, and worried about exacerbating injury would be more likely to experience sexual aggression over the quarter. A logistic regression analysis was performed to examine the importance of history of childhood and adolescent sexual victimization, alcohol use, perceived vulnerability, self-efficacy, and psychological factors (i.e., perceived vulnerability, self-efficacy, and psychological barriers) in predicting sexual victimization during the quarter. History of childhood and adolescent sexual victimization and alcohol use were entered simultaneously in the first block. The second block in the model included perceived vulnerability, self-efficacy, and psychological barriers (i.e., self-
consciousness, the desire to preserve the relationship, and the fear of exacerbating injury). Sexual victimization over the two-month academic quarter served as the dichotomous dependent variable. Descriptive data for all the variables tested in Hypothesis 2 are listed in Table 10.

The first block in the regression model significantly accounted for 20% of the variance [$\chi^2 (7 \text{ df}) = 48.32, p < .001]$ in sexual victimization during the quarter. Childhood sexual victimization was not a significant predictor of victimization during the quarter. Relative to women without history of adolescent sexual victimization, women who reported a history of victimization in adolescence were more likely to be victimized during the follow-up [$Wald (2) = 29.92, p < .001$]. Sexual coercion victims were 9.59 times more likely to be victimized over the quarter than those without such experience [$Wald (1) = 25.81, p < .001$]. More dramatically, in comparison with women who never experienced sexual aggression in adolescence, the likelihood for women who were raped in adolescence to be victimized over the quarter was 13.70 times greater than those who did not have such experience [$Wald (1) = 19.36, p < .001$]. Surprisingly, alcohol use was not predictive of victimization over the quarter. Furthermore, no variables entered in the second block were significantly predictive of victimization over the quarter. The results of the logistic regression can be found in Table 11.
Table 10. *Variables Investigated to Predict Sexual Victimization during the Quarter*

<table>
<thead>
<tr>
<th>Predictive Variable</th>
<th>Measure</th>
<th>Number of items</th>
<th>Number of levels</th>
<th>Time of data collection</th>
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<td>Childhood sexual victimization</td>
<td>Childhood Sexual Victimization Survey</td>
<td>40</td>
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<tr>
<td>Adolescent sexual victimization</td>
<td>Sexual Experience Survey</td>
<td>10</td>
<td>4</td>
<td>Session One</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>Demographic Questionnaire</td>
<td>2</td>
<td>4</td>
<td>Session One</td>
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<td>Self-Efficacy</td>
<td>Self-Efficacy Scale</td>
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<td>7</td>
<td>Session One</td>
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<td>Perceived vulnerability</td>
<td>Perceived Vulnerability of Sexual Victimization Questionnaire</td>
<td>5</td>
<td>7</td>
<td>Session One</td>
</tr>
<tr>
<td>Self-consciousness</td>
<td>Psychological Barriers Instrument</td>
<td>3</td>
<td>5</td>
<td>Session One</td>
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<tr>
<td>Preserve relationship</td>
<td>Psychological Barriers Instrument</td>
<td>3</td>
<td>5</td>
<td>Session One</td>
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<tr>
<td>Exacerbate injury</td>
<td>Psychological Barriers Instrument</td>
<td>4</td>
<td>5</td>
<td>Session One</td>
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<tr>
<td>Criterion Variable</td>
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<td></td>
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<tr>
<td>Victimization over the quarter</td>
<td>Sexual Experience Survey</td>
<td>10</td>
<td>2</td>
<td>Session Two</td>
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Table 11.
Logistic Regression Analysis of Sexual Victimization during the Quarter

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<th>Odds Ratio</th>
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<td>2.79</td>
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<td></td>
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<tr>
<td>Moderate</td>
<td>3.45</td>
<td>1</td>
<td>2.79</td>
</tr>
<tr>
<td>Severe</td>
<td>.27</td>
<td>1</td>
<td>1.59</td>
</tr>
<tr>
<td>Adolescent sexual victimization</td>
<td>29.91</td>
<td>2</td>
<td>9.59</td>
</tr>
<tr>
<td>None (reference)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sexual coercion victim</td>
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<td>1</td>
<td>9.59</td>
</tr>
<tr>
<td>Rape victim</td>
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<tr>
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<tr>
<td>None (reference)</td>
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<tr>
<td>Light</td>
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<td>1</td>
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<tr>
<td>Moderate</td>
<td>.17</td>
<td>1</td>
<td>.83</td>
</tr>
<tr>
<td>Heavy</td>
<td>.01</td>
<td>1</td>
<td>.95</td>
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</table>

\( R^2 = .20 \)

\( N = 328, \quad *p<.05, \quad **p<.01, \quad ***p<.001 \)
Hypothesis 3: Prediction of Emotional Response and Actual Use of Resistance Strategies for Women Victimized over the Quarter

*Bivariate correlations.* Table 12 lists the correlation coefficients for variables examined in Hypothesis 3. Actual use of assertive responses was associated with severity of the attack \( (r = .63, p < .001) \), primary appraisal of being isolated \( (r = .46, p < .001) \), victim’s reported alcohol use \( (r = -.30, p < .05) \), fear of exacerbating injury \( (r = .58, p < .001) \), anger \( (r = .41, p < .01) \), and confidence \( (r = .33, p < .05) \). This pattern of associations indicated that with increasing severity of attack, greater sense of being isolated, more fear of exacerbating injury, and less alcohol use reported on the part of the victim during the assault, the greater the likelihood that she used assertive responses to protect herself during the assault. Similarly, victims reporting more anger and confidence were more likely to defend themselves assertively. Actual use of diplomatic responses was associated with perceived vulnerability \( (r = .32, p < .05) \), primary appraisal of emotional manipulation \( (r = .34, p < .05) \), self-consciousness \( (r = .39, p < .01) \), and the desire to preserve the relationship \( (r = .33, p < .05) \). Thus, victims with greater perceived vulnerability, who reported greater awareness of emotional manipulation, indicated greater self-consciousness and more desire to preserve the relationship, were more likely to report that they responded diplomatically to the assault. Victim’s emotional response of sadness during the assault was associated with history of sexual victimization in childhood \( (r = .35, p < .05) \), severity of the attack \( (r = .45, p < .001) \), her self-consciousness \( (r = .30, p < .05) \), and her fear of exacerbating injury \( (r = .45, p < .001) \). In addition, victim’s emotional
response of anger to the assault was associated with severity of the attack \( (r = .65, p < .001) \); her primary appraisal of being emotionally manipulated \( (r = .35, p < .051) \) and being isolated \( (r = .39, p < .01) \), and her fear of exacerbating injury \( (r = .43, p < .01) \). Similarly, victims’ emotional response of confidence was associated with the severity of the attack \( (r = .40, p < .01) \). Therefore, a sexual victimization in childhood was associated with greater sadness in response to victimization during the quarter. Furthermore, the more severe the attack, the greater self-consciousness and fear of exacerbating injury on the part of the victim, the more likely she was to feel sad. Additionally, the greater the fear of exacerbating injury, and the greater the threat of being emotionally manipulated and isolated, the angrier she felt. Victims were more likely to feel confident when faced with a more severe assault.

**Regression Analyses.** A total of five regression analyses were conducted in exploring the third stated hypothesis. First, three stepwise regression analyses were performed to predict the emotional responses (i.e., sadness, anger, and confidence) of women who were victimized during the follow-up. Two further stepwise regression analyses were performed separately to predict the actual use of assertive and diplomatic responses of women who were victimized during the quarter. For all five regressions, histories of childhood and adolescent sexual victimization were simultaneously entered in the first step of these regression equations in controlling for variance associated with these factors. Similarly, assault characteristics including severity of the attack, victim’s and perpetrator’s alcohol use, isolated environment and
the length of time that the victim knew the perpetrator were also forced in the second step in all five regression analyses so as to remove the associated variance.

In the third step of the first three regression analyses, variables including perceived vulnerability, self-efficacy, primary appraisal of threats (i.e., emotional manipulation, isolation), self-blame, offender-blame, self-consciousness, desire to preserve the relationship, and fear of exacerbating injury were regressed on the emotional criteria (i.e., sadness, anger, and confidence) in a stepwise fashion in order to identify the factors that significantly predicted emotional responses. In the third step of the latter two regression analyses, actual use of assertive and diplomatic responses were regressed stepwise on perceived vulnerability to sexual victimization, emotional manipulation, isolation, self-efficacy, self- and offender-blame, psychological barriers and emotional responses to single out the factors significantly contributed to the variance in actual use of behavioral responses. Descriptive data for variables investigated in Hypothesis 3 are listed in Table 13.

The prediction of emotional responses. After controlling for sexual victimization history in childhood and adolescence, and assault characteristics, sadness was predicted significantly by self-consciousness and the fear of exacerbating injury, accounting for an additional 10% and 8% of the variance respectively in the emotional response of sadness in victims \( F \text{ Change (self-consciousness) } = 7.25, p < .01; F \text{ Change (fear of exacerbating injury) } = 5.72, p < .05 \). The more self-consciousness \( \beta = .36; t = 2.69, p < .01 \) and the greater the fear of exacerbating
injury ($\beta = .36; t = 2.39, p < .05$) on the part of the victim, the more likely she was to feel sad during the assault.

Anger was only predicted by the primary appraisal of the threat of being isolated, accounting for an additional 6% of the variance in the victim’s emotional response of anger [$F_{\text{Change}} = 6.31, p < .05$], after the variance related to sexual victimization in childhood and adolescence and assault characteristics were removed. This indicated that the increased appraisal of being isolated ($\beta = .31; t = 2.51, p < .05$) led to more anger on the part of the victim.

Interestingly, after controlling for the variance associated with sexual victimization history in childhood and adolescence, alcohol use, the emotional response of confidence was only predicted significantly by assault characteristics which accounted for an additional 28% of the variance; [$F_{\text{Change}} = 2.44, p < .05$]. The finding suggested that the more severe the attack, the more confident the victim ($\beta = .47; t = 2.97, p < .01$). None of the variables entered in the third step were retained in the stepwise regression equation. The results of the regression of childhood and adolescent victimization experience, assault characteristics, perceived vulnerability, self-efficacy, primary appraisal of threat, perceived responsibility, and psychological barriers on emotional response of sadness, anger, and confidence can be found in Tables 14, 15, and 16 respectively.

