Disclosure of Sexual Victimization: A Prospective Study of Social Reactions and Subsequent Adjustment

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This dissertation titled
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ABSTRACT

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Research examining the process of sexual assault disclosure is typically retrospective in nature, limited in scope, and rarely targets college women. The purpose of the current research was to address these limitations by utilizing a prospective methodology to explore factors that predict sexual assault disclosure, identify the recipients of sexual assault disclosure, examine how these providers respond to disclosure, and understand the relationship between social reactions to disclosure of sexual assault and subsequent adjustment in a sample of college women. Participants included 374 undergraduate women from a medium sized Midwestern university. Participants completed a baseline, 4-month and 7-month follow-up assessment of experiences of sexual victimization, experiences of sexual assault disclosure, social reactions to disclosure and measures of adjustment. Three studies are presented.

Study 1 explored the relationship between assault characteristics, attitudes, and contextual factors and the college women’s disclosure of adolescent sexual victimization, as well as sexual victimization and revictimization over a 7-month interim. A series of logistic regression analyses explored the relationship between a range of predictors and sexual assault disclosure. Whereas coping via seeking emotional support predicted adolescent sexual assault disclosure, less acquaintance with the perpetrator, victim alcohol use at the time of the assault, and perpetrator alcohol at the time of the assault,
higher likelihood to disclose distressing information and strong social attachments predicted disclosure of sexual assault over the follow-up. Disclosure of sexual revictimization experiences occurring over the interim was associated with the victim’s report of lower levels of acquaintance with the perpetrator.

Study 2 explored the social reactions to college women’s disclosure of sexual victimization from parents, siblings/other family members, as well as female and male peers. Women tended to disclose adolescent sexual victimization and experiences of sexual victimization that occurred during their first year of college to a peer, as opposed to other support providers. Few women confided in a formal provider. Female and male peers provided more emotional support than other responses to disclosure of sexual assault. Male peers also provided more egocentric responses to disclosure compared to controlling the survivor’s decisions or treating her differently.

Study 3 explored the role of social reactions to disclosure of sexual victimization in subsequent adjustment among college women who experienced sexual victimization over a 4-month follow-up period. Whereas positive responses to sexual assault disclosure were not associated with adjustment, negative responses to disclosure demonstrated a positive relationship with levels of psychological symptomatology and attributions of blame for sexual victimization over the follow-up. Implications for the development of preventative interventions are discussed.

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INTRODUCTION

The World Health Organization defines help-seeking as the process of seeking out support services from either formal or informal providers to address personal, psychological, or affective distress in a positive way (Barker, 2007). A growing body of literature documents patterns and predictors of help-seeking behavior within the general population, revealing a significant disparity between mental health care utilization and the prevalence of psychological disorders. According to the National Comorbidity Survey, a nationally-representative study of 15 to 54 year olds conducted from 1990 to 1992, 25% of individuals diagnosed with a psychological disorder sought outpatient services for psychiatric problems over a 12-month period (Kessler et al., 1999). A replication of this study conducted between 2001 and 2003 revealed that 41% of individuals diagnosed with a psychological disorder sought outpatient services for psychiatric problems over a 12-month period (Wang et al., 2005). Research suggests that numerous factors are positively associated with help-seeking behavior, including higher perceptions of need for support, higher motivation for support, and the perception that receiving social support will lead to a beneficial outcome (see Barker, 2007 for a review).

Research that aims to identify the factors associated with help-seeking behavior among specific sub-populations—such as victims of violent crimes—is a critical step in developing interventions to increase use of mental health services among individuals at-risk to experience psychological distress (Norris, Kaniasty & Scheer, 1990; New & Beriliner, 2000). Understanding the patterns and predictors of help-seeking behavior among survivors of sexual assault is of high public health significance given the
prevalence and consequences of sexual victimization. In fact, 20% of women experience forced sexual intercourse at some point during their lives (Brener, McMahon, Warren, & Douglas, 1999). Further, women who experience sexual victimization experience an array of medical (Golding, 1994), sexual (Koss, Woodruff & Koss, 1991) and psychological consequences, including anxiety disorders (Thompson et al., 2003), alcohol dependence (Ullman & Brecklin, 2003), major depressive disorder (Ullman & Brecklin, 2003) and post-traumatic stress disorder (see Frieze, 2005 for a review) at higher rates compared to women in the general population (see Krug, Dahlberg, Mercy, Dwi & Lozano, 2002 for a review).

Whereas studies of the general population suggest that a history of sexual assault is a significant predictor of help-seeking behavior (Lewis et al., 2005), and data indicate that up to 60% of women who experience sexual victimization seek support for emotional distress at some point following the assault (Amstadter, McCauley, Ruggiero, Resnick, & Kilpatrick, 2008), rates of assault-specific help-seeking behavior are significantly lower. Data suggest that only 7% of survivors seek help from a mental-health care provider immediately after experiencing sexual victimization (Ullman, 1996b). Assault-specific support services, such as rape crisis centers, are also severely underutilized. Research suggests that between 5% -10% of women who experience sexual victimization seek assistance from rape crisis centers at some point following the assault (Golding, Siegel, Sorenson, Burnam, & Stein, 1989). Immediate help-seeking behavior following a sexual assault is important for the victim as well as society. Non-disclosure of sexual assault precludes authorities from investigating, apprehending, and potentially convicting the
perpetrators of sexual aggression (Bachman, 1998), can lead to an underestimation of the prevalence of violence (Skogan, 1976) and may lessen the likelihood that survivors are exposed to the support services that may assist with recovery—such as medical treatment of injuries sustained during the assault or referral to mental health services (Ruch, Coyne & Perrone, 2000).

Within the larger body of research examining help-seeking behavior among sexual assault survivors, the study of disclosure of sexual victimization represents an area of research focused specifically on the process of assault-specific help-seeking behavior. Despite the work and change of over 30 years of feminist-based awareness campaigns aimed at “breaking the silence” surrounding the sexual victimization of girls and women, sexual assault remains one of the most underreported of all violent crimes (Catalano, 2006). In fact, only 2.3% of college women who experience unwanted sexual contact report the experience to the police (Fisher & Cullen, 1999), and between 5%-13% of college women who experience attempted rape or rape report the incident to the police (Fisher, Cullen & Turner, 2000; Koss, 1988). Approximately 65% of college women tell someone, most often an informal support provider, about the assault (Fischer, Diagle, Cullen & Turner, 2003), suggesting that as many as 8% - 35% of survivors tell no one about the experience (Ahrens, Campbell, Ternier-Thames, Wasco & Sefl, 2007; Koss, Dinero, Sieibel & Cox, 1988; Starzynski, Ullman, Filipas, & Townsend, 2005).

Research examining the process of sexual assault disclosure is consistent with a contextual approach to examining the aftereffects of sexual victimization. Rather than assuming that recovery from sexual victimization is determined primarily by personal
variables or assault characteristics, a contextual approach to understanding the
aftereffects of sexual victimization considers symptomatology to be partially a function
of an individual’s environment. Contextual factors such as environmental stressors,
socialization experiences, available resources, social supports, and social reactions to
disclosure of sexual victimization may influence how a person conceptualizes and adjusts
following an experience of sexual victimization (Ahrens & Campbell, 2000; Brewing,
Andrews, & Valentine, 2000). For example, several studies suggest that high levels of
social support are beneficial to recovery from sexual victimization (Burgess & Holstrom,
1978; Kaniasty & Norris, 1992; Ruch & Chandler, 1983; Sales, Baum, & Shore, 1984;
Ullman, 1996b) whereas low levels of social support are detrimental to subsequent
adjustment (Moss, Frank & Anderson, 1990; Resick, 1988).

The current research sought to extend existing research of help-seeking behavior
among survivors of sexual victimization, by examining the predictors, characteristics, and
consequences of sexual assault disclosure among college women. Three studies were
conducted to explore the following research questions: [1] what influences college
women’s decision to disclose sexual victimization? [2] who do college women who
experience sexual victimization talk to about the incident? [3] how do these providers
respond to the disclosure of sexual victimization? and [4] how do providers’ responses to
disclosure of sexual victimization influence subsequent recovery? This research has
practical relevance for developing programming aimed at increasing assault-specific
help-seeking behavior among survivors of sexual assault, and educating potential support
providers on how to respond appropriately to sexual assault disclosure.
Because research of sexual assault disclosure and adjustment has focused almost exclusively on community-residing women, the primary advance that this study attempted to make was to utilize a large sample of college women. Notably, a literature review revealed only one published study examining social reactions to disclosure of sexual victimization and adjustment among college women (e.g., Borja, Callahan & Long, 2006) and one investigation assessed students’ intents to disclose sexual assault to various support services (Orchowski, Meyer, & Gidycz, in press). Given that college-age women are at higher risk to experience sexual assault compared to community-residing women (American Academy of Pediatrics, 2001), research targeting this high-risk population is strongly warranted. Research examining sexual assault disclosure among college women is also of interest to campus personnel and administrators, and can guide campus-based planning and policy decisions in order to communicate to survivors that “they are not alone” and “help is available”.

In this research, an attempt was also made to address some of the methodological shortcomings of previous investigations. The majority of research examining correlates of sexual assault disclosure is retrospective in nature, which limits participants’ ability to accurately recall contextual factors that may have influenced their decision to disclose. A literature review revealed that researchers who have studied sexual assault disclosure asked participants to assess assault experiences that occurred—on average—9-years prior to the survey assessment (see Ullman, 1999 for a review). Further, investigations of sexual assault disclosure fail to include a wide range of predictor variables, beyond how characteristics of the offenders, victims and assault influence sexual assault disclosure, or
focus on more than one category of predictor at once (Fischer et al., 2003). As such, the use of a prospective design and a wide range of assessment measures in the current study represent an improvement over the methodology of the vast majority of studies of sexual assault disclosure. Consistent with current approaches to understanding adjustment following sexual victimization, a contextual approach was utilized to determine the constructs examined in this study, and guided choices of assessment measures.

Each study presented explores a specific portion of the process of sexual assault disclosure. Study 1 examines predictors of sexual assault disclosure among college women. Study 2 examines who college women tell about experiences of sexual victimization, and how these providers respond. Study 3 explores how social reactions to disclosure of sexual victimization are associated with subsequent adjustment. Each study is presented separately, followed by a general discussion of the implications of this research for sexual assault prevention and intervention on college campuses.
STUDY 1

Study 1 utilized a retrospective and prospective methodology to examine predictors of sexual assault disclosure among college women. As such, this study sought to address the research question: what factors influence college women’s decision to disclose experiences of sexual victimization?

Over the past 30 years, researchers have sought to identify the factors associated with sexual assault disclosure—not only to understand the processes by which women choose to seek help following a victimization experience—but also to identify the interpersonal, organizational, and societal factors that preclude women from disclosing experiences of sexual victimization. According to Ruback, Greenberg and Westcott’s (1984) early research, women who do not acknowledge an unwanted sexual experience as sexual assault or rape (Browne, 1991), or believe that others would not classify the experience as “victimization” (Williams, 1984), are unlikely to disclose the incident to others. As such, the decision to disclose sexual victimization begins with a survivor’s appraisal of the assault (Greenberg & Ruback, 1985). Problematically, college women frequently fail to acknowledge the occurrence of experiences of sexual victimization (Gidycz & Layman, 1996; Layman, Gidycz & Lynn, 1996), and describe unwanted sexual experiences as “a serious miscommunication” or “not victimization” (Gidycz, Orchowski & Turchik, 2007).

Other researchers suggest that sexual assault disclosure is contingent upon a cost-benefit analyses, wherein disclosure results if the anticipated benefits from disclosure (e.g., feeling better, apprehending the perpetrator) outweigh the perceived drawbacks
(Bachman, 1993; 1998; Fischer et al., 2003; McAuslan, 1998; Neville & Pugh, 1997; Sudderth, 1998; Washington, 2001). Since sexual assault perpetrated by acquaintances is underreported, and stranger rape is often conceptualized as “real rape” (Koss, 1985; Williams, 1984), survivors of acquaintance assault may not disclose if they anticipate disbelieving or stigmatizing responses to disclosure (Burt & Katz, 1987; Filipas & Ullman, 2001). It is also important to note that not all sexual assault disclosure is voluntary. Whereas the majority of sexual assault disclosures are initiated by the survivor, sexual assault disclosure may also be prompted by others, especially if the survivor appears noticeably distressed (Ahrens et al., 2007), if violence against women is brought up in a conversation (Karen, Dunn & Vail-Smith, 1999), or if someone else was present at the time of the assault (Ahrens et al., 2007).

The vast majority of research examining sexual assault disclosure has been aimed at examining reports of sexual victimization to formal providers. Several studies document associations between characteristics of the victim, the offender, and the assault and sexual assault disclosure to the police (see Fischer et al., 2003 for a review). Women who disclose sexual victimization to the police, compared to those who do not, are more likely to display fear and anger towards their assailant (Ruch & Coyne, 1990), display low levels of denial, social isolation, rationalization and disruptions in their personal lifestyle (Peretti & Cozzens, 1983), and report low levels of fear that the police will respond negatively to the disclosure (Dukes & Mattley, 1977; Fisher et al., 2000; Winkle, 1993). Disclosure to the police is also associated with sustaining an injury during the assault (Bachman, 1993, 1998; Felson, Messner, & Hoskin, 1999; Finkelhor & Ormrod,
higher use of force by the perpetrator (Bachman, 1993), the use of a weapon by the perpetrator (Koss & Harvey, 1991), the presence of multiple perpetrators (Gidycz & Koss, 1990), less familiarity to the attacker (Greenfeld, et al., 1998; McGregor, Wiebe, Marion, & Livingstone, 2000; Mahoney, 1999; Rennison, 2002; Ruback, Menard, Outlaw, & Shaffer, 1999; Tjaden & Thoennes, 2000; Ullman & Filipas, 2001), use of active resistance by the victim (Ruch et al., 2000), completed versus attempted assaults and seeking medical treatment within 72 hours (Ruch & Coyne, 1990; Ruch et al., 2000). Whereas some research suggests that women who do not report sexual assault to the police display higher self-blame compared to those who do not (Ruch & Coyne, 1990), this finding is inconsistent (Cluss, Doughton, Frank, Stewart & West, 1983; Dukes & Mattley, 1977; Peretti & Cozzens, 1983).

Women who experience a severe assault, with higher levels of perpetrator aggression, higher levels of physical injury experienced by the victim, and completed versus attempted acts of sexual aggression report more negative social reactions to disclosure compared to women who experience a less severe assault (Ullman, 2000; Ullman & Siegel, 1995). These data contradict the logical assumption that women who report assault experiences consistent with the traditional stereotypes of sexual assault would receive higher levels of acceptance and support (Estrich, 1987). According to Ullman, Starzinsky, Long, Mason and Long (2008), it is possible that women who experience a severe sexual assault disclose frequently, resulting in a higher probability of a negative social reaction to disclosure. Notably, formal providers are more likely to
provide a negative social reaction compared to informal providers (Ullman & Siegel, 1995). As such, higher rates of disclosure to formal providers among women who experience a severe sexual assault compared to women who experience a less severe assault may also account for increased negative social reactions to disclosure (Ullman & Siegel, 1995). Markedly, the majority of research examining correlates of sexual assault disclosure has examined disclosure to the police, and may not be generalizable to explain women’s disclosure to other providers (Skogan, 1976).

Importantly, survivors of sexual assault are more likely to turn to an informal provider for support, compared to a formal provider (Ullman & Siegel, 1995). Correlates of disclosure to an informal provider include higher beliefs that the individual will be helpful (Frazier & Burnett, 1994; Golding et al., 1989; Sudderth, 1998; Washington, 2001), no prior history of sexual victimization (Orchowski et al., in press), sustaining injuries at the time of the assault and perceiving that one’s life is in danger (Ullman & Filipas, 2001; Starzyski et al., 2005). Whereas community-residing women are likely to disclose to informal providers when the perpetrator was a stranger (Starzynski et al., 2005), college women are likely to disclose to informal providers when the individual was known to the victim (Fischer et al., 2003). Further, whereas research among college women suggested that alcohol use by the victim and/or perpetrator was related to sexual assault disclosure to an informal support figure (Fischer et al., 2003), this relationship was not replicated within a community-residing sample (Starzynski et al., 2005).

Study 1 extends existing research examining sexual assault disclosure in several ways. In addition to utilizing a prospective methodology and targeting a college sample,
this study utilized an extensive array of assessments of the determinants of sexual assault
disclosure. Importantly, research has yet to examine how various personality
characteristics and attitudes, such as self-concealment, likelihood to disclose, and
attitudes towards seeking professional help (see Vogel & Wester, 2003; Vogel, Wester,
Wei, & Boysen, 2005) are related to women’s sexual assault disclosure. As such, the
primary purpose of this study was to explore univariate, and multivariate relationships
between known correlates of disclosure (i.e., assault characteristics) as well as attitudes
towards help-seeking, and contextual factors that may influence help-seeking behavior
following an assault (i.e., self-blame, social support, coping strategies).

A first set of research hypotheses were generated to examine the correlates of
sexual assault disclosure within each time period (i.e., from age 14 until the baseline
assessment, and over the follow-up). Among survivors of adolescent sexual
victimization and sexual victimization over the follow-up, it was hypothesized that
regardless of women’s history of sexual victimization: [1] women’s disclosure of sexual
victimization would be associated with assault characteristics; [2] women’s disclosure of
sexual victimization would be associated with attitudes towards help-seeking; and [3]
women’s disclosure of sexual victimization would be related to contextual factors
surrounding the assault. It was also hypothesized that [4] significant predictors of
disclosure of sexual victimization over the follow-up would maintain a unique
relationship with sexual assault disclosure after controlling for a history of adolescent
sexual assault.
A second set of research hypotheses were generated to explore factors that predict the disclosure of sexual revictimization. Among women with a history of adolescent sexual victimization who were revictimized over the course of the study, it was hypothesized that [5] previous disclosure of sexual victimization would predict disclosure of sexual victimization over the interim; and [6] characteristics associated with the experiences of sexual revictimization, attitudes towards-help-seeking and contextual factors—including social reaction to prior disclosure of adolescent sexual victimization—would predict disclosure of sexual revictimization after controlling for prior disclosure of sexual assault.

Method

Participants

Participants consisted of 374 undergraduate women living in freshman residence halls at a medium-sized Midwestern University who volunteered to participate in a larger study examining the effectiveness of sexual assault prevention programming. Only responses from women living in residence halls randomly assigned to the control group were utilized. The study was advertised via posters, email correspondence, and personal contact from Residence Life Staff. The study was advertised as a survey of social and dating behaviors. Surveys were administered in six campus residence halls. Based on the occupancy limits of the residence halls selected to participate in this study, it was estimated that approximately 540 women were asked to participate. Of the women who volunteered for this study, none declined to participate.
The majority of participants were 18 or 19 years old (n=367, 98.1%), and identified as non-married (n=369, 98.7%) and heterosexual (n=367, 98.7%). Ninety-four percent of the participants self-identified as Caucasian (n=353), 2.9% as African American (n=11), 0.3% as Asian American (n=1), 0.3% as American Indian or Alaska Native (n=1), 0.8% as Native Hawaiian or Pacific Islander (n=3), and 1.3% listed “other” as their ethnicity (n=5). Over twenty-five percent of participants reported that they did not know their annual family income (n=86), 18.4% reported annual family incomes that were $50,000 or less (n=69), 32.3% reported their annual family income to be between $50,000 - $100,000 (n=121), and 26% reported their annual family income to be over $100,000 (n=88).

**Measures**

All measures, with the exception of the Demographics Questionnaire, were administered at baseline, 4-month and 7-month follow-up assessments. Unless otherwise indicated, all subscales of the measure were utilized in subsequent analyses.

*Demographics Questionnaire.* This is a brief questionnaire used to collect relevant personal information regarding basic participant characteristics such as age, family income, ethnicity and race.

*Sexual Victimization.* Unwanted sexual experiences from the age of 14 to the baseline assessment and sexual victimization over the follow-up periods were assessed through the Sexual Experiences Survey (Koss & Oros, 1982). Participants completed a series of 10 sexually-explicit and behaviorally-specific questions that assess past sexual behavior along a variety of dimensions. Experience of adolescent sexual victimization
and sexual victimization over the interim was classified according to the most severe experience reported, including: (a) no experience of sexual victimization (i.e., no items were endorsed), (b) moderate sexual victimization (i.e., items were endorsed referring to unwanted sexual experiences other than rape, including attempted rape, sexual coercion and forced sexual contact); and, (c) severe sexual victimization (i.e., rape; threats or force or physical force were used to coerce the woman into engaging in oral, anal or vaginal intercourse). Gylys and McNamara (1996) and Koss and Gidycz (1985) reported that the Sexual Experiences Scale demonstrates good reliability and validity.