**The prediction of actual use of behavioral responses.** Results of the stepwise regression of actual use of assertive responses in victims revealed that sexual victimization in childhood and adolescence did not account for a significant amount of
variance associated with assertive responding. All situational factors entered in the second step of the regression equation were significantly predictive of actual use of assertive responses \((F \text{ Change} = 6.84, p < .001)\), accounting for 42% of the variance. In particular, the severity of attack was associated with the actual use of assertive responses \((\beta = .57; t = 4.53, p < .001)\), suggesting that victims were more likely to respond assertively when the attack was severe. Among the variables tested in the third step in the stepwise regression, the fear of being injured and the emotional response of sadness were retained in the model, accounting for a significant 10% and 5% of the variance respectively in victim’s actual use of assertive responses \([F \text{ Change (exacerbate injury)} = 9.80, p < .01; F \text{ Change (sadness)} = 5.99, p < .05]\). In particular, greater fear of being injured \((\beta = .41; t = 18, p < .01)\) and heightened sadness on the part of the victim \((\beta = -.27; t = -2.45, p < .05)\) was accompanied by increased use of assertive responses, indicating that when a woman worried about being harmed and she did not feel sad during the assault, she tended to defend herself assertively.

The stepwise regression analysis predicting the actual use of diplomatic responses indicated that none of the variables in the first and second step was significantly predictive of victim’s actual diplomatic responding. Moreover, only the desire to preserve the relationship accounted for additional 11% of the variance, with the removal of the variance due to history of victimization and assault characteristics \((F \text{ Change} = 6.31, p < .05)\). This suggests that victims who were concerned more about preserving the relationship were more likely to respond diplomatically to the
assault ($\beta = .36; t = 2.53, p < .05$). Standardized coefficients $\beta$, standard error, and adjusted $R^2$ in the regression analysis of the actual use of assertive and diplomatic responses can be found in Table 17 and 18 respectively.
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<th>7</th>
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<tbody>
<tr>
<td>1. Actual use of Assertive</td>
<td>-</td>
<td>.11</td>
<td>-.16</td>
<td>-.25</td>
<td>.01</td>
<td>.28</td>
<td>-.05</td>
<td>-.05</td>
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<tr>
<td>response</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
| 2. Actual use of Diplomatic   | -     |       | .06   | -.32  | *     | .08   | -.14  | -.01  | .32   | *
| response                      |       |       |       |       |       |       |       |       |       |
| 3. Difference in assertive    | -     |       | .25   | -.05  | .05   | -.08  | -.06  |       |       |
| response                      |       |       |       |       |       |       |       |       |       |
| 4. Difference in diplomatic  | -     |       |       | -.38  | **    | -.03  | -.06  | -.35  | **   |
| response                      |       |       |       |       |       |       |       |       |       |
| 5. Childhood sexual           | -     |       |       | -.02  | .02   | .05   |       |       |       |
| victimization                 |       |       |       |       |       |       |       |       |       |
| 6. Adolescent sexual          | -     |       |       |       | -.06  | .10   |       |       |       |
| victimization                 |       |       |       |       |       |       |       |       |       |
| 7. Alcohol use                | -     |       |       |       |       |       | -.08  |       |       |
| 8. Perceived vulnerability    | -     |       |       |       |       |       |       |       |       |

*N = 52, *p < .05, **p < .01, ***p < .001*
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<td>.63</td>
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<td>6. Adolescent sexual</td>
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<td>.35</td>
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<td>.17</td>
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* N = 52, *p<.05, **p<.01, ***p<.001
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<td>.15</td>
<td>.41 **</td>
<td>.33 *</td>
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<tr>
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<td>.07</td>
<td>.39 **</td>
<td>.33 *</td>
<td>.04</td>
<td>.17</td>
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<td>4. Difference in diplomatic response</td>
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\( N = 52, \ast p < .05, \ast \ast p < .01, \ast \ast \ast p < .001 \)
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Table 13. *Descriptive Statistics for Variables Predicting Actual Use of Resistance Strategies*

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**Stepwise Regression Analysis: Predicting Emotional Response of Sadness in Women Who Were Victimized during the Quarter**

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<td>.36 *</td>
<td>.23</td>
<td></td>
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</tr>
</tbody>
</table>

$N = 52, *p<.05, **p<.01, ***p<.001$

Note: Perceived vulnerability, self-efficacy, self-blame, offender-blame, appraisal of being emotional manipulated and isolated, the desire to preserve the relationship, and the fear of exacerbating injury were not found to be significantly predictive of emotional response of sadness and were excluded from the model.
Table 15.
*Stepwise Regression Analysis: Predicting Emotional Response of Anger in Women Who WereVictimized during the Quarter*

<table>
<thead>
<tr>
<th>Step</th>
<th>Standardized Coefficients $\beta$</th>
<th>$SE$</th>
<th>$R$</th>
<th>$R^2$ Changed</th>
<th>Adjusted $R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Childhood sexual victimization</td>
<td>.21</td>
<td>.24</td>
<td></td>
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<tr>
<td></td>
<td>Adolescent sexual victimization</td>
<td>.03</td>
<td>.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Severity of attack</td>
<td>.71</td>
<td>.07</td>
<td>***</td>
<td>.41</td>
</tr>
<tr>
<td></td>
<td>Isolated environment</td>
<td>-.15</td>
<td>.22</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Victim’s alcohol use</td>
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<td>.14</td>
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<tr>
<td></td>
<td>Perpetrator’s alcohol use</td>
<td>-.21</td>
<td>.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time known perpetrator</td>
<td>.03</td>
<td>.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Primary appraisal of being isolated</td>
<td>.32</td>
<td>.14</td>
<td>*</td>
<td>.48</td>
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</tbody>
</table>

$N = 52$, *$p<.05$, **$p<.01$, ***$p<.001$

Note: Perceived vulnerability, self-efficacy, self-blame, offender-blame, appraisal of being isolated, the desire to preserve the relationship, self-consciousness and the fear of exacerbating injury were not found to be significantly predictive of the emotional response of anger and were excluded from the model.
Table 16.
Stepwise Regression Analysis: Predicting Emotional Response of Confidence in Women Who Were Victimized during the Quarter

<table>
<thead>
<tr>
<th></th>
<th>Standardized Coefficients β</th>
<th>SE</th>
<th>R</th>
<th>R² Changed</th>
<th>Adjusted R²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
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<td></td>
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<td></td>
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<tr>
<td>Childhood sexual</td>
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<td>.30</td>
<td>.15</td>
<td>-.02</td>
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<tr>
<td>Adolescent sexual</td>
<td>.00</td>
<td>.29</td>
<td>.00</td>
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</tr>
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<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severity of attack</td>
<td>.47 **</td>
<td>.13</td>
<td>.49</td>
<td>.22 *</td>
<td>.12</td>
</tr>
<tr>
<td>Isolated environment</td>
<td>-.27</td>
<td>.34</td>
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<tr>
<td>Victim’s alcohol use</td>
<td>-.04</td>
<td>.22</td>
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<tr>
<td>Perpetrator’s alcohol use</td>
<td>-.04</td>
<td>.20</td>
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<td>Time known perpetrator</td>
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N = 52,  *p<.05, **p<.01, ***p<.001

Note: Perceived vulnerability, self-efficacy, self-blame, offender-blame, appraisal of being emotional manipulated and isolated, the desire to preserve the relationship, self-consciousness and the fear of exacerbating injury were not found to be significantly predictive of the emotional response of confidence and were excluded from the model.
Table 17.
*Stepwise Regression Analysis: Predicting Actual Use of Assertive Response in Women Who Were Victimized during the Quarter*

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Standardized Coefficients β</th>
<th>SE</th>
<th>R</th>
<th>R² Changed</th>
<th>Adjusted R²</th>
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<tr>
<td>Adolescent sexual victimization</td>
<td>.26</td>
<td>.23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td>R²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severity of attack</td>
<td>.57 ***</td>
<td>.08</td>
<td>.69</td>
<td>.42 ***</td>
<td>.40***</td>
</tr>
<tr>
<td>Isolated environment</td>
<td>-.16</td>
<td>.23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim’s alcohol use</td>
<td>.36</td>
<td>.15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetrator’s alcohol use</td>
<td>-.23</td>
<td>.14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time known perpetrator</td>
<td>-.17</td>
<td>.15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
<td>R²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exacerbate injury</td>
<td>.41 **</td>
<td>.18</td>
<td>.76</td>
<td>.10 **</td>
<td>.50**</td>
</tr>
<tr>
<td>Step 4</td>
<td></td>
<td></td>
<td>R²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td>-.27 *</td>
<td>.10</td>
<td>.79</td>
<td>.05 *</td>
<td>.56*</td>
</tr>
</tbody>
</table>

*N = 52,  *p<.05, **p<.01, ***p<.001*

Note: Perceived vulnerability, self-efficacy, self-blame, offender-blame, appraisal of being emotional manipulated, the desire to preserve the relationship, self-consciousness and the emotional response of anger and confidence were not found to be significantly predictive of the assertive response and were excluded from the model.
### Table 18.  
**Stepwise Regression Analysis: Predicting Actual Use of Diplomatic Response in Women Who Were Victimized during the Quarter**

<table>
<thead>
<tr>
<th>Step</th>
<th>Standardized Coefficients $\beta$</th>
<th>$SE$</th>
<th>$R$</th>
<th>$R^2$ Changed</th>
<th>Adjusted $R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Childhood sexual victimization</td>
<td>.06</td>
<td>.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adolescent sexual victimization</td>
<td>-.15</td>
<td>.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Severity of attack</td>
<td>.06</td>
<td>.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Isolated environment</td>
<td>-.19</td>
<td>.27</td>
<td></td>
<td>.05</td>
</tr>
<tr>
<td></td>
<td>Victim’s alcohol use</td>
<td>.25</td>
<td>.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perpetrator’s alcohol use</td>
<td>-.55 *</td>
<td>.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time known perpetrator</td>
<td>.16</td>
<td>.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preserve relationship</td>
<td>.36 *</td>
<td>.13</td>
<td>*</td>
<td>.16*</td>
</tr>
</tbody>
</table>

$N = 52$, *$p<.05$, **$p<.01$, ***$p<.001$

Note: Perceived vulnerability, self-efficacy, self-blame, offender-blame, appraisal of being emotional manipulated and isolated, the fear of exacerbating injury, self-consciousness and the emotional response of anger, sadness and confidence were not found to be significantly predictive of the diplomatic response and were excluded from the model.
Hypothesis 4: Prediction of the Accuracy of Victim’s Anticipated Responses

Bivariate correlations. As shown in Table 12, difference scores between anticipated and actual use of assertive response strategies was significantly correlated with self-consciousness ($r = -0.30, p < .05$), indicating that the less self-consciousness on the part of the victim was accompanied by reduced accuracy in her earlier anticipated use of assertive responses. Difference in diplomatic responses was significantly correlated with perceived vulnerability ($r = -0.38, p < .01$), victim’s alcohol use ($r = 0.33, p < .05$) and isolated environment ($r = 0.29, p < .05$), such that with lesser perceived vulnerability came greater alcohol use on the part of the victim, and being in an isolated environment, and reduced accuracy evidenced when regarding her anticipated diplomatic responses.