Assault Characteristics. Participants who indicated experiences of sexual victimization completed a series of follow-up questions indicating: 1) their relationship to the perpetrator; 2) alcohol and/or drug use at the time of the assault by the victim and/or perpetrator; 3) labeling of the assault (i.e., ranging from “not victimized” to “sexual assault/rape/other crime”); and 4) disclosure of the assault.

Childhood Sexual Victimization. Unwanted sexual experiences prior to age 14 were assessed through the Childhood Sexual Victimization Questionnaire (Finkelhor, 1979). Participants answer “yes” or “no” to indicate whether they have had a series of 13 sexual experiences during childhood. A series of three follow-up questions ascertain the relationship to the person involved, the age of the individual involved and the main reason why the woman participated in the experience. In accordance with other researchers’ criteria (i.e., Briere & Runtz, 1987; 1988), any participant noting a sexual experience before the age of 14, with a person 5 years or older than the individual, and/or where some form of coercion was used to obtain participation of the individual; and/or
the other person was a caregiver or authority figure was classified as sexually victimized in childhood. Risin and Koss (1987) reported that the scale demonstrates adequate reliability and validity.

Social Desirability. The degree to which participants’ responses are influenced by a need for social desirability was assessed with the short-form of the Marlowe-Crown Social Desirability Scale (Crown & Marlowe, 1960; Reynolds, 1982). High scores reflect a higher need for social desirability. The short-form of the Marlowe-Crowne Social Desirability Scale demonstrates good reliability and validity (Robinette, 1991; Zook & Sipps, 1985).

Tendency to Disclose. Tendency to discuss problematic experiences with others was assessed with the Distress Disclosure Index (Kahn & Hessling, 2001). Participants respond to items such as, “When something unpleasant happens to me, I often look for someone to talk to”, along a 5-point scale, ranging from “strongly disagree” to “strongly agree”. Higher scores reflect higher tendency to disclose stressful experiences to others. Kahn and Hessling (2001) reported that the scale demonstrates good reliability and validity.

Expected Risks and Benefits from Disclosure. Expected response to disclosing stressful information was measured with the Disclosure Expectations Scale (Vogel & Wester, 2003). Participants respond to items such as, “How likely would you get a useful response if you disclosed an emotional problem you were struggling with to a counselor”, along a 5-point scale, ranging from “not at all likely” to “very likely”. Responses are summed to create two subscales, Anticipated Risk and Anticipated Utility, whereby
higher scores reflect higher perceived risk and higher perceived utility. The scale was modified for the purpose of the current study to examine the perceived risks and utility of disclosing distressing information to a mother, father, siblings and other family members, female friends, male friends, and counselors. Two total scores were created to reflect overall total levels of perceived risk and utility of disclosure. Vogel and Wester (2003) reported that the scale demonstrates good reliability and validity.

**Self-Concealment.** Tendency to keep information a secret was assessed by the Self-Concealment Scale (Larson & Chastain, 1990). Participants respond to items such as, “I have an important secret that I haven’t shared with anyone” along a 5-point scale ranging from “strongly disagree” to “strongly agree”. Total scores reflect a higher tendency to self-conceal. The scale demonstrates adequate internal consistency, test-retest reliability over a 4-week interval, and concurrent validity with other measures of disclosure (Larson & Chastain, 1990).

**Attitudes towards Psychological Care.** Attitudes towards seeking professional help were assessed with the Attitudes towards Seeking Professional Psychological Help Scale—Short Version (Fischer & Farina, 1995). Participants respond to items such as, “I would want to go to a therapist if I were worried or upset for a long period of time” along a 4-point scale, ranging from “disagree” to “agree”. Higher scores are indicative of more positive attitudes towards seeking psychological care. Adequate reliability and validity of the scale are reported across several studies (Fischer & Farina, 1995; Fischer & Turner, 1970; Vogel et al., 2005).
*Reporting Unwanted Sexual Behavior.* Women’s likelihood to report unwanted sexual experiences on a survey, to peers, to family members and to various formal providers (i.e., Counseling Services, Residential Advisors, and Police) was assessed through a series of 10 questions, to which participants responded along a 7-point continuum, ranging from “Not at all Likely” to “Completely Likely”. Higher scores represent greater intentions to report sexual victimization. Orchowski, Meyer and Gidycz (in press) suggest that the scale demonstrates good internal consistency.

*Attributions of Blame for Sexual Victimization.* Attributions of blame for unwanted sexual experiences were assessed by the Rape Attribution Questionnaire (Frazier 2002; Frazier & Seales, 1997). The questionnaire pertains only to victims of sexual assault; however, it was adapted for the present study so that all individuals completed the measure regardless of history of sexual victimization. The adapted questionnaire began with the prompt: “How often have you thought: An unwanted sexual experience would occur because”. Individuals responded to items, such as “Society doesn’t do enough to prevent violence against women” along a 5-point continuum of “never “to “very often”. Higher total scores indicate higher levels of blame. Five subscales are utilized to explore various domains of attributions of blame, including: (a) societal blame; (b) behavioral self-blame; (c) characterological self-blame; (d) chance; and (e) rapist blame. Internal consistency reliability of the scale is reported to be high (Frazier, 2002).

*Social Support.* Participants’ perceptions of the quality and presence of various domains of social support were assessed with the Social Provisions Scale (Curtona &
Russell, 1987). Participants respond to items such as “There are people I know will help me if I really need it” along a 4-point continuum, ranging from “strongly disagree” to “strongly agree”, with higher scores reflecting higher perceptions of social support. Factor analyses suggest that the scale provides a good measure of global social support, as well as six subtypes of social support, including: 1) guidance (advice or information); 2) reliable alliance (assurance that others can be counted on); 3) reassurance of worth; 4) attachment (emotional closeness to others); 5) social integration (a sense of belonging to a group); and 6) nurturance (providing assistance to others). Curtona and Russell (1987) reported that the scale demonstrates adequate reliability and validity.

**Coping Strategies.** Tendency to engage in various domains of coping skills was assessed with the Coping Strategy Indicator (Amirkhan, 1990). The three subscales of this measure include: a) problem solving (e.g. “Brainstormed all possible solutions before deciding what to do”); b) seeking social support (e.g. “Confided your fears and worries to a friend or relative”); and c) avoidance (e.g. “Tried to distract yourself from the problem”). Items are responded to along a 3-point continuum, ranging from “a lot” to “not at all”, and scores are reverse coded such that higher scores indicate more frequent use of each coping strategy. Amirkhan (1990) reported that the subscales of the Coping Strategies Indicator demonstrate good reliability and validity. The Seeking Social Support and Avoidance subscales were included in the present study.

**Social Reactions to Sexual Assault Disclosure.** Assault-specific reactions to disclosure of sexual victimization at baseline and over follow-up periods were assessed through the Social Reactions Questionnaire (SRQ; Ullman, 2000). The 48 items are
summed to create 5 subscales relating to negative social reactions, including: a) controlling; b) blaming; c) treating you differently (i.e., stigmatizing reactions); d) distraction (i.e., not allowing the woman to discuss the experience); and e) egocentric behavior (i.e., the support figure addresses their own needs) and 2 subscales relating to positive social reactions, including: a) emotional support; and b) information and tangible aid. Mean scores were created for each subscale of the questionnaire. Ullman (2000) reported that the reliability and validity for the scale are high.

Procedure

Data were collected within a larger study examining the effectiveness of sexual assault risk reduction and prevention programming for college women and men. The preventative intervention, entitled the Community Programming Initiative, administered separate sexual assault prevention and risk reduction programs, concurrently, to college men and women living in the same 1st-year residence halls, with the goal of fostering community based change in order to decrease rates of sexual assault (Gidycz, 2006). The Community Programming Initiative was collaborative in nature, in that researchers from the Laboratory for the Study and Prevention of Sexual Assault at Ohio University partnered with representatives from Counseling and Psychological Services and the Department of Residence Life in order to administer the study. The Community Programming Initiative also aimed to increase mental health service provision to participants in the program by partnering with the Counselor-in-Residence Program, an after-hours counseling service located within the campus residence halls (Orchowski,
Castelino, Ng, Cosio & Heaton, 2009). Participants in the Community Programming Initiative included over 1300 college-age men and women.

A total of twelve residence halls were randomly selected to participate in the Community Programming Initiative. Selection of residence halls was stratified by size, such that an array of small, medium and large sized residence halls were randomly selected for inclusion in the study. Each residence halls was randomly assigned to participate in dual-pronged sexual assault programming group, or participate in the wait-list control group. In the program group, men and women participated in specifically-tailored sexual assault prevention and risk reduction programs, respectively. Three cohorts of participants were recruited to participate in the study over the course of 2 academic years. Data were collected at a baseline, 4-month follow-up and 7-month follow-up sessions. Participants in the wait-list control group received $20 at each assessment for completing questionnaires. Of the 374 women in the control group who participated in the baseline assessment, 91.4% participated in either the 4-month or 7-month follow-up (n=342). Table 1 provides a summary of participation rates at the baseline, 4-month and 7-month follow-up periods.

Results

Rates of Sexual Victimization and Disclosure

Unwanted sexual experiences from the age of 14 to the time of the baseline assessment were reported by 35.8% (n=134) of the participants. Fifteen-percent of women reported experiences of unwanted sexual contact (n=56), 2.9% reported experiences of sexual coercion (n=11), 9.6% reported experiences of attempted rape
(n=36) and 8.3% reported experiences of completed rape (n=31). Of these women, 74.6% (n=100) discussed the experience with someone. According to the victims’ report, ninety-seven percent of the assaults were perpetrated by someone known to the victim (n=130), and 63% of perpetrators (n=65) and 55% of victims (n=57) were consuming alcohol and/or drugs at the time of the assault.

Of the women who completed the 4-month or 7-month follow-up, 19.6% experienced some form of sexual victimization over the interim (n= 67). Ten-percent experienced unwanted contact (n=34), 2.6% experienced sexual coercion (n=9), 3.5% reported experiences of attempted rape (n=12), and 3.5% reported experiences of rape (n=12). Ninety-five percent of the assaults were perpetrated by someone known to the victim (n=64), and 70% of perpetrators (n=47) 68.8% of victims (n=46) were consuming alcohol and/or drugs at the time of the assault according to the victims’ report. Of these women, 55.2 % (n=37) discussed the experience with someone.

Data Preparation

No participants were eliminated from the study due to missing or incomplete data. Mean substitution was utilized to address missing data on continuous outcome variables in cases where less than 15% of full-scale or sub-scale items were incomplete. Participants’ data on a full scale or sub-scale were coded as missing in cases where more than 15% of items were incomplete. Retrospective analyses were conducted utilizing the sample of women who attended the baseline assessment. Prospective analyses were conducted utilizing the sample of women who attended either the 4-month or 7-month follow-up. In cases where a participant experienced sexual victimization over the 4-
Data Analysis Strategy

A series of odds ratios were calculated utilizing logistic regression analyses to determine the relationship between predictor variables and sexual assault disclosure (i.e., hypothesis #1, hypothesis #2, hypothesis #3, & hypothesis #5). For each series of analyses, the Holm (1979) procedure was utilized to control for inflation in family wise error. Disclosure of sexual victimization served as the dependent variable and was dummy coded (0=non-disclosure; 1=disclosure). To examine the relationship between significant predictors of sexual victimization over the follow-up, after controlling for history of adolescent sexual victimization (i.e., hypothesis #4), a series of partial odds ratios were calculated utilizing multivariate logistic regression analyses. A series of partial odds ratios were calculated utilizing multivariate logistic regression analyses to determine the relationship between predictor variables and sexual revictimization over the follow-up, after controlling for prior disclosure of adolescent sexual assault (i.e., hypothesis #6). Ideally, partial odds ratios would be calculated only for variables that maintained significant univariate associations with each form of sexual assault disclosure, after controlling for family wise error. However, given the exploratory nature of these analyses, partial odds ratios were calculated for variables that demonstrated significant univariate associations (i.e., $p<.05$) with disclosure of sexual assault over the follow-up, or disclosure of sexual revictimization prior to applying the Holm (1979) procedure.

Associations between Assault Characteristics and Sexual Assault Disclosure
A series of six logistic regression analyses assessed the relationships between assault characteristics as reported at baseline and disclosure of adolescent sexual assault (i.e., hypothesis #1). Independent variables included: 1) assault severity (1=unwanted sexual contact; 2=sexual coercion; 3=attempted rape; 4=rape); 2) prior childhood victimization (0=not victimized; 1=victimized); 3) victim alcohol use at the time of the assault (0= not using alcohol and/or drugs; 1=using alcohol and/or drugs); 4) perpetrator alcohol use at the time of the assault (0= not using alcohol and/or drugs; 1=using alcohol and/or drugs); 5) labeling of the assault (1=not victimized; 2=serious miscommunication; 3=sexual assault; 4= rape; 5=other crime); and 6) how well they knew the perpetrator (1=did not know at all; 2=slightly/moderately acquainted; 3=very well acquainted; 4=extremely well acquainted). To test the hypothesis that assault characteristics would predict disclosure of sexual victimization over the follow-up, independent of the role of prior disclosure of sexual victimization, a second series of six logistic regression analyses were conducted. Odds ratios are presented in Table 2. No assault characteristics significantly predicted disclosure of adolescent sexual victimization. Significant predictors of disclosure over the follow-up were evidenced by the following assault characteristics: alcohol use reported by the victim at the time of the assault, the victim’s report of perpetrator alcohol use at the time of the assault, and lower level of acquaintance with the perpetrator.

**Associations between Attitudes towards Help-Seeking and Sexual Assault Disclosure**

A series of seven logistic regression analyses assessed the relationships between various attitudes and belies as reported at baseline and disclosure of adolescent sexual
assault (i.e., hypothesis #2). Independent variables included: 1) self-concealment; 2) utility of disclosure; 3) risk of disclosure; 4) likelihood to disclose; 5) attitudes towards mental health care; 6) social desirability; and 7) likelihood to report sexual victimization. To test the hypothesis that these risk factors would be associated with disclosure of sexual victimization over the follow-up, independent of the role of prior disclosure of sexual victimization, a second series of 7 logistic regression analyses were conducted. Odds ratios are presented in Table 3. Results indicated that no measures of attitudes towards help-seeking behavior evidenced significantly predicted disclosure of adolescent sexual victimization or sexual victimization over the follow-up after controlling for inflation in family wise error across analyses.

**Contextual Factors and Sexual Assault Disclosure**

A series of eleven logistic regressions assessed the relationships between contextual factors and disclosure of adolescent sexual assault (i.e., hypothesis #3). Independent variables included: 1) coping via emotional support; 2) coping via avoidance; 3) guidance from others; 4) reliable social support; 5) reassurance of worth; 6) attachment to others; 7) social integration; 8) nurturance; 9) rapist blame; 10) characterological self-blame; and 11) behavioral self-blame. To test the hypothesis that these contextual factors would predict disclosure of sexual victimization over the follow-up, independent of the role of prior disclosure of sexual victimization, a second series of eleven logistic regressions were conducted. Odds ratios are presented in Table 4. Higher levels of coping via emotional support predicted disclosure of adolescent sexual
victimization. No contextual factors demonstrated a significant association with disclosure of sexual victimization over the follow-up.

**Predicting Disclosure of Sexual Revictimization over the Follow-up, Controlling for Prior History of Adolescent Sexual Assault**

Partial odds ratios between significant predictors and disclosure of sexual victimization over the follow-up, controlling for history of adolescent sexual victimization, were calculated utilizing a series of multivariate logistic regression. Analyses were conducted to examine the relationship between the following variables and disclosure of sexual victimization over the follow-up: substance use by the victim at the time of the assault, substance use by the perpetrator at the time of the assault, level of acquaintance with the perpetrator, coping via emotional support, attachments to others, and characterological self-blame.

Disclosure of sexual assault disclosure over the follow-up was significantly predicted by history of adolescent sexual assault and victim alcohol use at the time of the assault, \( G^2(2, N=67)= 15.09, p<.01, \) Nagelkerke \( R^2= .27. \) In the presence of history of adolescent sexual victimization, alcohol use by the victim predicted disclosure of sexual victimization over the follow-up, Wald \( \chi^2 (1, N=67)=10.08, p<.01, OR=7.88. \) When controlling for alcohol use by the victim, history of adolescent sexual assault demonstrated a negative relationship to sexual assault disclosure over the follow-up, Wald \( \chi^2 (1, N=67)=5.49, p<.05, \) OR= .64.

Sexual assault disclosure over the follow-up was predicted by perpetrator alcohol use at the time of the assault and history of adolescent sexual assault, \( G^2(2, N=67)= \)
In the presence of history of adolescent sexual victimization, alcohol use by the perpetrator predicted disclosure over the follow-up, \( \chi^2 (1, N=67) = 12.04, p < .01, OR = 11.96 \). In the presence of alcohol use by the perpetrator, history of adolescent sexual assault was negatively associated with sexual assault disclosure over the follow-up, \( \chi^2 (1, N=67) = 5.94, p < .05, OR = .62 \).

Sexual assault disclosure over the follow-up was also predicted by level of acquaintance with the perpetrator and history of adolescent sexual assault, \( G^2 (2, N=67) = 15.33, p < .001, \) Nagelkerke \( R^2 = .27 \). When controlling for history of adolescent sexual victimization, level of acquaintance with the perpetrator demonstrated a negative relationship with disclosure of sexual victimization over the follow-up, \( \chi^2 (1, N=67) = 10.25, p < .01, OR = .39 \). History of adolescent sexual assault did not predict sexual assault disclosure over the follow-up when controlling for level of acquaintance with the perpetrator.

Disclosure of sexual assault over the follow-up was also predicted by likelihood to disclose stressful information and history of adolescent sexual assault, \( G^2 (2, N=67) = 7.36, p < .05, Nagelkerke \ R^2 = .14 \). Controlling for history of adolescent sexual victimization, likelihood to disclose stressful information predicted disclosure of sexual assault over the follow-up, \( \chi^2 (1, N=67) = 3.95, p < .05, OR = .105 \). History of adolescent sexual assault did not predict disclosure over the follow-up when controlling for tendency to disclose.

Sexual assault disclosure over the follow-up was predicted by coping via emotional support and history of adolescent sexual assault, \( G^2 (2, N=67) = 10.20, p < .01, \)
Nagelkerke $R^2 = .19$. In the presence of history of adolescent sexual victimization, coping via emotional support predicted disclosure over the follow-up, Wald $\chi^2 (1, N=67) = 6.11$, $p < .05$, OR = 1.14. History of adolescent sexual victimization did not predict disclosure over the follow-up when controlling for levels of coping via emotional support.

Further, disclosure of sexual assault over the follow-up was predicted by attachments to others and history of adolescent sexual assault, $G^2 (2, N=67) = 9.51$, $p < .01$, Nagelkerke $R^2 = .18$. Controlling for history of adolescent sexual victimization, attachments to others predicted disclosure of sexual victimization over the follow-up, Wald $\chi^2 (1, N=67) = 4.94$, $p < .05$, OR = 1.34. History of adolescent sexual victimization did not predict sexual assault disclosure over the follow-up in the presence of attachments to others.

Disclosure of sexual assault over the follow-up was predicted by levels of characterological self-blame for sexual victimization and history of adolescent sexual assault, $G^2 (2, N=67) = 6.71$, $p < .05$, Nagelkerke $R^2 = .13$. However, the partial odds ratios for history of adolescent sexual victimization or level characterological self-blame were not uniquely associated with disclosure of sexual assault over the follow-up.

*Predicting Disclosure of Sexual Revictimization over the Follow-up*

Only women with a history of sexual victimization and were revictimized over the follow-up, were included in the following analyses. A chi-square analysis was conducted to address the hypothesis that previous disclosure of sexual victimization would predict disclosure of sexual assault among women who were revictimized over the interim (i.e., hypothesis #5). Disclosure of adolescent sexual victimization was associated with
disclosure of sexual victimization over the follow-up period, $\chi^2 (1, N=44) = 7.01, p<.01$; McNemar’s Test, $p=.05$. Specifically, 20% of women who did not disclose adolescent sexual victimization disclosed an experience of sexual revictimization over the interim ($n=3$), whereas 62.1% of women who disclosed adolescent sexual victimization disclosed an experience of sexual revictimization that occurred over the interim ($n=18$).