Regression analyses. Two multiple regressions were performed to examine the predictive value of difference between anticipated and actual responses of women in the sample who were assaulted during the quarter. Variables included in the model were always regressed on discrepancies in assertive and diplomatic responses in the three following steps. Histories of childhood and adolescent sexual victimization were entered simultaneously in the first step to remove the associated variance. Assault characteristics including severity of the attack, isolated environment, victim’s and perpetrator’s alcohol use, and the length of time for which the victim knew the perpetrator were also forced in the second step. In order to elucidate the variable potency, perceived vulnerability to sexual victimization, self-efficacy, perceived responsibility (i.e., self-blame and offender-blame) and primary appraisals of threat
(i.e., isolation and emotional manipulation), psychological barriers (i.e., self-consciousness, preserve relationship, and exacerbate injury) and emotional responses including sadness, anger and confidence were entered stepwise in the last step so that the significant predictors were retained. Table 19 shows the descriptive data for the variables tested in Hypothesis 4.

As shown in Table 20, both past victimization histories and assault characteristics were not predictive of accuracy in assertive responses. Among predictors entered in the third block of the regression equation, only self-consciousness accounted for significant variance (16%) in discrepancies calculated for victim’s actual use of assertive responses \( F_{\text{change}} = 8.99, p < .01 \), after the variance of past victimization history and assault characteristic was controlled for. This result suggested that with greater self-consciousness on the part of the victim came greater accuracy in her anticipated use of assertive responses \( \beta = -.45; t = -2.99, p < .01 \).

Past history of victimization in childhood is predictive of the accuracy of the prediction of diplomatic responses \( \beta = -.37; t = -2.07, p < .01 \). That is, women with a history of sexual victimization in childhood were more accurate in their prediction of diplomatic responses. Further, assault characteristic was not predictive of the accuracy in diplomatic responses. With the removal of history of victimization and assault characteristics, perceived vulnerability was the first predictive variable retained in the third block of the regression equation, significantly accounting for an additional 11% of the variance \( F_{\text{Change}} = 6.88, p < .05 \) in diplomatic response discrepancies. In
particular, low perceived vulnerability ($\beta = -.34; t = -2.62, p < .05$) was associated with less accuracy when regarding anticipated and actual diplomatic responses. Specifically, the more vulnerable the victim perceived herself to be, the more discrepant were her anticipated and actual diplomatic responses. Furthermore, the emotional response of sadness was the second predictor retained in the fourth block of the regression equation, accounting for a significant 8% of the variance ($F$ Change = 6.46, $p < .05$). The result reviews that victim’s sadness during the assault was related to the accuracy of her prediction in diplomatic responses ($\beta = .35; t = 2.54, p < .05$). This suggests that the more sadness on the part of the victim, the less accurate was her prediction of diplomatic responses. The results of the regression analysis of the difference in diplomatic responses are listed in Table 21.
Table 19. Variables Investigated to Access accuracy in Prediction of Resistance Strategies among Women Who Were Victimized during the Quarter

<table>
<thead>
<tr>
<th>Predictive Variable</th>
<th>Measure</th>
<th>Number of items</th>
<th>Number of levels</th>
<th>Time of data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood sexual victimization</td>
<td>Childhood Sexual Victimization Survey</td>
<td>40</td>
<td>3</td>
<td>Session One</td>
</tr>
<tr>
<td>Adolescent sexual victimization</td>
<td>Sexual Experience Survey</td>
<td>10</td>
<td>4</td>
<td>Session One</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>Self-Efficacy Scale</td>
<td>7</td>
<td>7</td>
<td>Session One</td>
</tr>
<tr>
<td>Perceived vulnerability</td>
<td>Perceived Vulnerability of Sexual Victimization Questionnaire</td>
<td>5</td>
<td>7</td>
<td>Session One</td>
</tr>
<tr>
<td>Severity of the attack</td>
<td>Severity of the Attack Questionnaire</td>
<td>12</td>
<td>2</td>
<td>Session Two</td>
</tr>
<tr>
<td>Isolated environment</td>
<td>Sexual Experience Survey</td>
<td>1</td>
<td>2</td>
<td>Session Two</td>
</tr>
<tr>
<td>Victim’s alcohol use</td>
<td>Sexual Experience Survey</td>
<td>1</td>
<td>4</td>
<td>Session Two</td>
</tr>
<tr>
<td>Perpetrator’s alcohol use</td>
<td>Sexual Experience Survey</td>
<td>1</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Time known perpetrator</td>
<td>Sexual Experience Survey</td>
<td>1</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Self-Blame</td>
<td>Self-Blame/Offender-Blame items</td>
<td>1</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Offender-Blame</td>
<td>Self-Blame/Offender-Blame items</td>
<td>1</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Isolation</td>
<td>Primary Appraisal of Threats Questionnaire</td>
<td>4</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Emotional manipulation</td>
<td>Primary Appraisal of Threats Questionnaire</td>
<td>3</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Preserve relationship</td>
<td>Psychological Barriers Instrument</td>
<td>3</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Self-Consciousness</td>
<td>Psychological Barriers Instrument</td>
<td>3</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Exacerbate injury</td>
<td>Psychological Barriers Instrument</td>
<td>4</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Sadness</td>
<td>Emotional Response Questionnaire</td>
<td>5</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Anger</td>
<td>Emotional Response Questionnaire</td>
<td>4</td>
<td>5</td>
<td>Session Two</td>
</tr>
<tr>
<td>Confident</td>
<td>Emotional Response Questionnaire</td>
<td>2</td>
<td>5</td>
<td>Session Two</td>
</tr>
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<tr>
<td>Difference in assertive response</td>
<td>Behavioral Response Questionnaire</td>
<td>5</td>
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<td>Session One and Two</td>
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<tr>
<td>Difference in diplomatic response</td>
<td>Behavioral Response Questionnaire</td>
<td>5</td>
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<td>Session One and Two</td>
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</table>
Table 20.
*Stepwise Regression Analysis: Predicting Accuracy of Anticipated Use of Assertive Response in Women Who Were Victimized during the Quarter*

<table>
<thead>
<tr>
<th>Standardized Coefficients $\beta$</th>
<th>$SE$</th>
<th>$R$</th>
<th>$R^2$ Changed</th>
<th>Adjusted $R^2$</th>
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<tbody>
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<td><strong>Step 1</strong></td>
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<td></td>
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<td>Childhood sexual victimization</td>
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<td>.06 -.04</td>
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<td>Adolescent sexual victimization</td>
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<td>.06</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
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<td>.31</td>
<td>.09</td>
<td>.06</td>
</tr>
<tr>
<td>Severity of attack</td>
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<td>Isolated environment</td>
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</table>

$N = 52$, *$p<.05$, **$p<.01$, ***$p<.001$*

Note: Perceived vulnerability, self-efficacy, self-blame, offender-blame, appraisal of being emotional manipulated and isolated, the fear of exacerbating injury, the desire to preserve the relationship and the emotional response of anger, sadness and confidence were not found to be significantly predictive of the difference in anticipated and actual use of assertive response and were excluded from the model.
Table 21.  
*Stepwise Regression Analysis: Predicting Accuracy of Anticipated Use of Diplomatic Response in Women Who Were Victimized during the Quarter*

<table>
<thead>
<tr>
<th>Step</th>
<th>Standardized Coefficients β</th>
<th>SE</th>
<th>R</th>
<th>R² Changed</th>
<th>Adjusted R²</th>
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</thead>
<tbody>
<tr>
<td>Step 1</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Childhood sexual victimization</td>
<td>-.37**</td>
<td>.79</td>
<td>.37</td>
<td>.10*</td>
<td></td>
</tr>
<tr>
<td>Adolescent sexual victimization</td>
<td>-.05</td>
<td>.68</td>
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</tr>
<tr>
<td>Step 2</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severity of attack</td>
<td>-.11</td>
<td>.31</td>
<td>.52</td>
<td>.15</td>
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</tr>
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<td>.84</td>
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<td></td>
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</tr>
<tr>
<td>Victim’s alcohol use</td>
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<td>.55</td>
<td>.52</td>
<td></td>
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</tr>
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<td>Perpetrator’s alcohol use</td>
<td>.31</td>
<td>.52</td>
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<td></td>
</tr>
<tr>
<td>Time known perpetrator</td>
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<td>.55</td>
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<tr>
<td>Step 3</td>
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<td>.62</td>
<td>.11 **</td>
<td>.38**</td>
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<td>.68</td>
<td>.08 *</td>
<td>.47**</td>
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</tbody>
</table>

*N = 52, *p<.05, **p<.01, ***p<.001*

Note: Self-efficacy, self-blame, offender-blame, appraisal of being emotional manipulated and isolated, the fear of exacerbating injury, self-consciousness, the desire to preserve the relationship and the emotional response of anger and confidence were not found to be significantly predictive of the difference in anticipated and actual use of diplomatic response and were excluded from the model.
Discussion

Sexual aggression continues to be a serious threat for women. A large proportion of women have experienced some form of sexual coercion in their lifetimes (e.g., Kilpatrick et al., 1992). However, there has not been any effective rape prevention program protecting women from sexual aggression (Rozee, 2000). Thus, the need to understand how women respond to sexual assault and effective ways for women to reduce their risk for such experiences has become an important area of research. Recently, investigators have focused on the effectiveness of different resistance tactics for sexual assault. Assertive responses generally encompass a variety of resistance strategies such as physical defense, whereas diplomatic responses include verbal strategies to elicit help from others or avoid the attack. It is important to understand why women still choose specific resistance strategies as studies consistently demonstrate that assertive responses are more effective in avoiding rape (Rozee & Koss, 2001).