In order to address the hypothesis that assault characteristics, attitudes towards help-seeking and contextual factors—including social reactions to disclosure of adolescent sexual assault—would predict disclosure of revictimization experiences over the follow-up (i.e., hypothesis #6), first, a series of odds ratios were calculated to identify significant associations between the social reactions to disclosure of adolescent sexual assault and disclosure of sexual revictimization over the interim. Odds ratios are presented in Table 5. None of the seven types of social reactions to disclosure of adolescent sexual assault demonstrated a significant association to disclosure of sexual revictimization over the interim.

Partial odds ratios were calculated utilizing a series of multivariate logistic regression analysis to examine the relationship between predictor variables and disclosure of sexual revictimization, after controlling for prior disclosure of sexual assault. Analyses were conducted to examine the relationship between the following variables and disclosure of sexual revictimization: level of acquaintance with the perpetrator, coping via emotional support. Disclosure of sexual revictimization was predicted by prior disclosure of adolescent sexual assault and level of acquaintance with the perpetrator, $G^2(2, N=43) = 13.01, p<.01$, Nagelkerke $R^2=.34$. When controlling for prior disclosure of
adolescent sexual victimization, lower level of acquaintance with the perpetrator predicted disclosure of sexual revictimization, Wald $\chi^2 (1, N=43)=5.02, p<.05, OR=.45$. In the presence of level of acquaintance with the perpetrator, prior disclosure of adolescent sexual victimization predicted disclosure of sexual revictimization, Wald $\chi^2 (1, N=43)=5.32, p<.05, OR=6.32$. Disclosure of sexual revictimization was also predicted by prior disclosure of adolescent sexual assault and level of coping via emotional support, $G^2(2, N=43)= 8.99, p<.05, \text{Nagelkerke } R^2=.25$. After controlling for prior disclosure of adolescent sexual assault, coping via seeking emotional support was not associated with disclosure of sexual revictimization.

Discussion

Understanding the factors that facilitate survivors’ ability to “break the silence” regarding experiences of violence plays a key role in dismantling the relational, institutional, and societal factors that silence or shame survivors of sexual victimization, thereby potentially serving to condone and perpetuate violence against women. This study builds upon the existing literature on correlates of sexual assault disclosure in several ways. The current study identified, in both retrospective and prospective analyses, factors associated with the disclosure of sexual victimization among college women. After controlling for inflation in family-wise error across analyses, higher levels of coping with distress via seeking emotional support from others demonstrated a positive univariate relationship to disclosure of adolescent sexual victimization. After controlling for inflation in family-wise error across analyses, the presence of victim alcohol use at the time of the assault, the presence of perpetrator alcohol use at the time of the assault as
reported by the victim, and lower level of acquaintance with the perpetrator demonstrated significant univariate associations with disclosure of sexual victimization over the follow-up. Notably, these variables also demonstrated significant relationships with sexual assault disclosure over the follow-up after controlling for history of sexual victimization. These results partially supported the hypotheses that assault characteristics and contextual factors would be associated with sexual assault disclosure.

These data support Fischer and her colleagues (2003) data documenting a relationship between alcohol use at the time of the assault by the victim and or perpetrator and college women’s sexual assault disclosure. Given that alcohol use is a common component of sexual assault on college campuses (Abbey, Ross, McDuffie & McAuslan, 1996), it is also possible that college women’s likelihood to disclose sexual victimization that occurred over the follow-up when it involved alcohol and/or drug use by the perpetrator was because these types of assaults are commonly occurring on college campuses (e.g., Gidycz, Warkentin & Orchowski, 2007). In fact, community-residing women who have experienced sexual victimization that match the characteristics of a “classic rape” (i.e., stranger, isolated location, sustaining injury) are more likely to report the assault to the police (Pino & Meier, 1999). Presumably, if college women are aware that sexual assaults on college campuses involve substance use by the victim and/or perpetrator, they may be more likely to disclose such a schema-congruent experience to others. College students may now be more aware of the link between alcohol use and sexual assault as a result of alcohol education as well as sexual assault prevention programs on college campuses.
Strong attachments to others also demonstrated a significant relationship to disclosure of sexual victimization over the follow-up, after controlling for history of adolescent sexual assault. A large body of theoretical and empirical research suggests that individuals who experience stress and traumatic experiences benefit from social support (Dunkel-Schetter & Benett, 1990; Dunkel-Schetter, Folkman, & Lazarus, 1987; Lazarus & Folkman, 1984; Thoits, 1986; Valentiner, Holahan, & Moos, 1994). Further, several studies document a positive association between high levels of social support and recovery from sexual victimization (Burgess & Holstrom, 1978; Kaniasty & Norris, 1992; Ruch & Chandler, 1983; Sales, Baum, & Shore, 1984). It is possible that women who hold strong attachments to others feel uncomfortable withholding disclosure of sexual victimization. Disclosure of sexual victimization may serve to further maintain the survivors’ strong attachments to others, or it may be that women with strong attachments are likely to have someone to confide in following a sexual assault. Since the first year of college is a transition period for young women, whereby they may lose some of their more stable sources of social support and may have not developed new attachments, women who are assaulted during the first year of college may be particularly vulnerable to non-disclosure of sexual victimization.

Notably, analyses revealed that likelihood to disclose stressful information was associated with disclosure of sexual victimization over the follow-up, after controlling for history of sexual assault. However, no other attitudes towards help-seeking behavior were associated with sexual assault disclosure. It may be that sexual assault is such a specific or unique event that specific types of attitudes towards help-seeking (e.g., attitudes
towards psychological care) may not be particularly predictive of getting help for an assault. It is also possible that the characteristics of an assault experience, women’s coping strategies, as well as social support networks are stronger predictors of sexual assault disclosure than women’s attitudes towards disclosure. However, the relatively small sample size, and the large number of constraints that were placed on analyses in order to control for the large number of exploratory analyses should be noted. Since prior research has yet to examine the relationship between various attitudes towards disclosure and sexual assault, and the relative dearth of research targeting college women’s disclosure, these data may be utilized to guide more detailed quantitative and qualitative research. Qualitative research examining the role of cultural factors in predicting sexual assault disclosure is also warranted.

The current study also adds to the literature by identifying predictors of sexual revictimization. Level of acquaintance with the perpetrator demonstrated a significant relationship with disclosure of sexual revictimization, even after controlling for prior disclosure of adolescent sexual assault. Women who were “very well acquainted” with the perpetrator were 2.27 times less likely to disclose sexual revictimization over the follow-up compared to women who were “slightly/moderately acquainted” with the perpetrator. In light of research documenting that college women more often disclose sexual victimization when the offender is someone she knows (Fischer et al., 2003), these findings may suggest that women are less likely to disclose when the offender is someone she knows well. It is possible that women who experienced sexual revictimization over the follow-up were in an ongoing intimate relationship with the perpetrator, and as a
result were unlikely to confide in others about the experience due to anticipated pressure to end their relationship. It is also possible that in situations where the victim and perpetrator are well acquainted, and share a peer group, disclosure may be precluded by the victim’s fear of disrupting relationships within the group. Overall, given that the majority of sexual assaults on college campuses are perpetrated by someone known to the victim, these data highlight the importance of examining the victim’s relationship to the perpetrator as well as how well she knows the aggressor. These data highlight the importance of victim-offender relationship in women’s decision to disclose sexual assault. In this multivariate analysis, prior disclosure of sexual victimization predicted disclosure of sexual revictimization over the interim. In fact, women who disclosed prior experiences of adolescent sexual victimization were approximately 6 times more likely to disclose when revictimized compared to women who did not disclose adolescent sexual victimization. Programming specifically targeting women with a history of sexual victimization, who are at high risk for revictimization (Gidycz, Coble, Latham & Layman, 1993), may be a strategy for further addressing the role of self-blame in recovery, and provide survivors with a safe forum in which to seek support and discuss the experience.

Surprisingly, data did not support the hypothesis that social reactions to disclosure of adolescent sexual victimization would be associated with disclosure of subsequent revictimization. It would seem that survivors who experience a “secondary victimization” when disclosing their assault (Symonds, 1980), would be less likely to disclose an experience of subsequent revictimization. However, it may be that negative social
reactions to disclosure of sexual victimization do not preclude women’s disclosure of subsequent assault, but rather lead women to confide in a different provider when disclosing experiences of sexual revictimization. As later discussed in Study 2, it is also possible that the extent of negative social reactions to disclosure of adolescent sexual victimization was, on average, relatively low. Quantitative and qualitative studies that include measurement of barriers to disclosure of sexual victimization are needed to further explore relationships between initial social reactions to disclosure and women’s likelihood to disclose sexual revictimization. Future research can build upon this prospective, quantitative methodology by utilizing longer follow-up periods to longitudinally assess patterns of sexual assault disclosure over time.

Whereas this research did not distinguish between college women’s disclosure to informal and formal providers, 55%-75% of women in this study disclosed to one or more provider—including family members and friends. Whereas it is positive that college women are telling someone about experiences of sexual assault, it is unclear if the individuals that survivors confide in are equipped to respond in their best interests, and provide referrals to potential campus resources. Study 2 addresses this research question.
STUDY 2

Study 2 examines how informal providers respond to college women’s disclosure of sexual victimization. Thus, this study aims to answer the questions: [1] who do college women tell about experiences of sexual victimization; and [2] how do these providers respond?

Despite low rates of reporting sexual victimization to the police or other authorities, studies of community-residing and college women suggest that over 65% of sexual assault survivors tell someone about the experience (Ahrens et al., 2007; Baumer, 2004; Fisher et al., 2003; Golding et al., 1989). Adults and adolescents most often disclose sexual victimization to informal providers, such as family or friends, compared to formal providers, such as the police or a rape crisis center (Ahrens et al., 2007; Golding et al., 1989; Kogan, 2004). According to the National College Women Sexual Victimization Study, 88% of survivors disclosed the incident to peers, 10% disclosed to family members, 4% disclosed to any campus authority, and 1% disclosed to a counselor (Fisher et al., 2003). Whereas several studies document differences between formal and informal providers’ responses to disclosure (Kauklne, 2004; Ullman, 1996c; Filipas & Ullman, 2001) and differences in the responses of various formal providers (Campbell et al., 2001), few studies examine the responses of various informal support providers (Mims & Chang, 1984). Study 2 attempted to address this gap in the literature.

Whereas it may seem encouraging that more women are seeking social support following experiences of sexual victimization, the consequences of disclosure are not always positive (Ahrens, 2006; Ahrens & Campbell, 2000). It is estimated that between
25%-75% of women who disclose experiences of sexual victimization are denied help or responded to in a way that leaves them feeling blamed, hurt, stigmatized, or not believed (Campbell, Ahrens, Sefl, Wasco, Barnes & Zaragoza-Diesfeld, 1999; Campbell & Raja, 1999; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). The range of women who experience negative responses to disclosure of sexual victimization is so broad as a result of the variations in research methods utilized, differences in the populations examined (i.e., women who disclose to the police vs. women who disclose to an informal provider) as well as discrepancies in how the construct of negative responses to disclosure of sexual victimization is defined. Negative responses to disclosure of sexual assault are commonly referred to as “secondary victimization” (Symonds, 1980), the “second rape” (Madigan & Gamble, 1991) or the “second assault” (Martin & Powell, 1994). Even well-intentioned responses to disclosure, such as inquiring about details of the assault experience (e.g., “Were you drinking?”; “Did you yell for help?”) may inadvertently imply that the victim “should’ve known better” or that the survivor was to blame for the experience (Ahrens, 2006). Social reactions to disclosure may also be inadvertently harmful if the support provider fails to refer the survivor to adequate support services. For example, according to Pitts and Schawtz (1993), only 5% of the providers that women first told about an experience of sexual assault suggested that the assault should be reported to the police.

The impact of various social reactions to disclosure varies as a function of how the recipient of disclosure responds, the significance of the recipient’s relationship to the survivor (Borja et al., 2006; Ullman, 1996b), the frequency of the survivor’s disclosure, and the availability of other support figures (Golding et al., 1989). Although secondary
victimization is associated with greater psychological distress and poor adjustment (Davis, Brickman, & Baker, 1991; Ullman, 1996a, 1996b, 1996c), positive social reactions to disclosure demonstrate both positive (Borja et al., 2006; Ullman & Siegel, 1995) as well as minimal to non-significant relationships with adjustment (Davis et al., 1991; Ullman, 1996b). Further, women often receive a combination of different negative and positive responses to disclosure (Ullman & Filipas, 2001), and responses to disclosure may be perceived as either helpful or unhelpful, depending on the individual responding (see Ullman, 1999 for a review).

Study 2 extends existing research examining social reactions from various providers (i.e., Filipas & Ullman, 2001; Ullman, 1996a) by exploring variations within and between informal providers’ responses to college women’s disclosure of sexual assault. The Social Reaction Questionnaire (Ullman, 2000), which assesses the extent to which survivors receive various types of negative and positive responses to disclosure, was modified to assess the responses to disclosure provided by specific informal providers. This research also utilized a prospective methodology in order to examine college women’s disclosure of adolescent sexual victimization, as well as experiences of sexual victimization that occurred over their freshman academic year. The association between assault characteristics and disclosure to specific providers was also explored. Specific research questions included: [1] who do college women tell about experiences of sexual victimization? [2] what are the correlates of college women’s disclosure to family members and peers? [3] what types of negative and positive social support are family members and peers likely to provide in response to disclosure of sexual victimization?
Method

Participants and Procedure

A detailed description of the participants as well as the procedure utilized in the current study is presented in Study 1. Data for the current study included women who participated in the baseline assessment (N=374), women who participated in the 4-month assessment (N=326), and women who participated in the 7-month follow-up (N=313).

Measures

In addition to measures of experiences of sexual victimization presented in Study 1, participants also completed a modified version of the Social Reactions Questionnaire (SRQ; Ullman, 2000). Specifically, women completed up to five separate versions of the SRQ in reference to each informal support figure disclosed to (i.e., mothers, fathers, siblings/other family members, male peers or female peers). For each administration of the scale, the 48 items were summed, and a mean score was created for the 5 subscales relating to negative social reactions, including: 1) controlling decisions; 2) blaming; 3) treating you differently (i.e., stigmatizing reactions); 4) distraction (i.e., not allowing the woman to discuss the experience); and 5) egocentric behavior (i.e., the support figure addresses their own needs) and 2 subscales relating to positive social reactions, including: 1) emotional support; and 2) information and tangible aid.

Results

Rates of sexual victimization over the 4-month and 7-month follow-up.

Rates of adolescent sexual victimization among study participants are reported in Study 1. Among the women who attended the 4-month follow-up, 20% (n= 52)
experienced some form of sexual victimization over the interim. Specifically, 13.5% experienced moderate sexual victimization ($n=44$) and 2.5% experienced severe sexual victimization ($n=8$). Ninety-eight percent of the assaults were perpetrated by someone known to the victim ($n=43$), and 77% of perpetrators and victims ($n=34$) were consuming alcohol and/or drugs at the time of the assault. Eight percent ($n=26$) of the women who completed the 7-month follow-up experienced some form of sexual victimization over the interim. Specifically, 6.7% experienced moderate sexual victimization ($n=21$), and 1.3% experienced severe sexual victimization ($n=5$). Ninety-two percent of the assaults were perpetrated by someone known to the victim ($n=24$), and 73% of perpetrators ($n=19$) and 69% of victims ($n=18$) were consuming alcohol and/or drugs at the time of the assault.

Disclosure to Family, Peer, and Formal Support Providers

Adolescent Sexual Assault Disclosure. Of the 133 women with a history of adolescent sexual victimization, 75.1% ($n=100$) discussed the experienced with someone. Of these women, 11% disclosed to their mother ($n=11$), 5% disclosed to their father ($n=5$), 17% disclosed to their siblings/other family members ($n=17$), 36% disclosed to a male peer ($n=36$), 86% disclosed to a female peer ($n=86$), and 8% disclosed to a counselor or priest ($n=8$). Of the 83 women who remembered when they disclosed, 15.6% disclosed immediately ($n=13$), 39.7% disclosed the next day ($n=33$), 12% disclosed within a week ($n=10$), 12% disclosed within 30 days ($n=10$), 16.8% disclosed within a year ($n=14$), and 3.6% waited over a year to disclose ($n=3$). On average, women waited 69 days to disclose.
Sexual Assault Disclosure over the Follow-up Periods. Of the 52 women victimized over the 4-month follow-up, 55.8% \((n=29)\) discussed the experience with someone. Of these women, 11% disclosed to their mother \((n=2)\), 3.4% disclosed to siblings/other family members \((n=1)\), 37.9% disclosed to a male peer \((n=11)\), 89.6% disclosed to a female peer \((n=26)\), and 3.4% discussed the experience with a counselor \((n=1)\). Of the 28 women who remembered when they disclosed the experience, 21.4% disclosed immediately \((n=6)\), 53.5% disclosed the next day \((n=15)\), 10.7% disclosed within a week \((n=3)\), and 14.3% waited over 2 weeks to disclose \((n=4)\). On average, women waited 5.8 days to disclose. Of the 44 women victimized during the 7-month follow-up period follow-up, 57.7% \((n=15)\) discussed the experience with someone. Of these women, 20% disclosed to their mother \((n=3)\), 20% disclosed to a sibling/other family member \((n=3)\), 46.6% disclosed to a male peer \((n=7)\), 93.3% disclosed to a female peer \((n=14)\), and 6.6% discussed the experience with a pastor \((n=1)\). Of the 14 women who remembered when they disclosed, 14.3% disclosed immediately \((n=2)\), 35.7% disclosed the next day \((n=5)\), 42.9% disclosed within a week \((n=6)\), and 7.1% waited 3 months to discuss the experience with someone \((n=1)\). On average, women waited 6.4 days to disclose. Rates of disclosure of adolescent sexual victimization and victimization over the follow-up periods are presented in Table 6. Conditional probabilities of the likelihood of disclosure to a support provider, given disclosure to a second support provider, are also provided in Table 6.

Correlates of Disclosure.
A series of chi-square analyses were conducted to examine the relationship between assault characteristics and disclosure of sexual victimization to various providers. Independent variables included: 1) the victim’s relationship to the perpetrator; 2) substance use by the victim at the time of the assault; 3) substance use by the perpetrator at the time of the assault; 4) the victim’s labeling of the assault (i.e., “not victimized”, “serious miscommunication”, “sexual assault/rape/other crime”); 5) the victim’s level of self-blame (i.e., “none/a little” to “very much”; 6) the victim’s level of perpetrator blame (i.e., “none/a little” to “very much”); and 7) level of perpetrator aggression.

Analyses of women’s adolescent sexual assault disclosure were conducted utilizing the sample of women who reported a history of sexual victimization at the baseline assessment. Analyses of sexual assault disclosure over the follow-up periods were conducted separately for women attending the 4-month follow-up and the 7-month follow-up. Analyses could only be performed to explore correlates of disclosure to specific providers that women disclosed to with sufficient frequency. As a result, women were classified as disclosing to a peer over the follow-up if they confided in either a male or female peer. Further, only the following series of analyses are presented: correlates of adolescent sexual assault disclosure to a parent, correlates of adolescent sexual assault disclosure to a peer, correlates of sexual assault disclosure over the 4-month follow-up to a peer. Results of statistically significant analyses are presented below.

Disclosure of Adolescent Sexual Victimization to a Parent. Disclosure of adolescent sexual assault to a parent varied as a function of labeling of the assault, $\chi^2 (1,
Disclosure of adolescent sexual assault to a parent varied as a function of the survivors’ level of self-blame, $\chi^2 (3, N=130) = 13.57, p<.01$. Between 3-8% of women who felt “somewhat” ($n=2$), “quite a bit” ($n=1$) or felt “very much responsible” ($n=2$) disclosed the assault to parents, compared to 29.4% of women who felt they were “not at all responsible” for the experience ($n=5$).

Disclosure of Adolescent Sexual Victimization to a Male or Female Peer.

Disclosure of adolescent sexual victimization to a male or female peer varied as a function of the perpetrator’s aggression, $\chi^2 (1, N=132) = 4.65, p<.05$. Specifically, 58.1% of women who described the perpetrator as “not at all/a little” aggressive disclosed to a male or female peer ($n=25$), compared to 76.4% of women who described the perpetrator as “somewhat/very much” aggressive ($n=68$).

Disclosure of Sexual Victimization over the 4-month Follow-up to a Male or Female Peer. Disclosure of sexual victimization over the 4-month follow-up to a male or female peer varied as a function of perpetrator and victim substance use at the time of the assault, $\chi^2 (3, N=50) = 18.01, p<.001; \chi^2 (3, N=52) = 12.34, p<.01$. Specifically, 85.2% of women who reported that the perpetrator was using alcohol ($n=23$) at the time of the assault disclosed to a male or female peer, compared to 18.8% of the women who reported the perpetrator was sober at the time of the assault ($n=3$). Between 50%-72% women who were using alcohol ($n=21$) or drugs ($n=1$) at the time of the assault disclosed
to a male or female peer, compared to 27.8% of women who were sober at the time of the assault ($n=5$). Disclosure of sexual victimization over the 4-month follow-up to a male or female peer also varied as a function of the relationship to the perpetrator $\chi^2 (4, N=50) = 17.28, p<.01$. Between 57%-76% of women who described their relationship to the perpetrator as “just met” ($n=4$), “friends/acquaintances” ($n=16$) or “casually dating” ($n=4$) disclosed the experience to a male or female peer, compared to 7.1% of women who described the perpetrator as a “boyfriend or ex-boyfriend” ($n=1$).

Support Providers Responses to Disclosure of Sexual Victimization

Paired sample t-tests of survey subscales of each specific version of the SRQ were conducted to examine variation within the social reactions to disclosure provided by specific support providers. The Holm (1979) procedure was utilized to control for inflations in family-wise error across each series of analyses. Analyses could only be performed when women disclosed to a specific provider with enough frequency. As a result, data examining the social reactions provided by a specific provider over the 4-month or 7-month follow-up were collapsed, and a mean score for each subscale was created when a participant was victimized and disclosed to a specific provider over both follow-up periods. In cases where a participant experienced sexual victimization over both follow-up periods, data referring to the most severe assault experience were utilized. Table 7 contains the means and standard deviations of these analyses.

Peers’ Responses to Disclosure of Adolescent Sexual Victimization. Female peers responded with more distraction than controlling decisions, blame or treating the survivor differently, $t (84) = 4.37, p<.004; t (84) = 3.07, p<.004; t (84) = 5.02, p<.004$. Female
peers provided more information/tangential aid compared to treating the survivor differently, \( t(84) = 3.34, p < .004 \). Female peers also demonstrated more emotional support than information/tangential aid, treating the survivor differently, blame, controlling decisions, egocentric behavior or distraction, \( t(84) = 10.56, p < .004; t(84) = 11.15, p < .004; t(84) = 10.46, p < .004; t(84) = 11.17, p < .004; t(84) = 11.88, p < .004; t(84) = 10.25, p < .004 \). Male peers responded with more distraction than control, \( t(47) = 3.80, p < .003 \), and more egocentric behavior compared to controlling decisions or treating the survivor differently, \( t(47) = 4.17, p < .003; t(47) = 4.04, p < .003 \). Male peers also demonstrated more emotional support than information/tangible aid, treating the survivor differently, blame, controlling decisions, egocentric behavior or distraction, \( t(47) = 7.10, p < .003; t(47) = 7.65, p < .003; t(47) = 7.12, p < .003; t(47) = 8.16, p < .003; t(47) = 7.49, p < .003; t(47) = 7.44, p < .003 \).

**Family Members’ Responses to Disclosure of Adolescent Sexual Victimization.**

Siblings/other family members provided more emotional support compared to blame \( t(16) = 3.59, p < .002 \). Mothers responded with more information/tangible aid than distraction, treating the survivor differently or controlling decisions, \( t(10) = 4.14, p < .003; t(10) = 4.26, p < .003; t(10) = 4.14, p < .003 \). Mothers also demonstrated more emotional support than distraction, egocentric behavior, controlling decisions, differential treatment or blame, \( t(10) = 8.02, p < .003; t(10) = 5.45, p < .003; t(10) = 7.29, p < .003; t(10) = 5.50, p < .003; t(10) = 4.50, p < .003 \).

**Peers Responses to Sexual Victimization over the Follow-up.** Female peers responded to disclosure of sexual victimization over the follow-up with more emotional
support than distraction, egocentric responses, controlling decisions, information/tangible aid, treating the survivor differently or blame, $t(34) = 5.46, p<.002; t(34) = 7.15, p<.002; t(34) = 6.65, p<.002; t(34) = 6.95, p<.002; t(34) = 6.54, p<.002; t(34) = 5.60, p<.002$. No significant differences were revealed in male peers’ responses to disclosure of sexual victimization over the follow-up.

**Family Members’ Responses to Disclosure of Sexual Victimization over the Follow-up.** Women did not disclose experiences of sexual victimization over the follow-up to siblings/other family members or parents with sufficient frequency to examine variations in social reactions among these providers.

**Discussion**

This study represents the only study to administer separate versions of the Social Reactions Questionnaire to college women in order to examine the social reactions of a range of specific informal providers. Compared to parents, siblings and other family members, women more often disclosed adolescent sexual victimization and experiences of sexual victimization that occurred during their first year of college to a peer. These data are consistent with existing literature documenting higher rates of sexual assault disclosure to informal compared to formal providers (Fisher et al., 2003). Further, college women are more likely to discuss any form of sexual activity with friends compared to a parent (Johnson, 1996). These data are also consistent with recent research suggesting that college women are more likely to disclose experiences of sexual victimization to peers in their campus community, compared to formal providers (Orchowski et al., in press). However, whereas male and female peers may have *access* to campus resources, it
is unclear if college-aged peers have knowledge of what types of resources may be useful to a survivor of sexual assault (Frazier & Burnett, 1994; Ruch et al., 2000). In fact, data suggested that female peers were more likely to provide emotional support to women who disclosed experiences of sexual victimization that occurred over the follow-up compared to information or tangible aid. Such data speak to the need to educate college men and women on the types of resources available to survivors of sexual assault, such as access to the legal and counseling services.

However, the current data also reflect interesting patterns in the types of social reactions provided to victims among individual types of providers. Female peers provided more emotional support than other responses to disclosure of adolescent sexual assault and disclosure of sexual assault over the follow-up. Male peers also provided more emotional support than other types of responses to disclosure of adolescent sexual assault. Whereas further research is needed to characterize the ways in which male and female peers utilize distraction as a response to sexual assault disclosure, these data generally suggest that victims perceive the responses to peers to be generally positive in response to sexual assault disclosure. Further, both female and male peers were more likely to utilize distraction, as opposed to trying to control the survivors’ decisions, in response to adolescent sexual assault disclosure. Whereas distraction is generally considered to be a “negative” social reaction to disclosure, it is possible that peers may play a critical role in helping survivors to maintain their daily living activities when coping with the trauma of sexual victimization.
Notably, data also indicated that male peers provided more egocentric responses to disclosure of adolescent sexual victimization compared to attempting to control the survivor’s decisions or treating the survivor differently. It is possible that relatively high levels of egocentric responses to disclosure, relative to other negative social reactions to disclosure, may be associated with traditional gender role beliefs emphasizing aggressiveness and dominance among men (Malamuth, Sockloskie, Koss, Tanaka, 1991). These data suggest that it may be helpful to educate college men on the importance of not only showing emotional support to survivors of sexual victimization, but also assisting survivors in accessing campus resources and providers.

This study also highlights important similarities and differences in the characteristics of sexual assault disclosure between community-residing women and college-age women. First, in this study of college-age women, disclosure of sexual victimization most often occurred immediately, or in the first few weeks following an assault. These data are consistent with Ullman and Filipas’ (2001) community-based survey of 323 women with a history of sexual victimization, in which 30% of women disclosed the experience immediately following the assault, 29% of women disclosed the experience within several weeks of the assault, and 30% of women disclosed the experience a year or more after the assault. Second, according to Ullman and her colleagues (2008) recent community-based study, 38.4% of women told parents, 44.9% of women told a mental health professional, and less than 30% told other formal providers. Rates of reporting to parents and formal providers documented in this college-aged sample were far lower. Only 10% of women in the present study who experienced
adolescent sexual victimization and between 10%-20% of women who were assaulted over the follow-up period told a parent about the experience. Further, less than 7% of women with a history of adolescent sexual victimization or who were assaulted over the follow-up told a formal provider. No women in the current study reported an experience of sexual victimization to the police.

No women disclosed experiences of sexual victimization that occurred over the course of the study to their father. Generally, women rarely disclosed experiences of sexual victimization to family members. It is possible that women who were victimized over the course of the study may have delayed disclosure of the assault to family members, and later disclosed after the completion of this longitudinal study. Yet, it is also possible that college women generally do not communicate with parents regarding sexual activity and dating relationships (Johnson, 1996), or fear that they will “worry” their parents by disclosing the assault may also preclude women from reporting (see Ahrens et al., 2007). Future research assessing the role of family environment in the process of sexual assault disclosure is warranted. It is possible that the impact of family responses to disclosure of sexual assault may vary as a function of levels of family cohesion as well as the availability of other forms of social support. Whereas it was positive that mothers in this study provided survivors with informational support and tangible aid more often than distraction or controlling decisions, further research is warranted to characterize parents’ responses to their child’s disclosure of sexual victimization.

Several correlates of college women’s disclosure were also identified. Women who clearly labeled adolescent sexual victimization as sexual assault or rape, and who
felt not at all responsible for the assault were most likely to disclose to parents.
Experiences of adolescent sexual victimization that involved a low level of aggression by
the perpetrator, and experiences of sexual victimization during the first year of college
where the perpetrator and/or victim were sober, or in an intimate relationship were
unlikely to be disclosed to a peer. Given that the majority of sexual assaults on college
campuses take place between acquaintances who have consumed alcohol, it is possible
that disclosure of sexual victimization is most likely when women experience a sexual
assault that is congruent with the types of sexual assaults commonly occurring on college
campuses.

Whereas Study 2 adds to the literature in several ways, several analyses were
also precluded by women’s low frequency of disclosing to various support providers.
This study also leaves several questions unanswered regarding the role of social reactions
in women’s subsequent process of recovery. To what extent do positive and negative
social reactions from informal providers influence psychological symptomatology
following an experience of sexual assault? The purpose of Study 3 was to address this
research question.
STUDY 3

Study 3 examines the relationship between positive and negative responses to disclosure of sexual victimization and subsequent adjustment following sexual victimization. Thus, this study aims to answer the question: how do social reactions to disclosure of sexual victimization among college women influence subsequent recovery?

The act of discussing emotionally charged events with others, also referred to as “social sharing”, is hypothesized to help individuals to process problematic experiences (Pennebaker, 1999; Pennebaker, Kiecolt-Glaser, & Glaser, 1988; Pennebaker & Segal, 1999; Rime, 1995). Telling one’s story is posited to produce a systematic reorganization of an individual’s memory, such that a problematic memory becomes less isolated and the feelings associated with it become less intense, thus transforming a fragmented narrative into a more accessible, integrated, and sequential story (Omer & Alon, 1997; Peri, 2004; Schafer, 1981; White & Epston, 1990). In fact, when the structure of a written trauma narrative is tracked over time, changes in the content and organization of the narrative are frequently correlated with decreases in symptomatology (Park & Blumberg, 2002).

Whereas discussing emotionally charged experiences with someone can be beneficial, the usefulness of disclosure may be contingent on the social reaction provided (Ullman, 1999). Social reactions to disclosure of sexual victimization can serve to validate the victim’s experience, provide the victim with a context to work through feelings related to the experience, as well as enhance an individual’s ability to search for meaning from the trauma (Peri, 2004). Social reactions to disclosure of sexual
victimization can also adversely impact an individual’s adjustment (Dunkel-Schetter & Bennet, 1990).

Research examining disclosure of sexual victimization to formal providers (i.e., police, physicians, rape crisis centers), as well as informal support figures (i.e., family, friends) conceptualizes social responses to disclosure of sexual victimization across three dimensions: a) positive social reactions (i.e., listening to the individual discuss the event, providing resources); b) negative social reactions (i.e., both intentional and unintentional); and c) the lack of each of these reactions (i.e., absence of positive reactions and absence of negative reactions) (see Ullman, 1999 for a review). The absence of a negative or positive social reaction to disclosure is acknowledged as a type of response to disclosure, since the lack of a reaction to disclosure can be perceived by victims as either helpful or hurtful (Campbell et al., 2001; Davis et al., 1991).

Whereas positive social reactions to disclosure would logically serve to buffer the aftereffects of sexual assault by providing a victim with tangible aid and support, evidence regarding the role of positive social reactions in resiliency following sexual victimization is mixed. Several studies suggest that positive social reactions to disclosure are positively related to adjustment (Ahrens et al., 2007; Atkeson, Calhoun, Resick, & Ellis, 1982; Borja et al., 2006; Campbell et al., 2001; Ullman & Siegel, 1995; Ullman, 1996b). Within these studies, emotional validation and “being believed” are consistently documented as predictors of improved adjustment following sexual victimization (Ullman, 1996b; Ullman & Seigel, 1995; Campbell et al., 2001). Other studies report a minimal or non-significant relationship between positive social reactions to disclosure

Negative social reactions to disclosure of sexual victimization are commonly referred to as the experience of “secondary victimization” (Symonds, 1980; Williams, 1984), the “second rape” (Madigan & Gamble, 1991) or the “second assault” (Martin & Powell, 1994). Early studies, which failed to classify types of negative social reactions to disclosure (i.e., being blamed versus being treated differently), suggest that negative social reactions were associated with decreases in adjustment, up to 8-weeks following the assault (i.e., Davis et al., 1991; Wyatt, Notgrass & Newcomb, 1990). Later studies, which distinguished between various forms of negative social reactions to disclosure, suggest that negative social reactions such as being blamed for the assault, not being believed, or being treated in a stigmatizing/different fashion are related to increased levels of psychological symptomatology (Ullman, 1996b), including PTSD severity (Borja et al., 2006; Campbell et al., 2001; Ullman, 2000; Ullman & Filipas, 2001), poor physical health outcomes (Ullman & Siegel, 1995), as well as characterological self-blame and use of avoidant coping strategies (Ullman, 1996b).

Whereas a range of research has examined the relationship between social reactions to disclosure and adjustment, these studies are primarily retrospective in nature. Retrospective research designs preclude identification of potential casual relationships between sexual assault disclosure, social reactions to disclosure, and subsequent adjustment. In fact, a literature review revealed only two prospective studies of social reactions to disclosure of trauma and adjustment (Andrews et al., 2003; Zoellner et al.,
1999). Problematically, these studies focused on treatment-seeking victims of violent crimes and included only a small number of women who experienced sexual victimization. Similarly, studies that assess the role of social support in adjustment following sexual victimization have also focused on treatment-seeking victims of sexual assault (e.g., Burgess & Holmstrom, 1978; Davis et al., 1991; Kimmerling & Calhoun, 1994; Moss et al., 1990; Popiel & Susskind, 1985; Ruch & Chandler, 1983) and as a result, may not generalize to college-women, who rarely seek support from a formal support figure. In fact, a literature review revealed only one published study examining social reactions to disclosure and adjustment among college women (Borja et al., 2006).

The current study attempted to address these aforementioned limitations by utilizing a prospective design to examine the relationship between social reactions to disclosure of sexual victimization in a sample of college age women. This research also extended existing research of social reactions to disclosure and subsequent adjustment by surveying a range of contextual factors commonly associated with adjustment. The contextual approach to studying the aftereffects of sexual victimization guided the conceptualization of this study, as well as the choice of constructs and the selection of questionnaires. Measures of psychological symptomatology, contextual factors (e.g., self-esteem, social support, attributions of blame for sexual victimization) and attitudes towards disclosure were administered at baseline, 4-month and 7–month follow-up assessments to explore the role of social reactions to disclosure of sexual victimization among women who experienced sexual victimization over a 4-month follow-up period. Women who experienced sexual victimization over the 4-month follow-up indicated
whether or not they disclosed the experience to someone, and indicated the extent to which they received a negative or positive social reaction to disclosure.

A series of research hypotheses were generated to examine the how social reactions to sexual victimization over the 4-month follow-up influences subsequent adjustment. Regardless of baseline levels of adjustment, it was hypothesized that: [1] the extent of negative social reactions to disclosure of sexual victimization over the 4-month follow-up would be related to higher levels of psychological symptomatology at the 7-month follow-up; [2] the extent of positive social reactions to disclosure of sexual victimization over the 4-month follow-up would be related to lower levels of psychological symptomatology at the 7-month follow-up; [3] the extent of negative and positive social reactions to disclosure of sexual victimization over the 4-month follow-up would be associated with contextual factors related to adjustment following sexual victimization at the 7-month follow-up; and [4] the extent of negative and positive social reactions to disclosure over the 4-month follow-up would be associated with attitudes towards help-seeking at the 7-month follow-up. It was also hypothesized that [5] measures of adjustment that demonstrated significant univariate relationships with positive and negative social reactions to disclosure over the 4-month follow-up would maintain this association after controlling for baseline levels of adjustment.

Method

Participants and Procedure

A detailed description of the participants as well as the procedure utilized in the current study is presented in Study 1. Of the 374 women who participated in the baseline
assessment, 79.4% participated in both the 4-month and 7-month follow-up and were included in the current study (n=297). Of the 297 women who completed all three follow-up periods, 45 experienced sexual victimization over the 4-month follow-up period and were included in these analyses.

Measures.

Psychological Symptomatology. Psychosocial symptomatology at baseline and over the follow-up periods was assessed with the Hopkins Symptom Checklist-90 (SCL-90; Derogatis, Lipman, & Covi, 1973). The SCL-90 is a 90-item self-report measure designed to assess current levels of global adjustment. Items are rated on a 5-point scale ranging from “not at all” to “extremely”. The SCL-90 includes subscales assessing somatization, obsessive-compulsive behavior, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoia, and psychoticism. In addition to these subscales, there is a PTSD index (see Neal et al., 1994), which measures overall levels of post-traumatic stress symptomatology and a Global Severity Index (GSI), which is an overall measure of psychological distress. Tennen, Affleck, and Herzberger (1985) suggest that the SCL-90 has adequate reliability and validity.

Self-Esteem. Levels of self-esteem at baseline and over follow-up periods were measured with the Rosenberg Self-esteem Scale. Participants respond to 10 items along a 4-point scale ranging from “strongly disagree” to “strongly agree”. Items include statements such as, “I take a positive attitude towards myself.” Higher scores are reflective of higher levels of self-esteem. Fleming and Courtney (1984) and Blascovich and Tomaka (1991) suggest that the scale has good reliability and validity.
**Additional Study Measures.** The contextual model was utilized to choose a subset of measures for inclusion in Study 3 that illustrate ways in which broader environmental factors (i.e., social support, coping skills, general levels of self-esteem, blame for sexual victimization, attitudes towards help-seeking) play a role in adjustment following sexual victimization. All measures were administered at baseline, 4-month and 7-month follow-up assessments. The general form of the Social Reactions Questionnaire assessed reactions to disclosure of sexual victimization over the 4-month follow-up. With regards to contextual factors associated with sexual assault, five domains of social support were assessed with the Social Provisions Scale (Curtona & Russell, 1987), two domains of coping strategies were assessed with the Coping Strategies Index (Amirkhan, 1990), and five domains of attributions of blame for sexual assault were assessed with the Rape Attribution Questionnaire (Frazier, 2002). With regards to attitudes towards help-seeking, social desirability was measured with the Marlowe Crowne Social Desirability Scale (Crown & Marlow, 1960; Reynolds, 1982), distress in discussing personal information was measured with the Distress Disclosure Index (Kahn & Hessling 2001), utility and risk in disclosure was assessed with the Disclosure Expectation Scale (Vogel & Wester, 2003), self-concealment was assessed with the Self-Concealment Scale (Larson & Chastain, 1990), attitudes towards mental health care were assessed with the Attitudes Towards Seeking Professional Psychological Help Scale—Short Version (Fischer & Farina, 1995), and likelihood to report sexual victimization was assessed with the Recognizing and Reporting Behavior Scale (Gidycz et al., 2006). Detailed descriptions of these measures are provided in Study 1.
Results

Rates of Sexual Victimization over the 4-Month Follow-up and Disclosure

Of the 45 women included in these analyses who experienced sexual victimization over the 4-month follow-up period, 82.2% reported experiences of moderate sexual victimization ($n=37$), and 17.8% reported experiences of severe sexual victimization ($n=8$). Of the women who experienced some form of sexual victimization over the follow-up, 53.3% ($n=23$) discussed the experience with someone. The vast majority of women disclosed to a female or male peer (91.3%, $n=21$), 8.7% disclosed to both a peer and a family member ($n=2$). No women disclosed to a formal provider, such as the police, the counseling center or a member of the clergy. As such, the current analyses reflect the relationship between informal support providers’ social reactions to disclosure of sexual victimization and adjustment at the 7-month follow-up.