Nurius and her colleagues (1996) were the first group of researchers who investigated the psychological factors determining women’s resistance tactics. They found that victims’ cognitive appraisals, psychological barriers, and emotions played a significant role in predicting their behavioral responses to a sexual assault (Nurius et al., 2000). While alcohol use has been demonstrated to influence women’s resistance strategies in an assault by impairing women’s ability to resist (Norris, Nurius, & Dimeff, 1996), and by escalating the offender’s sexual aggression (Seta & Barberee, 1995), it was not included in Nurius et al.’s (2000) analyses. Thus, it is difficult to
determine whether the victims’ impaired ability was due to alcohol or their psychological barriers impinging on their ability to resist the assault. In the same vein, studies have shown that women who were previously assaulted were more likely to be sexually revictimized (e.g., Gidycz, et al., 1993; Roodman & Clum, 2001). These women were also more likely to use indirect means to resist (Nurius, et al., 1996). How past victimization history predicts a woman’s resistance tactics remains unknown. Although less studied, women’s self-efficacy was found to be related to sexual victimization (Calhoun et al., 2001). Given the interrelationship of these sexual victimization variables, it was the objective of this study to examine factors that may influence women’s resistance strategies in a comprehensive analysis.

The present study is the first study that attempted to integrate many of the factors that previous studies investigated. Background factors examined included past history of childhood and adolescent sexual victimization and alcohol use. A number of psychological factors relating to sexual victimization were also investigated, including perceived vulnerability, self-efficacy, and psychological barriers. Further, assault-related variables consisting of the severity of the attack, victim’s and perpetrator’s alcohol use, isolated environments, and the length of time that the victim knew the perpetrator were included in the analyses. Women’s ability to detect threat prior to the assault and their attribution of responsibility were also psychological factors examined in this investigation. In addition, the study was particularly interested in the relationship of women’s emotional and behavioral responses to sexual aggression. The current study used a prospective design to explore the relationship among these
variables. Women were asked to predict their responses to an acquaintance assault at the beginning of the quarter. Approximately two months later, they returned to report if they had any sexual victimization experiences. Those who were assaulted over the interim between the initial assessment and the follow-up were asked to indicate their emotional responses and actual use of resistance strategies during the assault. Regression analyses were performed to examine factors that influenced the likelihood of victimization and women’s diplomatic and assertive responses to the assault.

*Frequency of Sexual Assault*

Almost half of the women (49.39%) in the current study had a sexual victimization experience after the age of 14 but prior to the start of the study. The proportion of these women is comparable to other studies, which reported a prevalence rate at 54% of sexual victimization after the age of 14 in a college population (Koss, Gidycz, & Wisniewski, 1987). Additionally, the proportion of women (11%) who revealed that they were forced to have sexual intercourse against their will after age 14 is lower than the prevalence rate reported in previous studies (Brener, McMahon, Warren, & Douglas, 1999). The rate of sexual victimization over the quarter in this sample is slightly higher (23%), but comparable to previous studies, which found that between 18% and 21% of college students were assaulted over the academic quarter (e.g. Gidycz, Coble, Latham, & Layman, 1993; Gidycz et al., 1998; Gidycz, Hanson, & Layman, 1995; Van Wynsberghe & Gidycz, 2002). The rate of rape (2.29%) found in the present study is also comparable to previous findings (Gidycz et al., 1995).
Primary Hypotheses

Women’s Anticipated Use of Resistance Strategies

The results of a stepwise regression analysis revealed that different psychological barriers are associated with the two types of resistance strategies at least when one is asked about a hypothetical sexual assault. Consistent with previous findings (Nurius et al., 2000), women in the present study who were less concerned about preserving the relationship and worried more about being injured predicted that they would be more likely to defend themselves assertively when faced with a future assault. Conversely, the greater the woman’s concerns about preserving the relationship, the more likely she was to predict the use of diplomatic resistance tactics in respond to a hypothetical assault. Unlike the women in Nurius et al.’s (2000) study, the college women in the current study who felt less self-conscious tended to endorse assertive responses to a hypothetical future assault. The results indicated that women’s choice of resistance tactic could be a function of their concerns within a certain context. As Cook (1995) contended, women usually weigh the benefits of taking necessary action to defend themselves against the cost of being humiliated, rejected by a man, or damaging the relationship. Nurius (2000) also believes that the environment in which a sexual assault often takes place is associated with familiar people and settings. Therefore, their desire to present themselves in a positive light may impinge on their willingness to take more assertive measures even when they can detect forthcoming threats. Further, consistent with the findings from Calhoun et al’s (2001) sexual assault prevention program evaluation, the current study found that perceived self-efficacy
was predictive of women’s anticipated use of assertive responses. Fortunately, past research has demonstrated that women’s self-efficacy to defend themselves can be strengthened through training (Ozer & Bandura, 1990).

Although some researchers suggested that women’s past history of sexual victimization may influence their choice of resistance strategies (e.g., Kelly & DeKeseredy, 1996; Nurius, Norris, Dimeff, and Graham, 1996), the current study did not find supporting evidence. College women in this sample appeared to report their predicted resistance strategies to a future assault independent of their past sexual victimization experience. However, the relationship between past history of sexual victimization and women’s choice of resistance strategies is further complicated by the results of bivariate analyses indicating that history of sexual victimization in adolescence was associated with greater perceived vulnerability and lower feelings of self-efficacy to resist. Post-hoc analyses revealed that past victims and nonvictims did not differ on their choice of anticipated assertive responses, but past victims were more likely to endorse anticipated diplomatic responses than women who were not victimized in the past. It may be that past victims have tried both forms of resistance tactics in the past. However, the outcome of their resistance remained the same, that is, they were assaulted. Therefore, past victims were less motivated or perhaps less able to use assertive responses (Nurius, Norris, Dimeff, & Graham, 1996).

Similar to the unexpected results about women’s past history of sexual victimization and their choice of resistance tactics, alcohol use was another factor that was not found to be related to women’s selection of anticipated resistance strategies in
the present study. The failure to find this relationship may be due to the heavy
drinking habits of the women in this sample. Since over half of the sample reported
that they drank at least once a month and more than three drinks per occasion,
variability in the alcohol use variable was inevitably low.

Sexual Victimization over the Quarter

As expected, past victim’s chances of being revictimized over the quarter were
significantly higher, which is consistent with previous findings (e.g., Gidycz, et al.,
1993; Roodman & Clum, 2001). The most disturbing result is that past sexual
coercion victims were over 13 times more likely to be assaulted again over the course
of two months. Although perceived vulnerability and self-efficacy were related to past
sexual victimization history, they were not found to be predictive of revictimization
during the quarter. It may be that although past victims felt more vulnerability, their
low feelings of self-efficacy may have made them feel helpless in potentially risky
social situations. Nurius et al. (1996) argue that sexual assaults between college
students take place in the context of dates or social situations. However, how a date
escalates to sexual aggression depends on extremely subtle cues (Nurius, Norris &
Graham, 1999). These subtle cues are particularly difficult to detect when the woman
is romantically interested in a man. In the context of pleasurable social activity where
a positive affective state is primed and incongruent with threatening information about
sexual aggression, it is particularly challenging for women to retrieve information
regarding acquaintance sexual aggression from long-term memory into working
memory (Nurius, 2000).
Women’s Actual use of Resistance Strategies

Similar to their anticipated resistance strategies, different psychological barriers were predictive of the two types of responding endorsed by women who were victimized during the quarter. Most apparently, the severity of the attack, which was not included in the first hypothesis, is the most potent predictor of actual use of assertive responses. This finding is consistent with previous research that suggests that women match their responses to the amount of force or aggression that the offender utilizes (Ullman & Knight, 1992). As mentioned earlier, women often decide their responses based on an analysis of the cost and benefits associated with different strategy. Even if a potential victim knows that the use of assertive responses may be the most effective resistance strategies, she is unlikely to use such tactics until the man’s aggression escalates to an alarming level (Nurius et al., 2000). Women may view the consequence of overreacting as more detrimental than being assaulted. Indeed, among all the psychological barriers examined in the stepwise regression analysis, only the fear of exacerbating injury was predictive of assertive responses used by victims, even after the variance due to assault characteristics was removed, indicating that victims only tended to defend themselves assertively when they were concerned about injury. It seems that despite considerable education efforts geared toward helping women to be proactive, women only respond assertively when the assaults are violent. Moreover, bivariate analyses revealed that victim’s increased actual use of assertive responses were not only associated with her fear of injury, but also her sense of being isolated and alcohol use. It is, therefore, important to note
alcohol’s impairing effects on women’s ability to detect and respond to sexual aggression. As the current findings suggest, victims who drank less alcohol and who reported that they were isolated and that they feared injury were more likely to defend themselves assertively during the assault. Further, victim’s emotional response of sadness during the assault was found to be significantly predictive of assertive responses in the current study. Victims were more likely to resist assertively when they did not experience sadness. Stepwise regression analysis revealed that women tended to feel sad when they were self-conscious. It appears that victim’s sadness resulting from their concerns about the consequence of assertive responding could have a debilitating effect on their ability to protect themselves in an assault.