Analysis Strategy.

Among women who experienced sexual victimization over the 4-month follow-up, a series of bivariate correlation analyses were conducted to assess whether negative and positive social reactions to disclosure were associated with measures of adjustment at the 7-month follow-up. Types of measures of adjustment at the 7-month follow-up included: 1) psychological adjustment; 2) contextual factors; 3) attributions of blame for sexual victimization; and 4) attitudes towards help-seeking. The Holm (1979) procedure was utilized to control for inflation in family wise error within each series of analyses. Partial correlations were calculated using multivariate linear regression analyses to examine the relationship between social reactions to disclosure and subsequent
adjustment, after controlling for levels of adjustment prior to the assault. Ideally, dependent variables in this analysis would include measures of adjustment that maintained univariate relationships with social reactions to disclosure at the 4-month follow-up after controlling for family wise error. However, given the exploratory nature of these analyses, partial correlations were calculated to explore the relationship between social reactions to disclosure of sexual victimization over the 4-month follow-up, after controlling for baseline levels of adjustment, for all measures of adjustment that demonstrated significant univariate associations (i.e., p<.05) with social reactions to disclosure prior to applying the Holm (1979) procedure. For each analysis, levels of adjustment at the 7-month follow-up served as the criterion variable. Predictor variables included baseline levels of adjustment and the extent of social reactions to disclosure at the 4-month follow-up.

**Associations between Social Reactions to Disclosure and Psychological Symptomatology at the 7-month Follow-up**

A series of nine bivariate correlations assessed the relationships between negative social reactions to disclosure of sexual victimization over the 4-month follow-up, and measures of psychological symptomatology at the 7-month follow-up (i.e. hypothesis #1). Continuous dependent variables included the following scales of the SCL-90: 1) post-traumatic stress disorder index; 2) Global symptom index; 3) interpersonal sensitivity index; 4) depression index; 5) anxiety index; 6) hostility index; 7) phobic anxiety index; 8) paranoia index; and 9) overall levels of self-esteem as indicated by the Rosenberg Self-Esteem Scale. A second series of nine bivariate correlations were
conducted to explore the hypothesis that positive social reactions to disclosure of sexual victimization over the 4-month follow-up would be related to psychological symptomatology at the 7-month follow-up (i.e., hypothesis #2; see Table 8). Results suggested that higher levels of negative social reactions to disclosure over the 4-month follow-up were associated with increased levels of the following measures of psychological symptomatology at the 7-month follow-up: general levels of symptomatology, symptoms of post-traumatic stress disorder, interpersonal sensitivity, hostility, paranoia and phobic anxiety. Positive social reactions to disclosure over the 4-month follow-up were not associated with any measure of psychological symptomatology at the 7-month follow-up.

**Associations between Social Reactions to Disclosure and Contextual Factors Relating to Adjustment at the 7-month Follow-up**

A series of thirteen bivariate correlations assessed the relationships between negative social reactions to disclosure of sexual victimization over the 4-month follow-up, and contextual factors relating to adjustment at the 7-month follow-up (i.e., hypothesis #3; see Table 9). Continuous dependent variables included: 1) coping via emotional support; 2) coping via avoidance; 3) guidance from others; 4) reliable social support; 5) reassurance of worth; 6) attachment to others; 7) social integration; 8) nurturance; 9) rapist blame; 10) characterological self-blame; 11) behavioral self-blame; 12) societal blame; and 13) chance blame. A second series of thirteen bivariate correlations were conducted to explore the hypothesis that positive social reactions to disclosure of sexual victimization over the 4-month follow-up would be related to
contextual factors related to adjustment at the 7-month follow-up. Results suggested that
higher levels of negative social reactions to disclosure over the 4-month follow-up were
associated with increased levels of the following contextual factors at the 7-month
follow-up: perpetrator blame, behavioral self-blame and societal blame. Positive social
reactions to disclosure over the 4-month follow-up were not associated with any
contextual factors related to adjustment at the 7-month follow-up.

Associations between Social Reactions to Disclosure and Attitudes towards Help-Seeking
at the 7-month Follow-up

A series of seven bivariate correlations assessed the relationships between
negative social reactions to disclosure of sexual victimization over the 4-month follow-
up, and attitudes towards help-seeking at the 7-month follow-up (i.e., hypothesis #4; see
Table 10). Continuous independent variables included: 1) self-concealment; 2) utility of
disclosure; 3) risk of disclosure; 4) likelihood to disclose; 5) attitudes towards mental
health care; 6) social desirability; and 7) likelihood to report sexual victimization. A
second series of seven bivariate correlations were conducted to explore the hypothesis
that positive social reactions to disclosure of sexual victimization over the 4-month
follow-up would be related to attitudes towards help-seeking at the 7-month follow-up.
Results suggested that negative and positive social reactions to disclosure over the 4-
month follow-up were not associated with any measure of help-seeking behavior at the 7-
month follow-up.

Baseline Levels of Adjustment, Negative Social Reactions to Disclosure of Sexual
Victimization over the 4-month Follow-up, and Adjustment at the 7-month Follow-up
In order to address the hypothesis that negative social reactions to disclosure of sexual victimization over the 4-month follow-up would demonstrate unique associations to adjustment at the 7-month follow-up, after controlling for levels of adjustment prior to the assault (i.e., hypothesis #5), partial correlations were calculated through a series of multivariate linear regressions were conducted. Partial correlations are presented in Table 8, Table 9 and Table 10. Dependent variables included: general levels of symptomatology, symptoms of post-traumatic stress disorder, interpersonal sensitivity, depression, hostility, phobic anxiety, paranoia, perpetrator blame, characterological self-blame, behavioral self-blame, societal blame, chance blame, and self-concealment. Given that the range of negative social reactions evidenced a large positive skew, ranging from 0 to 71 (\(M=15.07\ SD=3.93\)), participants were placed into categories based on a 75\(^{th}\) percentile split in order to provide a descriptive examination how high levels and low levels of negative social reactions were associated with adjustment at the 7-month follow-up.

**General Levels of Psychological Symptomatology.** Analyses of the General Symptom Index suggested that the model accounted for a significant amount of variance in levels of general psychological symptomatology at the 7-month follow-up, \(F(2, 18)=5.68, p<.05, R^2=.39\). When controlling for baseline levels of general symptomatology, negative social reactions to disclosure of sexual victimization over the 4-month follow-up were positively related to general levels of symptomatology at the 7-month follow-up, \(t(20)=3.23, p<.01\). Since mean levels of symptomatology revealed no overall change from baseline (\(M=0.82, SD=0.69\)) to the 7-month follow-up (\(M=0.71, SD=0.69\)),
*SD=0.75*), descriptive statistics were calculated to examine levels of symptoms among women who received low levels of (*n*=17) negative responses from baseline (*M*=0.77, *SD*=0.64) to the 7-month follow-up (*M*=0.48, *SD*=0.54), and women who received high (*n*=4) levels of negative responses from baseline (*M*=1.01, *SD*=0.96) to the 7-month follow-up (*M*=1.64, *SD*=0.83).

*Symptoms of Post-Traumatic Stress Disorder.* Analyses of the post-traumatic stress disorder index suggested the model accounted for a significant amount of variance in levels of PTSD symptomatology at the 7-month follow-up, *F*(2, 21)=6.01, *p*<.01, *R*²=.37. After controlling for baseline levels of PTSD, the extent of negative social reactions to disclosure of sexual victimization over the 4-month follow-up was positively associated with PTSD at the 7-month follow-up, *t*(23)=3.08, *p*<.01. As mean levels of symptoms displayed no overall change from baseline (*M*=0.79, *SD*=0.68) to the 7-month follow-up (*M*=0.63, *SD*=0.71), descriptive statistics examined the nature of this relationship among women who received low levels of (*n*=19) negative responses from baseline (*M*=0.72, *SD*=0.62) to the 7-month follow-up (*M*=0.44, *SD*=0.54), and women who received high (*n*=5) levels of negative responses from baseline (*M*=1.08, *SD*=0.90) to the 7-month follow-up (*M*=1.36, *SD*=0.87).

*Interpersonal Sensitivity.* Analyses of the interpersonal sensitivity index suggested that the model accounted for a significant amount of variance in levels of interpersonal sensitivity at the 7-month follow-up, *F*(2, 21)=9.17, *p*<.01, *R*²=.47. Controlling for baseline levels of interpersonal sensitivity, the extent of negative social reactions to disclosure of sexual victimization over the 4-month follow-up was positively
associated with interpersonal sensitivity at the 7-month follow-up, $t(23)=3.74, p<.01$. Since mean levels of interpersonal sensitivity displayed no overall change in the sample from baseline ($M=1.04, SD=0.79$) to the 7-month follow-up ($M=0.88, SD=0.86$), descriptive statistics examined changes in interpersonal sensitivity among women who received low levels of ($n=19$) negative responses from baseline ($M=1.01, SD=0.81$) to the 7-month follow-up ($M=0.67, SD=0.75$), and women who received high ($n=5$) levels of negative responses from baseline ($M=1.16, SD=0.80$) to the 7-month follow-up ($M=1.69, SD=0.85$).

**Depression.** Analyses of the depression index suggested model accounted for a marginal amount of variance in levels of depression at the 7-month follow-up, $F(2, 21)=3.31, p=.05, R^2=.24$. After controlling for baseline levels of depression, negative social reactions to disclosure of sexual victimization over the 4-month follow-up were positively related to depression at the 7-month follow-up, $t(23)=2.42, p<.05$. Since mean levels of depression evidenced no overall change from baseline ($M=1.02, SD=0.80$) to the 7-month follow-up ($M=0.83, SD=0.90$), descriptive statistics examined changes in depression among women who received low levels of ($n=19$) negative response at baseline ($M=0.96, SD=0.77$) to the 7-month follow-up ($M=0.63, SD=0.74$), and women who received high ($n=5$) levels of negative responses from baseline ($M=1.21, SD=0.97$) to the 7-month follow-up ($M=1.60, SD=1.12$).

**Hostility.** Analyses of the hostility index suggested that the model accounted for a significant amount of variance in levels of hostility at the 7-month follow-up, $F(2, 21)=7.35, p<.01, R^2=.41$. After controlling for baseline levels of hostility, negative
responses to disclosure of sexual victimization over the 4-month follow-up were positively associated with levels of hostility at the 7-month follow-up, $t(23)=3.81, p<.01$. Given that mean levels of hostility evidenced no overall change from baseline ($M=0.70$, $SD=0.66$) to the 7-month follow-up ($M=0.56$, $SD=0.68$), descriptive statistics were used to examine changes hostility among women who received low levels of ($n=19$) negative responses from baseline ($M=0.62$, $SD=0.51$) to the 7-month follow-up ($M=0.36$, $SD=0.38$), and women who received high ($n=5$) levels of negative responses from baseline ($M=1.00$, $SD=1.10$) to the 7-month follow-up ($M=1.33$, $SD=1.05$).

**Phobic Anxiety.** Analyses of the phobic anxiety index suggested that the model accounted for a significant amount of variance in levels of phobic anxiety at the 7-month follow-up, $F(2, 21)=6.69, p<.01$, $R^2=.39$. In the presence of baseline levels of phobic anxiety, negative social reactions to disclosure of sexual victimization over the 4-month follow-up were associated with increased levels of phobic anxiety in the sample from baseline ($M=0.33$, $SD=0.52$) to the 7-month follow-up ($M=0.43$, $SD=0.74$), $t(23)=3.65, p<.01$.

**Paranoia.** Analyses of the paranoia index suggested that the model accounted for a significant amount of variance in levels of paranoia at the 7-month follow-up, $F(2, 21)=12.30, p<.01$, $R^2=.54$. Controlling for baseline levels of paranoia, negative social reactions to disclosure of sexual victimization over the 4-month follow-up were positively related to paranoia at the 7-month follow-up $t(23)=4.95, p<.01$. As mean levels of paranoia evidenced no overall change from baseline ($M=0.69$, $SD=0.63$) to the 7-month follow-up ($M=0.67$, $SD=0.85$) descriptive statistics were calculated to examine
changes in paranoia among women who received low levels of \((n=19)\) negative responses from baseline \((M=0.58, SD=0.55)\) to the 7-month follow-up \((M=0.41, SD=0.60)\), and women who received high \((n=5)\) levels of negative responses from baseline \((M=1.13, SD=0.80)\) to the 7-month follow-up \((M=1.63, SD=1.02)\).

**Perpetrator Blame.** Analyses of the perpetrator blame subscale suggested the full model accounted for a significant amount of variance in levels over perpetrator blame at the 7-month follow-up, \(F(2, 21)=10.81, p<.01, R^2=.51\). In the presence of baseline levels of perpetrator blame, the extent of negative social reactions to disclosure of sexual victimization over the 4-month follow-up was associated with increases in perpetrator blame from baseline \((M=5.38, SD=4.67)\) to the 7-month follow-up \((M=7.13, SD=5.74)\), \(t(23)=2.26, p<.05\). Further, in the presence of negative social reactions to disclosure over the 4-month follow-up, baseline levels of perpetrator blame were positively associated with perpetrator blame at the 7-month follow-up \(t(23)=2.76, p<.05\).

**Characterological Self-Blame.** Analyses of the characterological self-blame scale suggested that the full model accounted for a significant amount of variance in levels of characterological self-blame at the 7-month follow-up, \(F(2, 21)=3.91, p<.05, R^2=.27\). In the presence of baseline levels of characterological self-blame for sexual victimization, negative social reactions to disclosure of sexual victimization over the 4-month follow-up were associated with increased characterological self-blame from baseline \((M=3.79, SD=3.82)\), to the 7-month follow-up \((M=5.71, SD=4.63)\), \(t(23)=2.46, p<.05\).

**Behavioral Self-Blame.** Analyses of the behavioral self-blame subscale suggested that the full model accounted for a significant amount of variance in levels of behavioral
self-blame for sexual victimization, $F(2, 21)=5.70$, $p<.05$, $R^2=.35$. In the presence of baseline levels of self-blame the extent of negative social reactions to disclosure of sexual victimization over the 4-month follow-up was associated with increased levels of behavioral self-blame from baseline ($M=8.33$, $SD=4.96$) to the 7-month follow-up ($M=9.42$, $SD=4.96$), $t(23)=2.26$, $p<.05$.

**Societal Blame.** Analyses of the societal blame subscale suggested that the full model accounted for a significant amount of variance in societal blame at the 7-month follow-up, $F(2, 21)=6.37$, $p<.01$, $R^2=.38$. After controlling for baseline levels of societal blame for sexual victimization, negative social reactions to disclosure of sexual victimization over the 4-month follow-up were associated with increased levels of societal blame from baseline ($M=7.38$, $SD=7.75$) to the 7-month follow-up ($M=7.75$, $SD=5.67$), $t(23)=2.71$, $p<.05$.

**Chance Blame.** Analyses of the chance blame subscale suggested that the model accounted for a significant proportion of the variance in chance blame at the 7-month follow-up, $F(2, 21)=6.26$, $p<.01$, $R^2=.37$. After controlling for baseline levels of chance blame for sexual victimization, negative social reactions to disclosure of sexual victimization over the 4-month follow-up were associated with increased levels of chance blame from baseline ($M=5.08$, $SD=3.51$) to the 7-month follow-up ($M=6.58$, $SD=4.82$), $t(23)=3.14$, $p<.01$.

**Self-Concealment.** In the presence of baseline levels of self-concealment, negative social reactions to disclosure of sexual victimization over the 4-month follow-up were not significantly associated with levels of self-concealment at the 7-month follow-up.
Baseline Levels of Adjustment, Positive Social Reactions to Disclosure of Sexual Victimization over the 4-month Follow-up, and Adjustment at the 7-month Follow-up

A second series of partial correlations were calculated using multivariate linear regression analyses were conducted to explore the relationship between positive social reactions to disclosure over the 4-month follow-up, and the following outcome variables, in the presence of baseline levels of adjustment: perpetrator blame, societal blame, and chance blame. Partial correlations are presented in Table 8, Table 9 and Table 10. In the presence of baseline levels of perpetrator blame, societal blame, and chance blame, the extent of positive social reactions to disclosure of sexual assault over the 4-month follow-up was not associated with levels of these outcome variables at the 7-month follow-up.

Discussion

The present study utilized a prospective methodology to examine the relationship between social reactions to disclosure and subsequent adjustment among a sample of college women who experienced some form of sexual victimization over a 4-month interim. Notably, this study represents the only prospective examination of social reactions to disclosure and adjustment among a sample of sexual assault survivors. Further, this study represents only the second study of the relationship between social reactions to disclosure focused specifically on college women. This study documented numerous associations between negative social reactions to disclosure of sexual victimization and subsequent increases in psychological symptomatology over a 7-month interim, even after controlling for levels of symptomatology prior to the assault. As such, this study represents an important extension of a small and growing body of research.
which suggests that negative reactions to disclosure of sexual victimization are positively associated with poor adjustment among women who experience sexual victimization (see Herbert & Dunkel-Scheetter, 1992; Ullman, 1999 for reviews). It must also be noted that whereas some women in this study received high levels of negative social reactions to disclosure, a larger number of women received the absence—or low levels—of negative responses. Future research which utilizes a sample size sufficient to explore differences in the relationship between negative social reactions and adjustment between these two groups is warranted.

In this sample of college women, negative social reactions to disclosure of sexual victimization over the 4-month follow-up were positively associated with general levels of psychological symptomatology, PTSD symptoms, and depression symptoms—even after controlling for levels of these outcome variables at baseline. This study is consistent with several studies of community-residing women suggesting that higher levels of negative reactions to disclosure are positively related to PTSD severity and levels of depression (Campbell et al., 2001). Ullman and Filipas (2001) also found that negative social responses from both formal and informal providers were harmful to recovery. These results are mirrored by a second study conducted by Ullman and her colleagues (2008) that utilized structural equation modeling to document a relationship between assault severity, social support, negative social reactions to disclosure, and subsequent adjustment among a sample of 636 community-residing women. These data also support the findings of the only other study of social reactions to sexual assault disclosure and adjustment (e.g., Borja et al., 2006), which documented a relationship
between negative social reactions from informal providers and increased PTSD symptomatology among survivors of sexual assault. Given that survivors of sexual assault already exhibit increased levels of PTSD and depression compared to victims of other forms of violent crime (Kilpatrick et al., 1992), the secondary victimization of sexual assault survivors vis-à-vis their own process of help-seeking is of high public health significance. It is vital that providers have the knowledge and skills needed when responding to a survivor’s disclosure in order to “do no harm” when assisting survivors in the recovery process.

This study also documented positive associations between negative social reactions to sexual assault disclosure and levels of interpersonal sensitivity, paranoia and hostility over a 7-month interim following sexual victimization—even after controlling for levels of these outcome variables prior to the assault. According to Holi (2003), the interpersonal sensitivity index of the SCL-90 is indicative of feelings of personal inferiority, inadequacy, and discomfort in interpersonal relationships, the paranoia index is indicative of feelings of suspiciousness towards others and a fear of losing personal autonomy, and the hostility index describes feelings of rage, anger and frustration towards others. It seems logical that negative responses to disclosure—such as being told that a sexual trauma did not really happen, or if it did, it was insignificant, or their fault (Burkhart & Formuth, 1996)—would lead to increases in feelings of resentment or uneasiness. Notably, however, these outcomes are rarely studied in existing research of social reactions to sexual assault disclosure and adjustment. Future research in this area
will benefit from utilizing an array of potential measures of adjustment when studying the impact of social reactions to sexual assault disclosure.

Data also indicated that negative social reactions to sexual victimization were positively associated with the phobic anxiety index of the SCL-90, which indicates a specific fear of persons, places or things, and the concomitant use of avoidance or escape behaviors as a way to cope with the fear (see Holi, 2003). Research conducted by Ullman (1996b) also documented a relationship between negative social reaction to disclosure and higher levels of avoidance coping among survivors of sexual assault. Notably, such coping strategies play a significant role in adjustment from sexual assault (Burt & Katz, 1987; Frazier & Burnett, 1994). Whereas avoidance coping may be immediately helpful for victims as they navigate the initial crisis period following the assault, continued use of avoidance coping may prevent women from acknowledging and processing the thoughts and feelings related to the assault (Resick & Schnicke, 1992), leading to increased psychological symptomatology and social isolation (Frazier, Mortenson & Steward, 2005). These data highlight the importance of educating providers on how to recognize avoidance-based coping strategies, and reaching out to survivors to encourage the use of coping skills that demonstrate a positive relationship with recovery (Santello & Leitenberg, 1993).