In contrast, a victim’s actual use of diplomatic responses was predicted by her concerns about preserving the relationship. This finding differs from those of Nurius et al. (2000) who found self-consciousness to be predictive of diplomatic responses. One possible explanation for this discrepancy is the prospective nature of this study, as compared to the retrospective design used in Nurius et al. (2000). In the present study, because the victims were assaulted within a relatively short period of time by someone they knew, they may therefore be still in a relationship with the offender when they responded to the questions. Their concerns about damaging the relationship may be more proximal, relative to the women in Nurius et al. (2000) study who were asked to recall their most severe assault that might have occurred a few years earlier.
Less studied, but perhaps equally important, is women’s accuracy in predicting their responding to an assault which was investigated in the current study. As mentioned earlier, women who were victimized during the quarter were not accurate in predicting their responses to an actual assault. Their accuracy in predicting assertive responses was associated with self-consciousness, suggesting that when a woman is concerned about how she presents herself to others, the extent to which she would resist assertively tends to differ more from her earlier prediction on the use of assertive strategies. Conversely, victim’s perceived vulnerability and sadness were predictive of their accuracy in predicting diplomatic responses. Specifically, as long as a woman is aware of her greater risk for sexual victimization, she is more likely to respond diplomatically to the offender as she previously predicted. However, if a woman feels sad, she is less likely to be diplomatic as planned. There are several possible explanations for these findings. First, it may be that women in the present study might have initial difficulty anticipating their concerns about the consequence of assertive responding. Thus, when the victims were faced with an actual assault, they worried about embarrassing themselves, so in order to avoid being humiliated, they resisted less assertively than they would have anticipated. Another explanation is that if the assault was less violent and threatening than the victim anticipated, she might not see the need to employ the more assertive measures to protect herself. This makes sense because women seem to resort to the more assertive resistance strategies only when they feel that the assault is severe. However, the cost of being embarrassed by
inappropriate use of force may be perceived as more important than the benefit of protecting against being sexually assaulted (Nurius et al., 2000).

Limitations of the Current Study and Directions for Future Research

Attrition. In addition to the relatively low rate of sexual victimization over the quarter, the actual number of victims was not as large as expected due to a low return rate of the participants. Many of the female students in the sample managed to complete their course requirements and, in turn, were either not required to return or were unwilling to return to finish the survey in Session Two. Further, given the short period of one week in which the initial session of data collection could take place, there was an upper limit on the maximum number of women who could participate in the study. Extension of the time period of the initial session would inevitably shorten the follow-up period that in turn might have led to a lower rate of sexual victimization.

Generalizability. The generalizability of the present study is limited due to a number of factors. The current study used a convenience sample of college women, which is extremely homogeneous. Previous studies on the relationship between history of sexual victimization and alcohol use that used other populations have found inconsistent results, suggesting that college women may be a unique population, which is different from other populations (e.g., Green & Navarro, 1998; Messman-Moore & Long, 2002). Additionally, given that the majority of the college women in this study were middle class Caucasians, the lack of cultural diversity further presents challenges in generalizing the findings. The time limited nature of the study also hampers the generalizability of the results.
Self-Report Data. Compared to studies that used other forms of data collection such as interviews, the current study was limited by the use of a self-report survey. The self-report data rely solely on participants’ honest reports that are subject to memory distortion. Thus, it is impossible to verify the participants’ responses without the use of other forms of data collection. However, due to the large number of participants required for this study and the limited time of data collection, self-report surveys were the only available and feasible form of data collection. Additionally, because of the sensitive nature of the study of sexual victimization, self-report surveys can provide a more anonymous way for the participants to disclose certain information comfortably.

Implications

Taken together, there are many factors influencing college women’s choice of resistance strategies. How a woman responds to unwanted sexual activities is a complex process. Consistent with Nurius et al. (2000) model of cognitive appraisal and coping processes, college women in this study did respond discriminately to both hypothetical and actual acquaintance sexual aggression. In the hypothetical situation, their choice of assertive responding was a function of their concerns about the relationship, their personal safety, and other’s view of them. Women’s assertive responding to a hypothetical assault also depended on their perceived self-efficacy to protect themselves. When faced with an actual assault, college women only resisted assertively when they feared injury and did not feel sad. It appeared that personal safety was the primal factor that motivated women to take assertive actions when they
encountered unwanted sexual activities. However, from a risk reduction standpoint, the threat of sexual assault does not disappear due to the lack of violence. Thus, women responded assertively to an assault only when they feared injury and this is not an optimal protective strategy. Since sexual assaults often escalate quickly from an ordinary date, education efforts toward risk reduction should focus on assertive responding prior to the escalation. Relatively, women’s choice of diplomatic tactics involved fewer factors both in a hypothetical and an actual assault. College women responded diplomatically to a hypothetical and actual assaultive situation when they worried about damaging the relationship. The difference in the number and type of concerns that women take into account when deciding how to respond suggests that women tend to choose more diplomatic resistance strategies until they worry about being injured. Nurius et al. (2000) also contended that despite the fact that forceful resistance strategies may prevent further assaults effectively; a woman is unlikely to use such assertive tactics with someone she knows until the threats are obvious and imminent.

One implication of these findings is that sexual assault risk reduction programming should take into account the psychological barriers that women experience that make it difficult for them to respond assertively to assaults that often take place in the context of social situations. Women’s ability to detect threat cues may be further hampered by their willingness to appraise these cues as favorable, rather than threatening. For example, a woman may perceive her date who buys her large amount of alcoholic drinks as being generous and wanting to have a good time.
with her. It is rather unlikely that she will realize that she is potentially being put into a dangerous situation in which she may be assaulted. Hence, prevention programs can include information on men’s normal and inappropriate dating behaviors so that women are more aware of those subtle cues. Further, it is possible that even if a woman is vigilant about threat cues, she still evaluates the perceived costs and benefits of resistance before she selects what she believes is the most appropriate response. However, women’s perceived subjective costs and benefits may not reflect the ultimate consequences following her actions. Therefore, future research should investigate the validity of women’s subjective costs and benefits analysis so that women can gain a more realistic perspective of her choices. For example, it is possible that a woman may overestimate the negative consequence of assertive responding such that she may fear that she may be humiliated, while underestimating the positive outcome of being assertive such as protecting herself from further harm. Similar to the optimistic bias that many women hold about their vulnerability to sexual victimization, there may be a pessimistic outlook of assault resistance in some women that hampers their ability to defend themselves. Future investigations should, therefore, address women’s perception of assault resistance strategies so that intervention programs can target the barriers that hamper a woman’s resistance. Our data suggest that a core barrier to focus on might be women’s desire to preserve relationship, even potentially abusive ones.

Regardless of the mounting evidence supporting the effectiveness of assertive resistance tactics, we must refrain from putting all the responsibilities on women to
prevent sexual assault. As Rozee and Koss (2001) noted, it is important to respect the
decision of the woman to resist forcefully or not and honor her right and ability to
make the decision. Ultimately, as effective as rape avoidance, rape prevention should
focus on the responsibility of men.

Abbey, Cozzarelli, McLaughlin, & Harnish, 1987


Aggravated sexual act, YEAR


Ohio University
Human Subjects Consent Form (Time 1)

Title of Research: Women’s Experience of Social Situations (TIME 1)

Principal Investigator: Minna Chau

Department: Psychology

Federal and university regulations require us to obtain signed consent for participation in research involving human subjects. After reading the statements below, please indicate your consent by signing this form.

Explanation of Study

This is a two-part study. Its purpose is to examine the relationship between sexual and social experiences, and perceptions of and responses to dating experiences. The results of this study will aid us in understanding this relationship. If you choose to participate, you will be asked to fill out several questionnaires. During this study, you will be asked for personal and sexual information. Please consider your comfort level with these types of questions before agreeing to participate in the study. This study involves no physical risks for participants. However, some individuals might experience emotional discomfort. Participation is voluntary, and you may stop responding and withdraw from the study at any point without penalty. If you have any questions or concerns, the experimenter will be there to assist you. Your participation for this session should take approximately one hour. You will receive one credit for today’s session. You will also be asked to take part in one additional follow-up session at the end of this quarter, during which you will fill out additional questionnaire, and for which you will receive another credit.

Your identity will be protected by using a subject identification number which will be calculated on information identifiable only by yourself. A master list of names and contact information will be kept in a file cabinet in locked office, and will be accessible only by the principal investigators. This master list of names will be destroyed following completion of the project (approximately 1 year). Any information you provide to the experimenters is confidential. No individual names will be used in reporting the results of the study.

The principal investigator for this study is Minna Chau and she is under the supervision of Dr. Christine A. Gidycz, Ph.D. regarding this survey, please contact any of the following investigators:

Minna Chau 043 Porter Hall (593-1088)
Christine A. Gidycz, Ph.D. 231 Porter Hall (593-1092)
If you have any questions regarding your rights as a research participant, please contact Jo Ellen Sherow, Director of Research Compliance, Ohio University, (740) 593-0664.

I certify that I have read and understand this consent form and agree to participate as a subject in the research described. **I certify that I am 18 years of age or older.** I agree that known risks to me have been explained to my satisfaction and I understand that no compensation is available from Ohio University and its employees for any injury resulting from my participation in this research. My participation in this research is given voluntarily. I understand that I may discontinue participation at any time without penalty or loss of any benefits to which I may otherwise be entitled.

Signature________________________________

Print Name________________________________

Date_______________________________________
Ohio University
Human Subjects Consent Form (Time 2)

Title of Research: Women’s Experience in Social Situations (TIME 2)

Principal Investigator: Minna Chau

Department: Psychology

Federal and university regulations require us to obtain signed consent for participation in research involving human subjects. After reading the statements below, please indicate your consent by signing this form.

**Explanation of Study:**

This is the final part of a two-part study. Its purpose is to examine the relationship between sexual and social experiences and perceptions of and responses to dating situations. The results of this study will aid us in understanding these relationships. Today you will be asked to fill out questionnaires and your participation will take no more than one hour. You will receive one experimental credit at the end of today's session. This study involves no physical risks for participants. However, some individuals might experience emotional discomfort. Participation is voluntary, and you may stop responding at any point and withdraw from the study without penalty. If you have any questions or concerns, the experimenter will be there to assist you.

Your answers will be kept strictly confidential. We are interested in group differences, not individual persons' responses. No individual names will be used in reporting the results of the study.

The principal investigator for this study is Minna Chau and she is under the supervision of Dr. Christine A. Gidycz. If you have any questions regarding this survey, please contact any of the following investigators:

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I certify that I have read and understand this consent form and agree to participate as a subject in the research described. I certify that I am 18 years of age or older. I agree that known risks to me have been explained to my satisfaction and I understand that no compensation is available from Ohio University and its employees for any injury resulting from my participation in this research. My participation in this research is given voluntarily. I understand that I may discontinue participation at any time without penalty or loss of any benefits to which I may otherwise be entitled.

Signature__________________________

Print______________________________

Date_______________________________
Subject Number Calculation Form

Please write down the last 4 digits of your social security number:  _____  _____  _____  _____

Record the month and day of your birth date. Add this 4 digit figure to your SS # above. If the month or day is only 1 digit, please put a '0' in the first space. For example, if you were born on January 1, you should record it as '01/01':

+  _____  /  _____  
M    M    D    D
________________________________
=  _____  _____  _____  _____  _____

Add the number of letters in your mother's FULL FIRST name. Do not use nicknames. For example, if your mother's first name is Christine, but she goes by the nickname Chris, you should record it as ‘09’, the number of letters in CHRISTINE + _____

________________________________

Please put this sheet back in the manila envelope provided. Fill out all questionnaires on the scantron sheets. If you have any questions, please ask the experimenter.
Thank you for your participation in this study. The study's objective is to examine the relationship between social and sexual experiences and perceptions of and responses to dating situations. To accomplish this goal, you were asked questions about personal life events, including psychological, physical, and sexual experiences. The responses to these questions will be compared with other students who have differing life events.

Your participation will help us understand how previous experiences are related to later life experiences. As a reminder, your answers will be kept strictly confidential. If you have any questions, please feel free to ask the survey administrator. If you would like further information, here are some suggested places to contact:

1) Hudson Health Counseling Center (CPS): Phone: 593-1616
   Campus agency that can give further assistance or information.

2) Tri-County Community Mental Health Center: Phone: 592-3091
   Community agency that can provide assistance or information

3) Project Supervisor: Christine A. Gidycz, Ph.D. 231 Porter Hall (593-1092)
   Principal Investigators: Minna Chau 043 Porter Hall (593-1088)
   Home (707-3384)
DEBRIEFING INFORMATION (Time 2)

Thank you for your participation in this study. The study's objective is to examine the relationship between social and sexual experiences and perceptions of and responses to dating situations. To accomplish this goal, you were asked questions about personal life events, including psychological, physical, and sexual experiences. The responses to these questions will be compared with other students who have differing life events.

Your participation will help us understand how previous experiences are related to later life experiences. As a reminder, your answers will be kept strictly confidential. If you have any questions, please feel free to ask the survey administrator. If you would like further information, here are some suggested places to contact:

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Campus agency that can give further assistance or information.

2) Tri-County Community Mental Health Center: Phone: 592-3091
Community agency that can provide assistance or information

3) Project Supervisor: Christine A. Gidycz, Ph.D. 231 Porter Hall (593-1092)
Principal Investigators: Minna Chau 043 Porter Hall (593-1088)
Home (707-3384)
Demographic Questionnaire

DIRECTIONS: Please use the green answer sheet – do not write on this paper. We would like to start by asking you some general information first. Please fill in the appropriate letter on the scantron.

1. What is your age?
   a.) 18  c.) 20  e.) 22
   b.) 19  d.) 21  f.) Over age 22

2. What is your current year in school?
   a.) Freshman  c.) Junior  e.) Graduate
   b.) Sophomore  d.) Senior  f.) Other

3. What is your ethnicity?
   a.) Caucasian, Non-Hispanic  d.) Hispanic
   b.) African American  e.) American Indian or Alaska Native
   c.) Asian or Pacific Islander  f.) Other

4. What is your religion?
   a.) Catholic  c.) Jewish  e.) None
   b.) Protestant  d.) Nondenominational  f.) Other

5. What is your sexual orientation?
   a.) Heterosexual  b.) Homosexual  c.) Bisexual

6. What is your current marital status?
   a.) Never married  c.) Married  e.) Divorced
   b.) Co-habitating  d.) Separated  f.) Widowed

7. What is your current dating status?
   a.) I do not date.  d.) I am engaged
   b.) I date casually.  e.) I am married.
   c.) I am involved in a long-term monogamous relationship (duration of 6 months or longer).

8. Have you ever willingly had sexual intercourse?
   a.) Yes  b.) No

9. How old were you when you first willingly had sexual intercourse?
10. How many consensual (not forced) sexual partners have you had?
   a.) 0     c.) 2        e.) 4   g.) 6
   b.) 1     d.) 3         f.) 5   h.) 7 or more

11. How often do you drink alcohol?
   a.) I never drink or have not drunk in the past year.
   b.) I drink less than once a month, but at least once in the past year.
   c.) I drink one to three times a month.
   d.) I drink one to two times as week.
   e.) I drink more than twice a week.

12. On a typical drinking occasion, how much do you usually drink? (Choose one)
   a.) None
   b.) Usually no more than 3 cans of beer (or 2 glasses of wine or 2 drinks of distilled spirits)
   c.) Usually no more than 4 cans of beer (or 3 glasses of wine or 3 drinks of distilled spirits)
   d.) Usually no more than 5 or 6 cans of beer (or 4 glasses of wine or 4 drinks of distilled spirits)
   e.) Usually more than 6 cans of beer (or 5 or more glasses of wine or distilled spirits)

13. In the last two months, how often did you drink to the point of intoxication or drunkenness (that is, feeling dizzy, feeling ill, passing out, or feeling out of control)? (Estimate if you are unsure. Choose one.)
   a.) I have never drank to the point of being drunk.
   b.) I got drunk 1-3 times in the past two months.
   c.) I got drunk 4-5 times in the past two months.
   d.) I got drunk 6-10 times in the past two months.
   e.) I got drunk 11-15 times in the past two months.
   f.) I got drunk 16-20 times in the past two months.
   g.) I got drunk 21-25 times in the past two months.
   h.) I got drunk more than 25 times in the past two months.
Many people have sexual experiences as children, either with friends or with people older than themselves. The following questions ask about any experiences you may have had before you were 14.

Answer no or yes to whether or not you have had each of these experiences before age 14.

Then answer the questions below each experience referring to the most significant time you had the experience.

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

1. Another person showed his/her sex organs to you. a) No b) Yes

2. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

3. Approximately how old were you when it first happened?
   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years
4. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me

5. What is the main reason you participated? (Circle one letter)
   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force

6. Someone older than you requested you to do something sexual. a) No   b) Yes

7. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

8. Approximately how old were you when it first happened?
   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

9. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me
10. What is the main reason you participated? (Circle one letter)
   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force

11. You showed your sex organs to another person at his/her request.
   a) No  b) Yes

12. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

13. Approximately how old were you when it first happened?
   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

14. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me

15. What is the main reason you participated? (Circle one letter)
   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
d. Other person gave me gifts, money, candy, etc.
e. Other person threatened to hurt or punish me
f. Other person used physical force

16. Another person fondled you in a sexual way.  a) No  b) Yes

17. Who was involved?  (Circle one letter)  [If more than one person was involved, who was the oldest person?]
   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

18. Approximately how old were you when it first happened?
   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

19. Approximately how much older than you was the other person?  [If more than one person was involved, how much older was the oldest person?]
   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me

20. What is the main reason you participated?  (Circle one letter)
   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force
*** Check to see if your answers are on the correct numbers in the Scantron ***

21. Another person touched or stroked your sex organs.  
   a) No  b) Yes

22. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]  
   a. I did not have this experience before age 14  
   b. stranger  
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)  
   d. friend of your brother or sister, or person about you age (not boyfriend)  
   e. aunt, uncle, or grandparent  
   f. brother, step-brother; sister, or step-sister  
   g. step-father or step-mother  
   h. father or mother  
   i. boyfriend

23. Approximately how old were you when it first happened?  
   a. I did not have this experience before age 14  
   b. 3-6 years  
   c. 7-10 years  
   d. 11-13 years

24. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]  
   a. I did not have this experience before age 14  
   b. The person was younger than me or about my same age  
   c. The person was 1-4 years older than me  
   d. The person was 5-9 years older than me  
   e. The person was 10 or more years older than me

25. What is the main reason you participated? (Circle one letter)  
   a. I did not have this experience before age 14  
   b. Curiosity, it felt good, it made me feel loved or secure  
   c. Other person used his/her authority  
   d. Other person gave me gifts, money, candy, etc.  
   e. Other person threatened to hurt or punish me  
   f. Other person used physical force

26. You touched or stroked another person's sex organs at his/her request.  
   a) No  b) Yes
27. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

28. Approximately how old were you when it first happened?
   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

29. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me

30. What is the main reason you participated? (Circle one letter)
   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force

31. Another person attempted intercourse (Got on top of you, attempted to insert penis but penetration did not occur). a) No  b) Yes
32. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

33. Approximately how old were you when it first happened?
   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

34. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me

35. What is the main reason you participated? (Circle one letter)
   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force

36. Another person had intercourse (oral, anal, or vaginal) with you, (any amount of penetration -- ejaculation not necessary)
   a) No   b) Yes
37. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]
   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

38. Approximately how old were you when it first happened?
   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

39. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]
   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me

40. What is the main reason you participated? (Circle one letter)
   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force
Appendix B

Section 3-a

Sexual Experiences Survey

Please answer the following questions about your sexual experiences since the age of 14 on.