Negative social reactions to disclosure of sexual victimization over the 4-month follow-up were also positively related to contextual factors related to adjustment at the 7-month follow-up, after controlling for baseline levels of these outcome variables. Specifically, negative responses to sexual assault disclosure were associated with
increases in characterological self-blame, behavioral self-blame as well as perpetrator, societal and chance blame for sexual victimization regardless of attributions of blame for sexual victimization indicated prior to the assault. Notably, several studies suggest that characterological self-blame for sexual victimization inhibits recovery (Frazier et al., 2005; Janoff-Bulman 1982; Resick, Nishith, Weaver, Astin & Feuer, 2002), and is associated with increases in PTSD symptomatology (Ullman et al., 2008). Whereas it is logical how negative responses from friends that imply that the woman “should have known better” may increase feelings of self-blame among survivors (Burkhart & Fromuth, 1996), the relationship between negative reactions to sexual assault disclosure and increases in perpetrator, chance and societal blame is less clear. It may be that some types of negative reactions to sexual assault disclosure, such as egocentric responses (i.e., seeking revenge on the perpetrator) actually help survivors to attribute blame towards perpetrators of sexual assault—especially if the victim perceives the “negative” social reaction to be helpful. For example, whereas the current study did not assess the perceived helpfulness of social reactions to disclosure, Campbell and her colleagues (2001) suggest that some women perceive that responses such as “wanting to seek revenge on the perpetrator” are helpful. Future research is needed to explore how women’s conceptualization of social reactions to sexual assault disclosure influences the recovery process.

Importantly, it was surprising that positive social reactions to disclosure over the 4-month follow-up were not associated with any measure of psychological symptomatology at the 7-month follow-up. Whereas numerous studies suggest that
positive responses to disclosure are associated with enhanced recovery (Borja et al., 2006; Ullman & Siegel, 1995), these findings are consistent with a growing body of research among community-residing women suggesting that positive social reactions to disclosure are unrelated to subsequent adjustment (Andrews et al., 2003; Ullman, 1996b, 1999; Zoellner et al., 1999). Nonetheless, findings that fail to support a relationship between positive social reactions to disclosure and psychological symptomatology do not imply that providers’ responses to disclosure of sexual victimization are irrelevant. According the National Institutes of Mental Health (2002), early psychological intervention for individuals who experience violence may benefit individuals who are at risk to develop subsequent problems in adjustment. Given that sexual victimization is associated with a range of health consequences (Thompson et al., 2003), it is important that providers respond in a way that meets the victims’ needs, provides appropriate referral to local resources, and minimizes negative responses to disclosure.

A further aim of this study was to examine the relationship between social reactions to sexual assault disclosure and attitudes towards help-seeking. Notably, analyses failed to reveal any associations between negative or positive social reactions to disclosure of sexual victimization over the 4-month interim and a range of measures assessing attitudes towards help-seeking. It is possible that the experience of sexual assault is such a specific event that women’s experience of sexual assault disclosure may not be predictive of more general attitudes towards seeking help or psychological care.
Research examining social reactions to disclosure of sexual assault strives to minimize secondary victimization of survivors, and improve organization, institutional, as well as interpersonal responses to disclosure of trauma (Campbell & Raja, 1999). Since the factors related to a woman’s choice to disclose sexual victimization are undoubtedly complex, it follows that the relationship between social reactions to disclosure and subsequent adjustment is similarly multifaceted. In order to continue to make advances in our understanding of factors that influence recovery following sexual victimization, it is vital that investigators strive to employ methodological designs which allow for the examination of the complex interactions as well as potential causal relationships between various psychosocial variables. Longitudinal studies of diverse samples of women which utilize long-term follow-up periods and both qualitative and quantitative measures of contextual factors and adjustment are needed in order to continue our understanding of factors that enhance recovery following sexual victimization.
GENERAL DISCUSSION

These three studies advance the literature in several ways. First, given that the vast majority of studies that examine the relationship between prior disclosure of sexual victimization and subsequent disclosure are retrospective in nature, the use of a prospective methodology across these studies represents an important extension to existing literature. Second, given that college women are at high risk for sexual victimization, and a paucity of research has examined sexual assault disclosure in this high-risk group, the focus on college women’s disclosure patterns in these studies addresses an important gap in this area of research. Third, given that studies of sexual assault disclosure rarely explore multiple correlates of sexual assault disclosure, the current study utilized a wide range of measures of adjustment following sexual assault as well as correlates of sexual assault disclosure. This design was driven by the contextual approach to research of sexual assault, which acknowledges that environmental stressors, socialization experiences, available resources and social supports, and the process of disclosure play a significant role in how women process, interpret, and adjust following experiences of sexual assault (Ahrens & Campbell, 2000; Brewing, Andrews, & Valentine, 2000).

Whereas these studies add to the literature in several ways, some limitations must be noted across studies. Although the sample utilized in these studies is consistent with the demographics of the university, the current research is limited by the use of a primarily Caucasian sample. Given that general patterns of disclosure and vary across various cultural groups (see Lewis et al., 2005), future research examining the process of
sexual assault disclosure and patterns of social reactions to disclosure among various ethnic and racial groups is warranted. Reliance on self-report measures further limits the current results, as survey measures are often subject to potential bias. Further, because the vast majority of participants in this sample were first year college women, it is unclear if these results can be generalized to all college women. Compared to senior college-aged peers, first-year college women may be less familiar or comfortable with accessing campus providers, and may have different support networks compared to their older college-age peers.

Beyond the individual contributions of each of these studies, a few overarching findings are evident. Importantly, a significant proportion of women with a history of adolescent sexual victimization—as well as women who experienced sexual victimization over the follow-up periods—did not tell anyone about the experience. Whereas feminist activism has made considerable strides to increase awareness of sexual victimization over the past 30 years, rates of sexual victimization have yet to decline, and remain especially high on college campuses (Rozee & Koss, 2001). Continued outreach efforts and awareness campaigns are needed in order to continue to break the silence surrounding sexual victimization and create a safe campus climate for survivors. For example, the National Research Council utilizes the Ecological Model to illustrate the various levels, forces and factors that interact in the perpetration of violence against women (see Centers for Disease Control and Prevention, 2004). As a broad-based theoretical model, the Ecological Model takes into account how individual, interpersonal, family, community and macro-level variables (i.e., societal, cultural) variables maintain
complex, interrelated, and sometimes reciprocal relationships to perpetuate sexual violence. Researchers have already utilized the Ecological Model as a framework for guiding sexual assault to prevention efforts (Grauerholz, 2000; Valle et al., 2007). The Ecological Model may have useful applications for decreasing negative social reactions to disclosure of sexual assault, and preventing the secondary victimization of survivors.

For example, at an individual level, support providers and family members must be aware of their own emotional reaction to sexual assault and violence against women, in order to be prepared to respond to disclosure of sexual victimization in the survivor’s best interest. At a relational level, providers can intervene when they are bystanders to interpersonal exchanges that minimize the severity of sexual violence. At a relational level, providers can also be proactive in challenging rape myths that fuel negative social reactions to disclosure. At the community-level, educational interventions can be utilized to educate college age men and women, as well as campus providers on how to effectively respond to disclosure of sexual assault. Outreach campaigns, such as Take Back the Night (Take Back the Night, 2009) also play an important role in communicating to survivors that they are not alone, and that support is available. At an institutional level, administrators and health officials must be aware of the responsiveness of their agencies to issues of violence against women to ensure that policies work to prioritize the victim’s well being (Martin & Powell, 1994).

Second, these data documented that the vast majority of college women turned to peers for support following sexual victimization. Such findings highlight the importance of educating college age men and women on how to appropriately respond to disclosure
of sexual victimization. It is important to provide this population with training in effective listening strategies, such as reflecting what the survivor may be feeling, letting her tell her story, conveying belief, and asking how one can be of help. It may also be useful to educate potential providers on what types of responses to sexual assault disclosure may be beneficial to avoid such as putting a label on the experience, pressing for details, pressing the survivor for details, or questioning the survivor’s actions or responses in the situation.

Whereas college-age peers in this study often responded to sexual assault disclosure with emotional support, it is unclear whether college age peers provided appropriate tangible aid and information to survivors regarding campus resources. In order to effectively refer survivors of sexual assault to campuses resources, providers must have the knowledge of what services are available, and how to access them. Problematically, the vast majority of college students report little or no knowledge of the availability of mental health services on their campus (Yorgason, Linville, & Zitman, 2008). As such, efforts to educate college-age peers on how to respond to sexual assault disclosure may benefit from coordinating with existing mental health outreach efforts on college campuses. Further, given that survivors of sexual assault may benefit from receiving medical and mental health services immediately following an assault, it is important to understand in greater depth how specific peer-support providers (i.e., Resident Advisors, members of Greek houses, members of athletic teams, male peers, female peers) are likely to react to disclosure of sexual victimization, and ensure that these individuals are equipped to respond with the survivor’s best interest in mind.
Third, and most importantly, these data documented clear associations between negative responses to sexual assault disclosure and increases in several forms of psychological symptomatology over the interim, including PTSD symptoms, depression, and self-blame for sexual victimization. It is alarming that college women who experience sexual victimization are further victimized by the individuals in whom they confide. Existing sexual assault prevention programs may incorporate modules into the program protocol to educate college students on how to help survivors, prevent negative responses to sexual assault disclosure and minimize the likelihood that even well-intentioned responses to sexual assault disclosure negatively contribute to the consequences of sexual assault.

Since all colleges and universities that receive federal funding are required to implement some form of sexual assault prevention (National Association of Student Personnel Administrators, 1994), existing prevention programs can be utilized to educate college men and women on how to respond supportively to disclosure of sexual assault and provide timely referral to medical and mental health services. It seems only sensible that colleges and universities who provide sexual assault prevention programming should also be required to educate potential providers on how to prevent the secondary victimization of survivors as well. For example, social-norms based sexual assault prevention programs for men, which address men’s tendency to underestimate the prosocial attitudes and behaviors of other men, and overestimate other men’s adherence to hyper-masculine norms (e.g., Berkowitz, 2004), provide an excellent platform for discussing how men can work as social justice advocates to create a safe environment for
sexual assault survivors. Sexual assault risk reduction programs for women (e.g., Orchowski, Gidycz & Raffle, 2008), may incorporate additional discussions of the process of sexual assault disclosure and potential barriers to psychological care. Role-plays can also be utilized to model supportive responses to disclosure as well as appropriate referral to campus resources.

As rates of sexual victimization on college campuses have yet to decline, it is essential that researchers, advocates, and campus administrators take steps to ensure that survivors of sexual victimization can easily access support services to further their recovery. Understanding the factors that influence women’s likelihood to disclose sexual assault, the ways in which providers are likely to respond, and the influence of positive and negative social reactions on adjustment following sexual victimization are vital steps for ensuring that survivors of sexual assault do not experience further “social” victimization in the aftermath of their assault.
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APPENDIX A: TABLES

Table 1

*Rates of Study Participation*

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Table 2.

Odds Ratios between Assault Characteristics and Disclosure of Sexual Victimization

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<td>-</td>
<td>-</td>
<td>-</td>
<td>.45*</td>
</tr>
<tr>
<td>Nagelkerke $R^2$</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>.34</td>
</tr>
</tbody>
</table>

Note. $^a$Disclosure of adolescent sexual victimization; $^b$Disclosure of sexual victimization over the follow-up; $^c$Partial odds ratio between predictor variable and disclosure of sexual victimization over the follow-up after controlling for history of sexual assault; $^d$Sexual Revictimization over the follow-up; $^e$Partial odds ratio between predictor variable and disclosure of sexual revictimization after controlling for prior disclosure of adolescent sexual assault; $^f$Assault severity; $^g$Prior childhood sexual victimization; $^h$Victim alcohol and/or drug use; $^i$Perpetrator alcohol and/or drug use; $^j$Labeling of the assault; $^k$Level of acquaintance with the perpetrator. * $p < .05$; ** $p < .01$; *** According to the Holm (1979) procedure, significant at $p < .015$. 
### Table 3

**Odds Ratios between Attitudes towards Help-Seeking and Disclosure of Sexual Victimization**

<table>
<thead>
<tr>
<th></th>
<th>SCS&lt;sup&gt;f&lt;/sup&gt;</th>
<th>DES-U&lt;sup&gt;g&lt;/sup&gt;</th>
<th>DES-R&lt;sup&gt;h&lt;/sup&gt;</th>
<th>DDI&lt;sup&gt;i&lt;/sup&gt;</th>
<th>ATSPS&lt;sup&gt;j&lt;/sup&gt;</th>
<th>MCSD&lt;sup&gt;k&lt;/sup&gt;</th>
<th>Report&lt;sup&gt;l&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adolescent&lt;sup&gt;a&lt;/sup&gt;</strong>&lt;br&gt;(N=134)</td>
<td>.95*</td>
<td>1.00</td>
<td>1.00</td>
<td>1.05*</td>
<td>.99</td>
<td>1.06</td>
<td>1.04*</td>
</tr>
<tr>
<td><strong>Follow-up&lt;sup&gt;b&lt;/sup&gt;</strong>&lt;br&gt;(N=67)</td>
<td>.99</td>
<td>1.00</td>
<td>1.02</td>
<td>1.05*</td>
<td>.96</td>
<td>.96</td>
<td>1.04</td>
</tr>
<tr>
<td>Partial&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>-</td>
<td>-</td>
<td>1.05*</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>Nagelkerke $R^2$</td>
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<td>-</td>
<td>.14</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Revictimization&lt;sup&gt;d&lt;/sup&gt;</strong>&lt;br&gt;(N=44)</td>
<td>1.00</td>
<td>1.01</td>
<td>1.02</td>
<td>1.02</td>
<td>.91</td>
<td>1.11</td>
<td>1.03</td>
</tr>
<tr>
<td>Partial&lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>Nagelkerke $R^2$</td>
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<td>-</td>
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<td>-</td>
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</table>

*Note.* <sup>a</sup>Disclosure of adolescent sexual victimization; <sup>b</sup>Disclosure of sexual victimization over the follow-up; <sup>c</sup>Partial odds ratio between predictor variable and disclosure of sexual victimization over the follow-up after controlling for history of sexual assault; <sup>d</sup>Sexual revictimization over the follow-up; <sup>e</sup>Partial odds ratio between predictor variable and disclosure of sexual revictimization after controlling for disclosure of adolescent sexual assault; <sup>f</sup>Self-concealment; <sup>g</sup>Utility of disclosure; <sup>h</sup>Risk of disclosure; <sup>i</sup>Likelihood to disclose; <sup>j</sup>Attitudes towards seeking psychological care; <sup>k</sup>Social desirability; <sup>l</sup>Likelihood to report sexual victimization; * $p < .05$
### Table 4

**Odds Ratios between Contextual Factors and Disclosure of Sexual Victimization**

<table>
<thead>
<tr>
<th></th>
<th>Em Sup</th>
<th>Av B</th>
<th>Gu B</th>
<th>Rel B</th>
<th>Re Wo</th>
<th>At Ot</th>
<th>Soc In</th>
<th>Nur Bla</th>
<th>Per Bla</th>
<th>Ch Bla</th>
<th>Be Bla</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adolescent</strong>&lt;sup&gt;a&lt;/sup&gt; (N=134)</td>
<td>1.12***</td>
<td>1.03</td>
<td>1.16</td>
<td>1.17</td>
<td>1.03</td>
<td>1.23*</td>
<td>1.04</td>
<td>1.18</td>
<td>.92*</td>
<td>.96</td>
<td>.98</td>
</tr>
<tr>
<td><strong>Follow-up</strong>&lt;sup&gt;b&lt;/sup&gt; (N=67)</td>
<td>1.13*</td>
<td>.99</td>
<td>1.16</td>
<td>1.33</td>
<td>1.07</td>
<td>1.39*</td>
<td>1.21</td>
<td>1.07</td>
<td>.91</td>
<td>.86*</td>
<td>.97</td>
</tr>
<tr>
<td>Partial&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.14*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1.34*</td>
<td>-</td>
<td>-</td>
<td>.88</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Revictimization</strong>&lt;sup&gt;d&lt;/sup&gt; (N=44)</td>
<td>1.13*</td>
<td>.93</td>
<td>1.13</td>
<td>1.26</td>
<td>1.13</td>
<td>1.26</td>
<td>1.09</td>
<td>1.08</td>
<td>.90</td>
<td>.87</td>
<td>1.01</td>
</tr>
<tr>
<td>Partial&lt;sup&gt;e&lt;/sup&gt;</td>
<td>1.08</td>
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<td>-</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**Note.**<sup>a</sup>History of adolescent sexual victimization;<sup>b</sup>Sexual victimization over the follow-up;<sup>c</sup>Partial odds ratio between predictor variable and disclosure over the follow-up after controlling for history of sexual assault;<sup>d</sup>Sexual revictimization over the follow-up;<sup>e</sup>Partial odds ratio between predictor variable and disclosure of sexual revictimization after controlling for disclosure of adolescent sexual assault;<sup>f</sup>Coping via emotional support;<sup>g</sup>Coping via avoidance;<sup>h</sup>Guidance from others;<sup>i</sup>Reliable social support;<sup>j</sup>Reassurance of worth;<sup>k</sup>Attachment to others;<sup>l</sup>Social Integration;<sup>m</sup>Nurturance;<sup>n</sup>Perpetrator Blame;<sup>o</sup>Characterological self-blame;<sup>p</sup>Behavioral self-blame. *p<.05; ** p<.01; ***According to the Holm (1979) procedure, significant at p<.0045.
Table 5

**Odds Ratios between Social Reactions to Adolescent Sexual Assault Disclosure and Disclosure of Sexual Revictimization**

<table>
<thead>
<tr>
<th></th>
<th>Blame&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Egoc&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Control&lt;sup&gt;d&lt;/sup&gt;</th>
<th>Differ&lt;sup&gt;e&lt;/sup&gt;</th>
<th>Distract&lt;sup&gt;f&lt;/sup&gt;</th>
<th>Emot&lt;sup&gt;g&lt;/sup&gt;</th>
<th>Tangible&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up&lt;sup&gt;a&lt;/sup&gt; (&lt;N=44&gt;)</td>
<td>.94</td>
<td>.97</td>
<td>.95</td>
<td>.92</td>
<td>.93</td>
<td>1.00</td>
<td>.98</td>
</tr>
</tbody>
</table>

*Note.*  
<sup>a</sup>Disclosure of sexual revictimization over the follow-up;  
<sup>b</sup>Blaming social reaction to disclosure of adolescent sexual assault;  
<sup>c</sup>Egocentric social reaction to disclosure of adolescent sexual assault;  
<sup>d</sup>Controlling social reaction to disclosure of adolescent sexual assault;  
<sup>e</sup>Treated differently following disclosure of adolescents sexual assault;  
<sup>f</sup>Distracting social reaction to disclosure of adolescent sexual assault;  
<sup>g</sup>Provision of emotional support following disclosure of adolescent sexual assault;  
<sup>b</sup>Provision of tangible aid following disclosure of adolescent sexual assault.  
*<sup>p</sup><.05; **<sup>p</sup><.01.
Table 6.