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

1.) Have you ever given in to sex play (fondling, kissing, petting, but not intercourse) when you didn’t want to because you were overwhelmed by a man’s continual arguments and pressure.
   a.) No   b.) Yes

2.) Have you had sex play (fondling, kissing, petting, but not intercourse) when you didn’t want to because a man used his authority (boss, teacher, camp counselor supervisor) to make you.
   a.) No   b.) Yes

3.) Have you had sex play (fondling, kissing, petting, but not intercourse) when you didn’t want to because a man threatened or used some degree of physical force.
   a.) No   b.) Yes

4.) Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn’t want to by threatening or using some degree of force.
   a.) No   b.) Yes

5.) Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn’t want to by giving you alcohol or drugs, to prevent you from resisting, but intercourse did not occur.
   a.) No   b.) Yes

6.) Have you given in to sexual intercourse when you didn’t want to because you were overwhelmed by a man’s continual arguments and pressure.
   a.) No   b.) Yes

7.) Have you given in to sexual intercourse when you didn’t want to because a man used his position of authority (boss, teacher, counselor, supervisor)?
   a.) No   b.) Yes
8.) Have you given in to sexual intercourse when you didn’t want to because a man
gave you drugs or alcohol to prevent you from resisting.
   a.) No   b.) Yes

9.) Have you given in to sexual intercourse when you didn’t want to because a man
threatened or used some degree of physical force (twisting your arm, holding you
down, etc.) to make you.
   a.) No   b.) Yes

10.) Have you had sexual acts (anal or oral intercourse or penetration by objects other
than the penis) when you didn’t want to because a man threatened or used some
degree of physical force (twisting your arm, holding you down etc.) to make you.
   a.) No   b.) Yes

11) Look back at questions 1-10. What is the highest question number to which you
answered “yes”? If you did not answer “yes” to any of them, then please skip only this
question.
   a.) 35   b.) 36   c.) 37   d.) 38
   e.) 39   f.) 40   g.) 41   h.) 42   i.) 43
Appendix B

Section 3-b

Sexual Experiences Survey

Please answer the following questions about your sexual experiences since the last time you answered this survey- approximately 2 months ago.

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

1.) Have you ever given in to sex play (fondling, kissing, petting, but not intercourse) when you didn’t want to because you were overwhelmed by a man’s continual arguments and pressure?
   a.) No   b.) Yes

2.) Have you had sex play (fondling, kissing, petting, but not intercourse) when you didn’t want to because a man used his authority (boss, teacher, camp counselor supervisor) to make you?
   a.) No   b.) Yes

3.) Have you had sex play (fondling, kissing, petting, but not intercourse) when you didn’t want to because a man threatened or used some degree of physical force?
   a.) No   b.) Yes

4.) Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn’t want to by threatening or using some degree of force (twisting your arm, holding you down, etc.) but intercourse did not occur?
   a.) No   b.) Yes

5.) Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn’t want to by giving you alcohol or drugs, to prevent you from resisting, but intercourse did not occur?
   a.) No   b.) Yes

6.) Have you given in to sexual intercourse when you didn’t want to because you were overwhelmed by a man’s continual arguments and pressure?
7.) Have you given in to sexual intercourse when you didn’t want to because a man used his position of authority (boss, teacher, counselor, supervisor)?
   a.) No   b.) Yes

8.) Have you given in to sexual intercourse when you didn’t want to because a man gave you drugs or alcohol to prevent you from resisting?
   a.) No   b.) Yes

9.) Have you given in to sexual intercourse when you didn’t want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you?
   a.) No   b.) Yes

10.) Have you had sexual acts (anal or oral intercourse or penetration by objects other than the penis) when you didn’t want to because a man threatened or used some degree of physical force (twisting your arm, holding you down etc.)?
   a.) No   b.) Yes

11.) Look back at questions 1-10. What is the highest question number to which you answered “yes”? If you did not answer “yes” to any of them, then please skip only this question.
   a.) 35   b.) 36   c.) 37   d.) 38
   e.) 39   f.) 40   g.) 41   h.) 42
   i.) 43

*** If you answer “yes” to any of the questions from 1 to 10, please answer questions 12-15 of this survey and Survey X, X, X, X, X.

*** If you answer “No” to any of the questions from 1 to 10, please skip question 12-15 of this survey and answer Survey X, X, X, X.

12.) Did you feel that you were isolated at the time when the incident occurred?
   a.) No   b.) Yes
13.) What was your relationship with this person prior to this event?
   a.) Stranger
   b.) Acquaintance
   c.) Friend
   d.) Relative
   e.) Casual Date
   f.) Steady Dating Partner
   g.) Spouse
   h.) Ex-Spouse
   i.) Other

11.) How much alcohol were you drinking at the time when this incident occurred?
   a.) 5 or more drinks
   b.) 3-4 drinks
   c.) 1-2 drinks
   d.) I was not drinking

12.) Were you using drugs at the time when this incident occurred?
   a.) Yes    b.) No

13.) How much alcohol do you think the other person had had at the time when this incident occurred?
   a.) 5 or more drinks
   b.) 3-4 drinks
   c.) 1-2 drinks
   d.) He was not drinking
   e.) I do not know

14.) Do you think that the other person was using drugs at the time when this incident occurred?
   a.) Yes
   b.) No
   c.) I do not know

15.) How long did you know this person before this incident occurred?
   a) less than one month
   b) more than one month but less than one year
   c) more than one year

16.) Did you have consensual sexual intercourse with this person prior to this experience?
   a) No    b) Yes
Appendix B

Section 4

Perceived Vulnerability of Sexual Victimization

DIRECTIONS: What do you believe is the likelihood that, some time in the future, you will encounter unwanted sexual activity in the following situations:

Please use this scale to respond to all of the following questions.

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

1                 2                 3                 4                 5                 6                 7
extremely         neutral           extremely
unlikely                 likely

1. What is the likelihood that you will be in a situation where you would give in to unwanted sexual activity because you felt pressured by a man's continual arguments?

2. What is the likelihood that you will be in a situation where you would give in to unwanted sexual activity because a man used his position of authority to make you?

3. What is the likelihood that you will be in a situation where you would give in to unwanted sexual activity because a man threatened to use physical force?

4. What is the likelihood that you will be in a situation where you would give in to unwanted sexual activity because a man used physical force?

5. What is the likelihood that you will be in a situation where you would give in to unwanted sexual activity because a man gave you alcohol or other drugs?
Appendix B

Section 5

Primary Appraisals of Threat Questionnaire

The following questions ask you to think about things that may have happened before the incident. To what extent did any of these things lead you to have doubts about the situation you were in, or make you begin to feel a little uncomfortable or uneasy?

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

Did not Happen but I didn’t Happened, but it didn’t make me a made me
think about it bother me little uneasy very uneasy

1. The way he talked about spending money seemed to imply I owed something.
2. He began to touch me in ways I wasn’t comfortable with.
3. He kept pouring me drinks, or putting more alcohol in my drink.
4. He had a habit of getting into my purse or taking things that didn’t belong to him.
5. I found out he lied about things like his real name, his job or his age.
6. He made hostile and demeaning comments about women.
7. He did things to show off how strong and big he was.
8. He kept “invading my space”.
9. He had an angry outburst and broke something or hit something.
10. He lulled me into false sense of security.
11. He was rude to me.
12. He was jealous, accusing me of cheating on him.
13. He was physical with me, pushing me or pulling me.
14. He took me to a place where there was no one around that I knew.
15. He made sexual jokes about women.
16. He was proud of how he cheated on tests or on homework.
17. He said really nice things about how much he needed me and how much I meant to him.
18. He asked me really personal and inappropriate questions.
19. We mostly watched violent movies like Terminator and Friday the 13th.
20. He watched porn films, and wanted me to watch them too.
21. He said things like I was being a “tease”, I had “promised” him sex, or we had gone too far to stop.
22. He insisted on going where he wanted to go, and doing what he wanted to do.
23. He said I would have sex with him if I really loved him.
24. I found out he had been with a lot of women and was extremely sexually active.
25. He complained about being hurt by women and past relationships.
26. His male friends were into being “studs” and making sexual conquests.
27. He wouldn’t take me home when I said I wanted to leave.
Appendix B

Section 6

Severity of Attack Questionnaire

Please answer the following questions relating to the experience.

1. Did the man involved in the experience verbally threaten you?
   A) No  B) Yes

2. Did he restrain you with his body (arms, legs, etc.)?
   A) No  B) Yes

3. Did he restrain you in any other way (e.g., tie you up)?
   A) No  B) Yes

4. Did he imply that he had a weapon but not show it?
   A) No  B) Yes

5. Did he display a weapon?
   A) No  B) Yes

6. Did he hit you with his fist?
   A) No  B) Yes

7. Did he hit you with an object?
   A) No  B) Yes

8. Did he choke you or attempt to choke you?
   A) No  B) Yes

9. Did he hold a gun to your head or a knife to your throat?
   A) No  B) Yes

10. Were you shot or cut during the assault?
    A) No  B) Yes

11. Did the man try to harm you in any other way?
    A) No  B) Yes

12. At the time of the experience, did you think you would be killed or seriously injured?
    A) No  B) Yes
Appendix B

Section 7

Self-Blame and Offender-Blame Items

Please answer the following questions by focusing how you felt at the time the incident occurred by using the scale below.

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

<table>
<thead>
<tr>
<th>Not at all</th>
<th>responsible</th>
<th>Very responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. To what extent did you consider yourself responsible for what took place in this situation?
2. To what extent did you consider the man involved responsible for what took place in this situation?
Appendix B

Section 8

Predicted Scenario Instrument

Subject Number: _____________________

To help us understand the situation in which you imagine yourself to answer the subsequent questionnaires, please take a couple of minutes to think of a most possible scenario in which you encounter an unwanted sexual advances. For the purpose of this research it is important that the situation be an encounter with a male you know at least somewhat well, a man you are dating, or by a male friend you know socially, or with whom you have some type of prior relationship. When finish, turn to the next page for further instruction.
Please write a brief description of a situation in which you come across an unwanted sexual advance. Include answers to the following questions plus anything more that comes to mind: Describe what kind of place and situation you will be in? What activities will you engaging be in? What will you be thinking and feeling? What type of sexual activity, if any will occur? How will the situation end? Continue answer the questions in the following page.
Based on the scenario that you describe in the previous page, please answer the following questions.

1.) Do you think that you will be isolated at the time when the incident occurs?
   a.) No           b.) Yes

2.) What is your relationship with this person prior to this event?
   a.) Acquaintance  
   b.) Friend       
   c.) Relative     
   d.) Casual Date  
   e.) Steady Dating Partner  
   f.) Spouse       
   g.) Ex-Spouse    
   j.) Other

3.) How much alcohol will you be drinking at the time when this incident occurs?
   a.) 5 or more drinks
   b.) 3-4 drinks
   c.) 1-2 drinks
   d.) I was not drinking

12.) Will you be using drugs at the time when this incident occurs?
    a.) Yes           b.) No

13.) How much alcohol do you think the other person will have at the time when this incident occurs?
    a.) 5 or more drinks
    b.) 3-4 drinks
    c.) 1-2 drinks
    f.) He was not drinking
    g.) I do not know

14.) Do you think that the other person is using drugs at the time when this incident occurs?
    a.) Yes
    b.) No
    c.) I do not know

15.) How long do you know this person before this incident occurs?
    a) less than one month
    b) more than one month but less than one year
d) more than one year

16.) Did you have consensual sexual intercourse with this person prior to this experience?
   a) No  b) Yes
Appendix B

Section 9-a

Psychological Barriers Instrument

Imagine that you are faced with an unwanted sexual activity with someone you know, consider to what extent would the following factors make it difficult for you to protect yourself or control the situation? Circle the number that best represents your answer using the scale below. People respond in many different ways, so please try to imagine yourself in a situation and indicate all the ways you may respond to an unwanted sexual activity.