Rates of Disclosure and Conditional Probabilities of Disclosing to other Providers

<table>
<thead>
<tr>
<th>Disclosure to Support Provider</th>
<th>Adolescent b (N=100)</th>
<th>Follow-up (N=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male peers a</td>
<td>47% (n=40)</td>
<td>46% (n=16)</td>
</tr>
<tr>
<td>Mother a</td>
<td>11% (n=9)</td>
<td>11% (n=4)</td>
</tr>
<tr>
<td>Father a</td>
<td>6% (n=5)</td>
<td>0% (n=0)</td>
</tr>
<tr>
<td>Other family/Sibling a</td>
<td>16% (n=14)</td>
<td>9% (n=3)</td>
</tr>
<tr>
<td>Formal Provider a</td>
<td>8% (n=7)</td>
<td>6% (n=2)</td>
</tr>
<tr>
<td>Male peers</td>
<td>N=48</td>
<td>N=17</td>
</tr>
<tr>
<td>Female peers a</td>
<td>83% (n=40)</td>
<td>94% (n=16)</td>
</tr>
<tr>
<td>Mother a</td>
<td>13% (n=6)</td>
<td>12% (n=2)</td>
</tr>
<tr>
<td>Father a</td>
<td>6% (n=3)</td>
<td>0% (n=0)</td>
</tr>
<tr>
<td>Other family/Sibling a</td>
<td>23% (n=11)</td>
<td>12% (n=2)</td>
</tr>
<tr>
<td>Formal Provider a</td>
<td>13% (n=6)</td>
<td>6% (n=1)</td>
</tr>
<tr>
<td>Mother</td>
<td>N=11</td>
<td>N=5</td>
</tr>
<tr>
<td>Male peers a</td>
<td>55% (n=6)</td>
<td>60% (n=3)</td>
</tr>
<tr>
<td>Female peers a</td>
<td>82% (n=9)</td>
<td>80% (n=4)</td>
</tr>
<tr>
<td>Father a</td>
<td>45% (n=5)</td>
<td>0% (n=0)</td>
</tr>
<tr>
<td>Other family/Sibling a</td>
<td>64% (n=7)</td>
<td>40% (n=2)</td>
</tr>
<tr>
<td>Formal Provider a</td>
<td>64% (n=7)</td>
<td>20% (n=1)</td>
</tr>
<tr>
<td>Father</td>
<td>N=5</td>
<td>N=0</td>
</tr>
<tr>
<td>Male peers a</td>
<td>60% (n=3)</td>
<td>-</td>
</tr>
<tr>
<td>Female peers a</td>
<td>100% (n=5)</td>
<td>-</td>
</tr>
<tr>
<td>Mother a</td>
<td>100% (n=5)</td>
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</tr>
<tr>
<td>Other family/Sibling a</td>
<td>80% (n=4)</td>
<td>-</td>
</tr>
<tr>
<td>Formal Provider a</td>
<td>80% (n=4)</td>
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</tr>
<tr>
<td>Other Family/Siblings</td>
<td>N=17</td>
<td>N=4</td>
</tr>
<tr>
<td>Male peers a</td>
<td>65% (n=11)</td>
<td>100% (n=4)</td>
</tr>
<tr>
<td>Female peers a</td>
<td>82% (n=14)</td>
<td>75% (n=3)</td>
</tr>
<tr>
<td>Mother a</td>
<td>41% (n=7)</td>
<td>50% (n=2)</td>
</tr>
<tr>
<td>Father a</td>
<td>24% (n=4)</td>
<td>0% (n=0)</td>
</tr>
<tr>
<td>Formal Provider a</td>
<td>29% (n=5)</td>
<td>25% (n=1)</td>
</tr>
<tr>
<td>Formal Provider</td>
<td>N=8</td>
<td>N=2</td>
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<tr>
<td>Male peers a</td>
<td>75% (n=6)</td>
<td>100% (n=2)</td>
</tr>
<tr>
<td>Female peers a</td>
<td>88% (n=7)</td>
<td>100% (n=2)</td>
</tr>
<tr>
<td>Mother a</td>
<td>88% (n=7)</td>
<td>50% (n=1)</td>
</tr>
<tr>
<td>Father a</td>
<td>50% (n=7)</td>
<td>0% (n=0)</td>
</tr>
<tr>
<td>Other family/Sibling a</td>
<td>63% (n=5)</td>
<td>50% (n=1)</td>
</tr>
</tbody>
</table>

Note: aConditional probability of disclosure to support provider; bDisclosure of adolescent sexual assault; cDisclosure of sexual victimization over the follow-up.
Table 7.

*Social Reactions to Disclosure from Informal Support Providers*

<table>
<thead>
<tr>
<th></th>
<th>Emotional Support (M, SD)</th>
<th>Tangible Aid (M, SD)</th>
<th>Controlled Distraction (M, SD)</th>
<th>Controlled Decisions (M, SD)</th>
<th>Treated Differently (M, SD)</th>
<th>Blame (M, SD)</th>
<th>Egocentric Behavior (M, SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent Assault</td>
<td>2.58 1.08</td>
<td>2.03 1.36</td>
<td>0.39 0.42</td>
<td>0.43 0.47</td>
<td>0.45 0.67</td>
<td>0.76 0.99</td>
<td>0.84 0.89</td>
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<td>(N=11)</td>
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</tr>
<tr>
<td>Assault over interim</td>
<td>1.22 1.41</td>
<td>0.84 1.17</td>
<td>0.08 0.19</td>
<td>0.67 1.32</td>
<td>0.48 0.97</td>
<td>0.33 0.75</td>
<td>0.50 0.77</td>
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<tr>
<td><strong>Father</strong></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Adolescent Assault</td>
<td>2.70 0.43</td>
<td>2.44 1.15</td>
<td>0.42 0.40</td>
<td>0.51 0.32</td>
<td>0.64 0.67</td>
<td>0.67 1.13</td>
<td>1.45 0.84</td>
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<tr>
<td>Assault over interim</td>
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</tr>
<tr>
<td>Adolescent Assault</td>
<td>1.27 1.32</td>
<td>0.58 0.86</td>
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</tr>
<tr>
<td>Adolescent Assault</td>
<td>1.96 1.40</td>
<td>0.69 0.95</td>
<td>0.71 0.81</td>
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<tr>
<td>Assault over interim</td>
<td>1.15 1.38</td>
<td>0.13 0.28</td>
<td>0.53 0.84</td>
<td>0.14 0.31</td>
<td>0.34 0.65</td>
<td>0.44 1.10</td>
<td>0.57 0.87</td>
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<tr>
<td><strong>Female peer</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent Assault</td>
<td>1.92 1.29</td>
<td>0.60 0.84</td>
<td>0.71 0.80</td>
<td>0.41 0.64</td>
<td>0.32 0.67</td>
<td>0.42 0.80</td>
<td>0.50 0.76</td>
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<td>(N=85)</td>
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<tr>
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<td>1.58 1.34</td>
<td>0.45 0.72</td>
<td>0.74 1.03</td>
<td>0.41 0.64</td>
<td>0.38 0.74</td>
<td>0.48 0.89</td>
<td>0.43 0.68</td>
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<tr>
<td>(N=35)</td>
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*Note: Means and standard deviations not reported for cells where N<5.*
Table 8

*Correlations between Positive and Negative Social Reactions and Psychological Symptomatology at the 7-month follow-up*

<table>
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<th></th>
<th>PTSD</th>
<th>GSI</th>
<th>IS</th>
<th>DEP</th>
<th>ANX</th>
<th>HOS</th>
<th>PHO</th>
<th>PAR</th>
<th>ESTEEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>.22</td>
<td>.23</td>
<td>.29</td>
<td>.18</td>
<td>.15</td>
<td>.25</td>
<td>.32</td>
<td>.34</td>
<td>.28</td>
</tr>
<tr>
<td>Partial</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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<td>-</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$R^2$</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Negative</td>
<td>.59***</td>
<td>.62***</td>
<td>.65***</td>
<td>.48*</td>
<td>.41</td>
<td>.58***</td>
<td>.62***</td>
<td>.71***</td>
<td>-.09</td>
</tr>
<tr>
<td>Partial</td>
<td>.56**</td>
<td>.61**</td>
<td>.63**</td>
<td>.47*</td>
<td>-</td>
<td>.64**</td>
<td>.63**</td>
<td>.73**</td>
<td>-</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.37</td>
<td>.39</td>
<td>.47</td>
<td>.24</td>
<td>-</td>
<td>.41</td>
<td>.39</td>
<td>.54</td>
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</table>

Note. *Extent of positive social reactions to disclosure over the 4-month follow-up; **Extent of negative social reactions to disclosure over the 4-month follow-up; *Post-traumatic stress disorder index; dGlobal symptom index; eInterpersonal sensitivity index; fDepression index; gAnxiety index; hHostility index; iPhobic anxiety index; jParanoia index; kSelf-esteem; lPartial correlation between positive social reactions and psychological symptomatology after controlling for baseline levels of symptomatology. mPartial correlation between negative social reactions and psychological symptomatology after controlling for baseline levels of symptomatology. *p<.05; **p<.01; ***based on the Holm (1979) procedure, significant at $p<.017$
Table 9.

*Correlations between Positive and Negative Social Reactions and Contextual Factors at the 7-month follow-up*

<table>
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<th>Av^d</th>
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*Note:* ^aExtent of positive social reactions to disclosure over the 4-month follow-up; ^bExtent of negative social reactions to disclosure over the 4-month follow-up; ^cCoping via emotional support; ^dCoping via avoidance; ^eGuidance from others; ^fReliable social support; ^gReassurance of worth; ^hAttachment to others; ^iSocial Integration; ^jNurturance; ^kPerpetrator Blame; ^lCharachertological self-blame; ^mBehavioral self-blame; ^nSocietal blame; ^oChance blame; ^pPartial correlation between positive social reactions and contextual factors after controlling for baseline levels. ^qPartial correlation between negative social reactions and contextual factors after controlling for baseline levels. *p<.05; **p<.01; ***based on the Holm (1979) procedure, associations with negative social reactions significant at p<.0045.
### Table 10

*Correlations between Positive and Negative Social Reactions and Attitudes towards Help-Seeking at the 7-month Follow-up*

<table>
<thead>
<tr>
<th></th>
<th>SCS</th>
<th>DES-U</th>
<th>DES-R</th>
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<th>ATSPS</th>
<th>MCSD</th>
<th>Report</th>
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<tr>
<td>Partial</td>
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<td>.06</td>
<td>-.06</td>
<td>-.14</td>
<td>.38</td>
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</tr>
<tr>
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<tr>
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<td></td>
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</tbody>
</table>

**Note.** 

- aExtent of positive social reactions to disclosure over the 4-month follow-up; 
- bExtent of negative social reactions to disclosure over the 4-month follow-up; 
- cSelf-concealment; 
- dUtility of disclosure; 
- eRisk of disclosure; 
- fLikelihood to disclose; 
- gAttitudes towards seeking psychological care; 
- hSocial desirability; 
- iLikelihood to report sexual victimization; 
- jPartial correlation between positive social reactions and attitudes towards help-seeking after controlling for baseline levels of attitudes. 
- kPartial correlation between negative social reactions and attitudes towards help-seeking after controlling for baseline levels of attitudes. 

* p < .05; ** p < .01.
APPENDIX B: SUPPLEMENTAL MATERIALS FOR METHODS SECTION

Appendix B-1: Additional Reliability and Validity Information for Study Measures

Sexual Experiences Survey.

The Sexual Experiences Survey (Koss & Oros, 1982) is the most frequently utilized measure in research of sexual victimization, and demonstrates good reliability and validity (Koss & Gidycz, 1985). Gylys and McNamara (1996) suggest that the Sexual Experiences Survey adequately captures the legal definitions of attempted rape and rape. Koss and Gidycz’s (1985) research provides support for the construct validity of the scale. In their study, self-report responses on the survey were found to correlate with information provided in an interview ($r = .73, p < .001$; Koss & Gidycz, 1985). The Sexual Experiences Survey also demonstrated good internal consistency ($\alpha = .74$) and an excellent 2-week test-retest reliability ($r = .93$) (Koss & Gidycz, 1985).

Childhood Sexual Victimization Questionnaire.

Risin and Koss (1987) provide evidence for the concurrent validity of The Childhood Sexual Victimization Questionnaire (Finkelhor, 1979; Risin & Koss, 1987). In this study, 15 males completed the survey and were interviewed regarding their victimization experiences. Results indicated that 93% of the participants provided the same description of childhood sexual experiences during the interview as was indicated by self-report.

Marlowe-Crown Social Desirability Scale—Short Form.

According to Reynolds (1982), the short-form of the Marlowe-Crown Social Desirability Scale demonstrates good internal consistency ($r = .76$), and high correlation with the original 33-item scale. Test-retest reliability over a 6-week follow-up period is
also high \((r = .74; \text{Zook & Sipps, 1985})\). Concurrent validity with other measures of self-concealment is demonstrated through correlations between the short-form of the scale and the \(L\), \(F\) and \(K\) scales of the MMPI \((r = .59, r = -.52, \text{and } r = .54, \text{respectively}; \text{Robinette, 1991})\).

**Distress Disclosure Index.**

Concurrent validity of the Distress Disclosure Index is evidenced through positive correlations between DDI scores and measures of self-disclosure \((r = .43)\), extraversion \((r = .32)\), and self-concealment \((r = -.35; \text{Kahn & Hessling, 2001})\). Discriminant validity is provided by weak correlations with social desirability \((r = .12, \text{Kahn & Hessling, 2001})\). According to Kahn and Hessling (2001), test-retest reliability of the DDI over a 2-month interim is high \((r = .80)\).

**Disclosure Expectations Scale.**


**Self-Concealment Scale.**

According to Larson and Chastain (1990), the SCS demonstrates adequate internal consistency \((\alpha = .83)\) and test–retest reliability over a 4-week interval \((r = .81)\). Concurrent validity for the SCS is evidenced through negative correlations with measures of self-disclosure (Larson & Chastain, 1990).

**Attitudes Towards Seeking Professional Psychological Help Scale—Short Version.**

Fisher and Farina (1995) suggest that the shortened version of the scale correlates
with the original version of the scale \((r=.87; \text{Fischer} \& \text{Tuner, 1970})\), as well as other measures of attitudes towards professional health \((r=.39)\). Internal consistency of the scale is reported to be high \((r=.82; \text{Vogel, Wester, Wei,} \& \text{Boysen, 2005})\). One month test-retest reliability is also good \((r=.80; \text{Fisher} \& \text{Farina, 1995})\).

*Recognizing and Reporting Behavior Scale.*

The questionnaire was previously utilized in research of sexual assault risk reduction programming (Gidycz et al. 2006). Internal consistency of the scale is high \((\alpha =.82, \text{Orchowski et al., in press})\).

*Social Reactions Questionnaire.*

Internal consistency reliability of the subscales of the Social Reactions Questionnaire are high \((\text{i.e., emotional support } (\alpha =.93); \text{treated differently } (\alpha =.86); \text{distraction } (\alpha =.80); \text{control } (\alpha =.83); \text{tangible aid/information } (\alpha =.84); \text{blame } (\alpha =.80); \text{egocentric reactions } (\alpha =.77))\). Intercorrelations between subscales reflecting negative social reactions are significant, ranging between .15-.72 (Ullman, 2000). The two subscales measuring positive social reactions also demonstrate a significant correlation \((r=.58)\) (Ullman, 2000). According to Ullman (2000), the subscales possess good test-retest reliability over an 8-week follow-up \((\text{Pearson } r \text{ ranging from } .64 \text{ to } .81)\). Convergent validity is demonstrated through significant correlations with measures of social support, self-esteem, and frequency of social contact (Ullman, 2000). Concurrent validity has been demonstrated by correlating SRQ subscales with open-ended data from questions about helpful and unhelpful responses to sexual assault disclosure (Ullman, 2000).
Rosenberg Self-esteem Scale.

According to Fleming and Courtney, the Rosenberg Self-esteem Scale evidences good internal consistency ($r=.88$) and test-retest reliability over a 1-week interval ($r=.82$). Convergent validity is evidenced through correlations with other measures of self-esteem (Blascovich & Tomaka, 1991).

Rape Attribution Questionnaire

Early research of the subscales of the Rape Attribution Questionnaire revealed adequate internal consistency ($\alpha = .84$) (Frazier, 1990). Two subscales of the measure demonstrated good reliability when Frazier (2002) conducted a survey of 135 survivors of sexual victimization (behavioral self-blame $\alpha = .87$, rapist blame, $\alpha = .88$).

Social Provisions Scale.

Curtona and Russell (1987) report that the Social Provisions Scale demonstrates high internal consistency ($r=.92$), as well as test-retest reliabilities ranging from .84 to .92. Concurrent validity is evidenced through correlations with other measures of social support (Curtona & Russell, 1987).

Hopkins Symptom Checklist—90.

The Global Symptom Index of the Hopkins Symptom Checklist—90 demonstrates good internal consistency reliability ($\alpha=.93$; Borja et al., 2006). Internal consistency of the subscales range from .77 to .90, however, symptom subscales are highly correlated (Tennen, Affleck, & Herzberger, 1985). One-week test-retest reliability ranges between .78 to .90 for the subscales (Derogatis, Rickel, & Rock 1976). There is substantial evidence for the concurrent, predictive and construct validity of the scale (Tennen et al., 1985).
Amirkhan (1990) reports that the subscales of the Coping Strategies Indicator demonstrate good internal consistency ($\alpha = .93$ for Seeking Support; $\alpha = .89$ for Problem Solving; $\alpha = .84$ for Avoidance), test-retest reliability (mean $\alpha$ for all subscales $=.82$) as well as convergent and divergent validity.
Appendix B-2: Demographics Questionnaire

1. What is your age? (write in)_________________

2. What is your current year in school? (write in)___________________

3. What is your race?
   A. American Indian or Alaska Native   D. Native Hawaiian or Pacific Islander
   B. Asian                               E. Caucasian
   C. Black or African American

4. What is your ethnicity?
   A. Hispanic or Latino       B. Not Hispanic or Latino

5. In what religion were you raised?
   A. Catholic (Christian)       E. None
   B. Protestant (Christian)     F. Muslim
   C. Jewish                    G. Hindu
   D. Nondenominational          H. Other

6. What is your sexual orientation?
   A. Heterosexual
   B. Homosexual
   C. Bisexual

7. What is your current marital status?
   A. Never married            D. Divorced
   B. Cohabitating             E. Widowed
   C. Married

8. 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 (more than 6-months).

9. Approximately what is your parents’ yearly income?
   A. Unemployed or disabled       F. $50,001-75,000
   B. $10,000-20,000                G. $75,001-100,000
   C. $20,001-30,000                H. Over $100,000
   D. $30,001-40,000               I. Don’t Know
   E. $40,001-50,000

10. Have you ever willingly had sexual intercourse?
    A. Yes       B. No
11. How old were you when you first willingly had sexual intercourse?
   A. I have never willingly had sexual intercourse
   B. 13 years or younger
   C. 14
   D. 15
   E. 16
   F. 17
   G. 18
   H. 19 years or older

12. How many consensual (not forced) sex partners have you had?
   A. 0
   B. 1 or 2
   C. 3 or 4
   D. 5 or 6
   E. 7 or 8
   F. 9 or 10
   G. 11 or more

13. How many consensual partners have you engaged in sexual behavior with (but not sexual intercourse)?
   A. 0
   B. 1 or 2
   C. 3 or 4
   D. 5 or 6
   E. 7 or 8
   F. 9 or 10
   G. 11 or more

14. My father’s occupation is:
   A. Executive, major professional
   B. Manager, minor professional
   C. Administrator, owner of a small business, semi-professional
   D. Clerical or sales worker
   E. Skilled worker
   F. Semi-skilled worker
   G. Unskilled worker
   H. Unemployed
   I. Homemaker
   J. Don’t know

15. My mother’s occupation is:
   A. Executive, major professional
   B. Manager, minor professional
   C. Administrator, owner of a small business, semi-professional
   D. Clerical or sales worker
   E. Skilled worker
   F. Semi-skilled worker
   G. Unskilled worker
   H. Unemployed
   I. Homemaker
   J. Don’t know

16. My father’s education is:
A. Graduate of professional degree
B. Partial graduate training
C. College graduate
D. Partial college training
E. High school graduate (technical or training school)
F. Partial high school (10th-12th grade)
G. Partial Junior high school (7th or 9th grade)
H. Elementary School (6th grade or lower)
I. Don’t know

17. My mother’s education is:
   A. Graduate of professional degree
   B. Partial graduate training
   C. College graduate
   D. Partial college training
   E. High school graduate (technical or training school)
   F. Partial high school (10th-12th grade)
   G. Partial Junior high school (7th or 9th grade)
   H. Elementary School (6th grade or lower)
   I. Don’t know

18. Have you ever attended counseling/therapy (since the age of 14)?
   A. Yes       B. No

19. On how many occasions have you sought counseling (since the age of 14)?
   A. None
   B. Once
   C. Twice
   D. More than 3 times

20. Are you currently engaging in counseling/therapy?
   A. Yes       B. No

21. At which of the following places have you sought counseling/therapy for psychological concerns while at Ohio University: (circle all that apply)
   A. Counseling and Psychological Services (Hudson Health Center)
   B. Private Practitioner in the Athens
   C. Psychology and Social Work Clinic
   D. Physician
   E. Counselor in Residence
   F. Other: List: _________________________________
   G. None
Appendix B-3: Sexual Experiences Survey

DIRECTIONS: The following questions ask about your sexual experiences since the age of 14. Questions about sexual intercourse mean penetration of a woman's vagina, no matter how slight, by a man's penis. Ejaculation is not required. Whenever you see the words sexual intercourse, please use this definition.