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

<table>
<thead>
<tr>
<th>Not At All</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant</td>
<td>Significant</td>
<td>Significant</td>
<td>Significant</td>
<td>Significant</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I hesitate, fearing that I’m not understanding his intentions.
2. I don’t want him to think I am uptight or a “prude.”
3. I don’t want to overreact and make a big deal out of nothing.
4. I don’t want him to laugh at me.
5. I don’t want to create a scene in front of him.
6. I like him and don’t want to ruin things for the future.
7. I don’t want to embarrass myself by screaming out loud.
8. I don’t want to cream because others might hear and suspect something.
9. I don’t want to let other people know what is happening because I don’t want to get a reputation for being “loose.”
10. I am embarrassed to get up and run out of the room.
11. I wouldn’t want to get a reputation as a “tease.”
12. I am afraid of being physically hurt if I don’t go along with it.
13. I don’t want to hurt his feelings.
14. I don’t want him to get mad at me.
15. Because of his strength, I feel that I have no choice but to go along with him.
16. I am so intoxicated or too high to think through a plan to get out of the situation.

17. I am intoxicated or high, I lack the physical strength and coordination to get away from him.

18. I feel that since I get myself into this situation I must deal with the consequences.

19. My mind goes blank making it hard to figure out what to do.

20. I don’t expect anyone to help me even if I scream.

21. I am too intoxicated or too high to see it coming.
Appendix B
Section 9-b
Psychological Barriers Instrument

Think about the incident that occurred in the past two months, consider to what extent would the following factors make it difficult for you to protect yourself or control the situation? Circle the number that best represents your answer using the scale below. People respond in many different ways, so please try to remember yourself in that situation and indicate all the ways you may have responded to an unwanted sexual activity.

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

<table>
<thead>
<tr>
<th>Not At All Significant</th>
<th>Slightly Significant</th>
<th>Moderately Significant</th>
<th>Quite Significant</th>
<th>Very Much Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I hesitated, fearing that I was not understanding his intentions.
2. I didn’t want him to think I am uptight or a “prude.”
3. I didn’t want to overreact and make a big deal out of nothing.
4. I didn’t want him to laugh at me.
5. I didn’t want to create a scene in front of him.
6. I liked him and didn’t want to ruin things for the future.
7. I didn’t want to embarrass myself by screaming out loud.
8. I didn’t want to cream because others might hear and suspect something.
9. I didn’t want to let other people know what was happening because I didn’t want to get a reputation for being “loose.”
10. I was embarrassed to get up and run out of the room.
11. I wouldn’t want to get a reputation as a “tease.”
12. I was afraid of being physically hurt if I didn’t go along with it.
13. I didn’t want to hurt his feelings.
14. I didn’t want him to get mad at me.
15. Because of his strength, I felt that I had no choice but to go along with him.
16. I was so intoxicated or too high to think through a plan to get out of the situation.

17. I was intoxicated or high, I lacked the physical strength and coordination to get away from him.

18. I felt that since I got myself into this situation I must deal with the consequences.

19. My mind went blank making it hard to figure out what to do.

20. I didn’t expect anyone to help me even if I screamed.

21. I was too intoxicated or too high to see it coming.
Appendix B
Section 10
Self-Efficacy Scale

Please use this scale to respond to all of the following questions:

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

<table>
<thead>
<tr>
<th>Not at all Confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

1. If a man you were with was attempting to get you to have sex with him and you were not interested, how confident are you that you could successfully resist his advances?

2. If a man you were with was attempting to pay for your meal when you did not want him to, how confident are you that you could be assertive enough to tell him that you would pay for your own way?

3. If a man you were with was attempting to get you to consume alcohol despite your wishes not to do so, how confident are you that you could successfully resist his pressuring?

4. How confident are you that you could successfully avoid a situation in which you could be sexually assaulted?

5. If a situation develops in which you feel you could be in danger of sexual assault how confident are you that you could successfully think up ways to get out of that situation and then execute your plan?

6. How confident are you that you could successfully recognize the signs that you might be in danger of being sexually assaulted?

7. How confident are you that if you recognized the danger signs of sexual assault you could prevent it from happening?
Appendix B
Section 11
Emotional Response Questionnaire

Please answer the following questions about your FEELINGS at the time the incident occurred by using this scale.

**FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Very strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

1. Frightened
2. Uncomfortable
3. Angry
4. Annoyed
5. Nervous
6. Panicked
7. Helpless
8. Anxious
9. Disrespected
10. Sad
11. Disappointed
12. Uncertain
13. Used
14. Guilty
15. Regretful
16. Confident
17. Determined
Appendix B
Section 12-a
Behavioral Response Questionnaire

Imagine that you are faced with an unwanted sexual activity by someone you know, what would be your reaction? Women may respond in a variety of ways to many different situations, feel free to endorse more than one response, that is endorse any response you may use in such situation by using the scale below.

<table>
<thead>
<tr>
<th>Not at all like what I would do</th>
<th>A little like what I would do</th>
<th>Fairly like what I would do</th>
<th>Quite like what I would do</th>
<th>Very like what I would do</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

1. I act unresponsive, and don't say anything to him.
2. Jokingly try to tell him that he was coming on too strong.
3. Make an excuse (which may or may not be true) for why I don't want to have sex.
4. Nicely try to tell him that I don't want to have sex.
5. Apologetically tell him that I don't want to have sex (i.e., assume responsibility for giving him the wrong impression.
6. Try to discuss with him how uncomfortable he was making me feel.
7. Try to make him do things that I'm comfortable with like kissing or hugging but not sex.
8. Tell him that I like him (or found him attractive) but that I am not ready for this.
9. Tell him clearly and directly that I want him to stop.
10. Give him alcohol or drugs to make him pass out, to stall him, or to make him less able to bother me.
11. Feel too intoxicated to be able to think or act clearly.
12. Faint or pass out from the effects of alcohol or drugs.
14. Start tearing up or crying.
15. Raise my voice and use stronger language (for example, "Hey, LISTEN! I really mean it.)
16. Clearly reject or insult him (for example, "You jerk, you're acting like an adolescent.").
17. Find a way to attract attention and help like yelling "Fire!"
18. Run out of the room, or attempt to run out of the room.
19. Yell or scream loud enough for someone nearby to hear me.
20. Fake the arrival of others (i.e., I know my roommate is coming home now).
21. Tell him I wouldn't like him or wouldn't go out with him anymore if he tries to force me.
22. Threaten him (i.e., said I would tell mutual friends about his behavior).
23. Threaten that I would tell a campus official, police or a security person about his behavior.
24. Become physically defensive (for examples, hitting, kicking, scratching).
25. Suggest that I have a weapon (for example, mace, or a sharp object).
26. Please indicate how certain that these would be your actions in these hypothetical situations?
   A. I am 10% certain that these would be my actions.
   B. I am 20% certain that these would be my actions.
   C. I am 30% certain that these would be my actions.
   D. I am 40% certain that these would be my actions.
   E. I am 50% certain that these would be my actions.
   F. I am 60% certain that these would be my actions.
   G. I am 70% certain that these would be my actions.
   H. I am 80% certain that these would be my actions.
   I. I am 90% certain that these would be my actions.
   J. I am 100% certain that these would be my actions.
Appendix B
Section 12-b
Behavioral Response Questionnaire

Think about the incident that occurred in the past two months, what was your reaction? Women may respond in a variety of ways to many different situations, feel free to endorse more than one response, that is endorse any response you may have used during the incident by using the scale below.

<table>
<thead>
<tr>
<th>Not at all like what I did</th>
<th>A little like what I did</th>
<th>Fairly like what I did</th>
<th>Quite like what I did</th>
<th>Very like what I did</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

FOR EACH ITEM, PLEASE FILL IN THE CORRECT LETTER ON THE SCANTRON.

1. I acted unresponsive, and don't say anything to him.
2. Jokingly tried to tell him that he was coming on too strong.
3. Made an excuse (which may or may not be true) for why I don't want to have sex.
4. Nicely tried to tell him that I didn't want to have sex.
5. Apologetically told him that I didn't want to have sex (i.e., assumed responsibility for giving him the wrong impression.
6. Tried to discuss with him how uncomfortable he was making me feel.
7. Tried to make him do things that I'm comfortable with like kissing or hugging but not sex.
8. Told him that I liked him (or found him attractive) but that I was not ready for this.
9. Told him clearly and directly that I wanted him to stop.
10. Gave him alcohol or drugs to make him pass out, to stall him, or to make him less able to bother me.
11. Felt too intoxicated to be able to think or act clearly.
12. Fainted or passed out from the effects of alcohol or drugs.
13. Pushed him away.
14. Started tearing up or crying.
15. Raised my voice and used stronger language (for example, "Hey, LISTEN! I really mean it.")
16. Clearly rejected or insulted him (for example, "You jerk, you're acting like an adolescent.").
17. Found a way to attract attention and help like yelling "Fire!"
18. Ran out of the room, or attempted to run out of the room.
19. Yelled or screamed loud enough for someone nearby to hear me.
20. Faked the arrival of others (i.e., I know my roommate is coming home now).
21. Told him I wouldn't like him or wouldn't go out with him anymore if he tried to force me.
22. Threatened him (i.e., said I would tell mutual friends about his behavior).
23. Threatened that I would tell a campus official, police or a security person about his behavior.
24. Became physically defensive (for examples, hitting, kicking, scratching).
25. Suggested that I had a weapon (for example, mace, or a sharp object).