1. Have you ever given in to sex play (fondling, kissing, or petting, but not, intercourse) when you didn't want to because you were overwhelmed by a man's continual arguments and pressure? (From age 14 on)
   A. No
   B. Yes

2. Have you had sex play (fondling, kissing, or petting, but not, intercourse) when you didn't want to because a man used his authority (boss, teacher, camp counselor, supervisor) to make you? (From age 14 on)
   A. No
   B. Yes

3. Have you had sex play (fondling, kissing, or petting, but not, 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.). (From age 14 on)
   A. No
   B. Yes

4. Have you had a man attempt sexual intercourse (get on top of you and 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? (From age 14 on)
   A. No
   B. Yes

5. Have you had a man attempt sexual intercourse (get on top of you and insert his penis) with you by giving you alcohol or drugs to prevent you from resisting, but intercourse did not occur? (From age 14 on)
   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? (From age 14 on)
   A. No
   B. Yes

7. Have you had sexual intercourse when you didn't want to because a man used his position of authority (boss, teacher, counselor, supervisor)? (From age 14 on)
   A. No
B. Yes

8. Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs to prevent you from resisting? (From age 14 on)
   A. No
   B. Yes

9. 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? (From age 14 on)
   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.)? (From age 14 on)
    A. No
    B. Yes

**IMPORTANT:**

11. **STEP ONE:** Look back at questions 1-10 in SECTION 4a. Which is the highest number you responded “YES” to? (Circle correct choice)
    A. Question 1
    B. Question 2
    C. Question 3
    D. Question 4
    E. Question 5
    F. Question 6
    G. Question 7
    H. Question 8
    I. Question 9
    J. Question 10
    K. I did not respond “YES” to any of the previous 10 questions.

**STEP TWO:** For the following questions, refer to the highest question number to which you answered “yes”. If you have had this experience with more than one person on different occasions, refer to the most significant time this occurred. If you did not answer “yes” to any of the previous questions, then answer “not applicable”.

12. About how many times has it happened (from age 14 on)?
    0     1     2     3     4     5 or more
13. What was your relationship to the man/men at that time? (choose one) (If more than one man was involved, what was your relationship to the oldest?)
   A. No relationship       F. Steady date
   B. Just met             G. Boyfriend
   C. Acquaintance         H. Ex-boyfriend
   D. Friend               I. Stranger
   E. Casual date          J. Not applicable

14. How well did you know him?
   a. Didn’t know at all
   b. Slightly/moderately acquainted
   c. Very well acquainted
   d. Extremely well acquainted
   e. Not applicable

15. Was the man/men using intoxicants (i.e., alcohol or other drugs) on this occasion?
   a. Alcohol
   b. Drugs
   c. Both
   d. None
   e. Not applicable

16. Were you using any intoxicants (i.e., alcohol or other drugs) on this occasion?
   a. Alcohol
   b. Drugs
   c. Both
   d. None
   e. Not applicable

17. How aggressive was the man/men?
   a. Not at all or a little
   b. Somewhat
   c. Quite a bit
   d. Very much
   e. Not applicable

18. How clear did you make it to the man/men that you didn’t want to engage in this activity?
   a. Not at all or a little
   b. Somewhat
   c. Quite a bit
   d. Very much
   e. Not applicable

19. How much do you feel responsible for what happened?
20. How much did you resist?
   a. Not at all or a little
   b. Somewhat
   c. Quite a bit
   d. Very much
   e. Not applicable

21. How responsible is he/they for what happened?
   a. Not at all or a little
   b. Somewhat
   c. Quite a bit
   d. Very much
   e. Not applicable

22. What strategies did you use, if any to resist the man’s behavior? (Circle yes or no)
   N/A  YES  NO
   a. Trying to reason with the man/men
   N/A  YES  NO
   b. Pleading with the man/men
   N/A  YES  NO
   c. Turning cold
   N/A  YES  NO
   d. Quarreling with the man/men
   N/A  YES  NO
   e. Crying
   N/A  YES  NO
   f. Screaming for help
   N/A  YES  NO
   g. Physically struggling (i.e., wrestling, pushing, striking, biting, using a weapon)
   N/A  YES  NO
   h. Running away
   N/A  YES  NO
   i. No outward resistance
   N/A  YES  NO
   j. Saying “NO” clearly and directly
   N/A  YES  NO
   k. Making an excuse
   N/A  YES  NO
   l. Other(list):_________________

23. Looking back on the experience, how would you describe the situation?
   (Remember this is confidential)
   a. I don’t feel that I was victimized
   b. I believe I was a victim of a serious miscommunication
   c. I believe I was a victim of sexual assault
   d. I believe I was a victim of rape or date rape
   e. I believe I was a victim of a crime other than sexual assault or rape
   f. Not applicable
24a. Did you discuss the experience with anyone?
   a. Yes  b. No  c. N/A

24b. How long after the experience was it when you first discussed this event:

________________________

25. Who of the following individuals did you discuss the event with?

   A. Mother  Yes  No  N/A
   B. Father  Yes  No  N/A
   C. Siblings  Yes  No  N/A
   D. Male Friend  Yes  No  N/A
   E. Female Friend  Yes  No  N/A
   F. Counselor  Yes  No  N/A
   G. Other (Who?): ____________________________________________

26. If you discussed the event with the following individuals, list beside each individual how long after the experience it was when you first discussed the event with them:

   A. Mother  ____________________________  N/A
   B. Father  ____________________________  N/A
   C. Siblings  ____________________________  N/A
   D. Male Friend  ____________________________  N/A
   E. Female Friend  ____________________________  N/A
   F. Counselor  ____________________________  N/A
   G. Other (Who?): ____________________________  N/A

27. If you discussed the event with the following individuals, please rate their response to you along the following scale:

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<th>Very Unhelpful</th>
<th>Neutral</th>
<th>Very Helpful</th>
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<td>4  5</td>
<td>6  7</td>
</tr>
<tr>
<td>B. Father</td>
<td>1  2  3</td>
<td>4  5</td>
<td>6  7</td>
</tr>
<tr>
<td>C. Siblings</td>
<td>1  2  3</td>
<td>4  5</td>
<td>6  7</td>
</tr>
<tr>
<td>D. Male Friend</td>
<td>1  2  3</td>
<td>4  5</td>
<td>6  7</td>
</tr>
<tr>
<td>E. Female Friend</td>
<td>1  2  3</td>
<td>4  5</td>
<td>6  7</td>
</tr>
<tr>
<td>F. Counselor</td>
<td>1  2  3</td>
<td>4  5</td>
<td>6  7</td>
</tr>
<tr>
<td>G. Other (List who)</td>
<td>1  2  3</td>
<td>4  5</td>
<td>6  7</td>
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</table>
**Appendix B-4: Childhood Sexual Victimization Questionnaire**

**DIRECTIONS:** 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 the age of 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. Questions about sexual intercourse mean penetration of the vagina, no matter how slight, by a man's penis. Ejaculation is not required.

**FOR EACH ITEM, PLEASE CIRCLE THE APPROPRIATE RESPONSE.**

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. family member (e.g., father, mother, step-parent, grandparent, brother, sister)
   F. boyfriend

3. Was the individual at least 5 years older than you?
   A. Yes   B. No   C. N/A

4. What is the main reason you participated?
   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

5. You showed your sex organs to another person at his/her request.
   A. No
   B. Yes
6. 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. family member (e.g., father, mother, step-parent, grandparent, brother, sister)
   F. boyfriend

7. Was the individual at least 5 years older than you?
   A. Yes       B. No       C. N/A

8. What is the main reason you participated?
   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

9. Another person fondled you in a sexual way.
   A. No
   B. Yes

10. 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. family member (e.g., father, mother, step-parent, grandparent, brother, sister)
    F. boyfriend

11. Was the individual at least 5 years older than you?
    A. Yes       B. No       C. N/A

12. What is the main reason you participated?
    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
13. Another person touched or stroked your sex organs.
   A. No
   B. Yes

14. 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. family member (e.g., father, mother, step-parent, grandparent, brother, sister)
   F. boyfriend

15. Was the individual at least 5 years older than you?  
   A. Yes  B. No  C. N/A

16. What is the main reason you participated?  
   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

17. You touched or stroked another person's sex organs at his/her request.
   A. No
   B. Yes

18. 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. family member (e.g., father, mother, step-parent, grandparent, brother, sister)
   F. boyfriend

19. Was the individual at least 5 years older than you?  
   A. Yes  B. No  C. N/A
20. What is the main reason you participated?
   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

21. Another person attempted intercourse (Got on top of you, attempted to insert penis but penetration did not occur).
   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. family member (e.g., father, mother, step-parent, grandparent, brother, sister)
   F. boyfriend

23. Was the individual at least 5 years older than you?
   A. Yes    B. No    C. N/A

24. What is the main reason you participated?
   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

25. Another person had intercourse (oral, vaginal or anal) with you, (any amount of penetration—ejaculation not necessary)
   A. No
   B. Yes
26. 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. family member (e.g., father, mother, step-parent, grandparent, brother, sister) 
F. boyfriend 

27. Was the individual at least 5 years older than you? 
A. Yes B. No C. N/A 

28. What is the main reason you participated? 
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-5: Marlow Crowne Social Desirability Scale

**DIRECTIONS:** Listed below are thirteen statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>F</td>
<td>1. It is sometimes hard for me to go on with my work if I am not encouraged.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>2. I sometimes feel resentful when I don't get my way.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>3. On a few occasions, I have given up doing something because I thought too little of my ability.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>4. There have been times when I felt like rebelling against people in authority even though I knew they were right.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>5. No matter who I'm talking to, I'm always a good listener.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>6. There have been occasions when I took advantage of someone.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>7. I'm always willing to admit it when I make a mistake.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>8. I sometimes try to get even rather than forgive and forget.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>9. I am always courteous, even to people who are disagreeable.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>10. I have never been irked when people expressed ideas very different from my own.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>11. There have been times when I was quite jealous of the good fortune of others.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>12. I am sometimes irritated by people who ask favors of me.</td>
</tr>
<tr>
<td>T</td>
<td>F</td>
<td>13. I have never deliberately said something that hurt someone’s feelings.</td>
</tr>
</tbody>
</table>
Appendix B-6: Distress Disclosure Index

**DIRECTIONS:** Please indicate the degree to which you agree or disagree with each of the following statements. Answer each question based on how you generally behave. Use the following scale:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I feel upset I usually consult with friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I prefer not to talk about my problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. When something unpleasant happens to me, I often look for someone to talk to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I typically don’t discuss things that upset me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. When I feel depressed or sad, I tend to keep those feelings to myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I try to find people to talk with about my problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. When I am in a bad mood, I talk about it with my friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. If I have a bad day, the last thing I want to do is talk about it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I rarely look for people to talk with when I am having a problem.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. When I’m depressed I don’t tell anyone.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I usually seek out someone to talk to when I am in a bad mood.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. I am willing to tell others my distressing thoughts.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
# Appendix B-7: Disclosure Expectation Scale

**DIRECTIONS:** For each of the following questions, you are asked to respond using the following scale:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How difficult you it be for you to disclose personal information to:</td>
<td>A counselor</td>
<td>1 2 3 4 5</td>
<td>Your mother</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2</td>
<td>How vulnerable would you feel if you disclosed something very personal you had never told anyone before to:</td>
<td>A counselor</td>
<td>1 2 3 4 5</td>
<td>Your mother</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3</td>
<td>If you were dealing with an emotional problem, how beneficial for yourself would it be to self-disclose personal information about the problem to:</td>
<td>A counselor</td>
<td>1 2 3 4 5</td>
<td>Your mother</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4</td>
<td>How risky would it feel to disclose your hidden feelings to:</td>
<td>A counselor</td>
<td>1 2 3 4 5</td>
<td>Your mother</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5</td>
<td>How worried about what the other person is thinking would you be if you disclosed negative emotions to:</td>
<td>A counselor</td>
<td>1 2 3 4 5</td>
<td>Your mother</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6</td>
<td>How helpful would it be to self-disclose a personal problem to:</td>
<td>A counselor</td>
<td>1 2 3 4 5</td>
<td>Your mother</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7</td>
<td>Would you feel better if you disclosed feelings of sadness or anxiety to:</td>
<td>A counselor</td>
<td>1 2 3 4 5</td>
<td>Your mother</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
8. How likely would you get a useful response if you disclosed an emotional problem you were struggling with to:

<table>
<thead>
<tr>
<th></th>
<th>A Male Friend</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A Female Friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>A counselor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Your mother</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Your father</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Other family members</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>A Male Friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>A Female Friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B-8: Self-Concealment Scale

**DIRECTIONS:** Please indicate the degree to which you agree or disagree with each of the following statements. Answer each question based on how you generally behave. Use the following scale:

1                     2                   3                4               5
Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have an important secret that I haven’t shared with anyone.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If I shared all my secrets with my friends, they’d like me less.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. There are lots of things about me that I keep to myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Some of my secrets have really tormented me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. When something bad happens to me, I tend to keep it to myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I’m often afraid I’ll reveal something I don’t want to.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Telling a secret often backfires and I wish I hadn’t told it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I have a secret that is so private I would lie if anyone asked me about it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. My secrets are too embarrassing to share with others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I have negative thoughts about myself that I never share with anyone.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Appendix B-9: Attitudes Towards Seeking Professional Psychological Help Scale**

**DIRECTIONS:** Please indicate the degree to which you agree or disagree with each of the following statements. Answer each question based on how you generally behave. Use the following scale:

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Partly Agree</th>
<th>Partly Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. If I believed I was having a mental breakdown, my first inclination would be to get professional help.
2. The idea of talking about problems with a therapist strikes me as a poor way to get rid of emotional conflicts.
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in therapy.
4. There is something admirable in the attitude of a person willing to cope with his or her conflicts and fears without resorting to therapy.
5. I would want to go to a therapist if I were worried or upset for a long period of time.
6. I might want to see a therapist in the future.
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve the problem with the help of a therapist.
8. Considering the time and expense involved in therapy, it would have doubtful value for a person like me.
9. A person should work out his or her own problems; seeing a therapist would be a last resort.
10. Personal and emotional troubles, like many things, tend to work out by themselves.
Appendix B-10: Recognizing and Reporting Behaviors Questionnaire

Directions: Please use the following scale and circle your answer.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all Likely</td>
<td>A little Likely</td>
<td>Somewhat Likely</td>
<td>Likely</td>
<td>Very Likely</td>
<td>Extremely Likely</td>
<td>Completely Likely</td>
</tr>
</tbody>
</table>

1. How likely are you to recognize unwanted sexual behaviors?
   - A
   - B
   - C
   - D
   - E
   - F
   - G

2. How likely are you to report an unwanted sexual act(s) to a friend?
   - A
   - B
   - C
   - D
   - E
   - F
   - G

3. How likely are you to report an unwanted sexual act(s) to your residential advisor?
   - A
   - B
   - C
   - D
   - E
   - F
   - G

4. How likely are you to report an unwanted sexual act(s) to Counseling and Psychological Services? (Either anonymously, via a third party, or yourself)
   - A
   - B
   - C
   - D
   - E
   - F
   - G

5. How likely are you to report an unwanted sexual act(s) on a survey like this?
   - A
   - B
   - C
   - D
   - E
   - F
   - G

6. How likely are you to report an unwanted sexual act(s) to the police or other agency (e.g., university)?
   - A
   - B
   - C
   - D
   - E
   - F
   - G

7. How likely are you to report an unwanted sexual act(s) to the Counselor in Residence?
   - A
   - B
   - C
   - D
   - E
   - F
   - G

8. How likely are you to report an unwanted sexual act(s) to your mom?
   - A
   - B
   - C
   - D
   - E
   - F
   - G

9. How likely are you to report an unwanted sexual act(s) to your dad?
   - A
   - B
   - C
   - D
   - E
   - F
   - G

10. How likely are you to report an unwanted sexual act(s) to your female friends?
    - A
    - B
    - C
    - D
    - E
    - F
    - G

11. How likely are you to report an unwanted sexual act(s) to your male friends?
    - A
    - B
    - C
    - D
    - E
    - F
    - G
Appendix B-11: Social Reactions Questionnaire—General

STEP ONE: Look back again at questions 1-10 in SECTION 4a (pages 7-8). Which is the highest number you responded “YES” to? (Circle correct choice)
A. Question 1  
B. Question 2  
C. Question 3  
D. Question 4  
E. Question 5  
F. Question 6  
G. Question 7  
H. Question 8  
I. Question 9  
J. Question 10  
K. I did not respond “YES” to any of the 10 questions in section 4a.

STEP TWO: For the following questions, refer to the highest question number to which you answered “yes”. If you have had this experience with more than one person on different occasions, refer to the most significant time this occurred. If you did not answer “yes” to any of the questions 1-10 in Section 4a, then answer “not applicable”.

DIRECTIONS: HOW OTHER PEOPLE RESPONDED...
The following is a list of behaviors that other people responding to a person with this experience often show (See questions 1-10, Section 4a). Please indicate how often you experienced each of the listed responses from other people by circling the appropriate number. If you have not had this experience, circle n/a.

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<tr>
<td>NEVER</td>
<td>RARELY</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>ALWAYS</td>
<td>Did not circle Yes to the questions 1-10 in Section 4a</td>
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</table>

1. TOLD YOU IT WAS NOT YOUR FAULT  
2. PULLED AWAY FROM YOU  
3. WANTED TO SEEK REVENGE ON THE PERPETRATOR  
4. TOLD OTHERS ABOUT YOUR EXPERIENCE WITHOUT YOUR PERMISSION  
5. DISTRACTED YOU WITH OTHER THINGS  
6. COMFORTED YOU BY TELLING YOU IT WOULD BE ALL RIGHT OR BY HOLDING YOU
<p>| | | | | | |</p>
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<td>7. TOLD YOU HE/SHE FELT SORRY FOR YOU</td>
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<td>8. HELPED YOU GET MEDICAL CARE</td>
<td>0</td>
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<td>4</td>
</tr>
<tr>
<td>9. TOLD YOU THAT YOU WERE NOT TO BLAME</td>
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<td>4</td>
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<tr>
<td>10. TREATED YOU DIFFERENTLY IN SOME WAY THAN BEFORE YOU TOLD HIM/HER THAT MADE YOU UNCOMFORTABLE</td>
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<tr>
<td>11. TRIED TO TAKE CONTROL OF WHAT YOU DID/DECISIONS YOU MADE</td>
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<tr>
<td>12. FOCUSED ON HIS/HER OWN NEEDS AND NEGLECTED YOURS</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>13. TOLD YOU TO GO ON WITH YOUR LIFE</td>
<td>0</td>
<td>1</td>
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<td>4</td>
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<tr>
<td>14. HELD YOU OR TOLD YOU THAT YOU ARE LOVED</td>
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<tr>
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<td>16. ENCOURAGED YOU TO SEEK COUNSELING</td>
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<td>1</td>
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<td>1</td>
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<td>20. SAID HE/SHE FEELS PERSONALLY WRONGED BY YOUR EXPERIENCE</td>
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<td>21. TOLD YOU TO STOP THINKING ABOUT IT</td>
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<td>22. LISTENED TO YOUR FEELINGS</td>
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<td>23. SAW YOUR SIDE OF THINGS AND DID NOT MAKE JUDGMENTS</td>
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<td>25. TOLD YOU THAT YOU COULD HAVE DONE MORE TO PREVENT THIS EXPERIENCE FROM OCCURRING</td>
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<td>27. TREATED YOU AS IF YOU WERE A CHILD OR SOMEHOW INCOMPETENT</td>
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<td>30. SHOWED UNDERSTANDING OF YOUR EXPERIENCE</td>
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<td>31. REFRAMED THE EXPERIENCE AS A CLEAR CASE OF VICTIMIZATION</td>
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<td>35. SAID HE/SHE KNEW HOW YOU FELT WHEN HE/SHE REALLY DID NOT</td>
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<td>36. HAS BEEN SO UPSET THAT HE/SHE NEEDED REASSURANCE FROM YOU</td>
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<td>40. SPENT TIME WITH YOU</td>
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<td>41. TOLD YOU THAT YOU DID NOT DO ANYTHING WRONG</td>
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<td>43. MADE YOU FEEL LIKE YOU DIDN'T KNOW HOW TO TAKE CARE OF YOURSELF</td>
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<td>44. SAID HE/SHE FEELS YOU'RE TAINTED BY THIS EXPERIENCE</td>
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<td>46. SEEMED TO UNDERSTAND HOW YOU WERE FEELING</td>
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<td>47. BELIEVED YOUR ACCOUNT OF WHAT HAPPENED</td>
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<td>48. PROVIDED INFORMATION AND DISCUSSED OPTIONS</td>
<td>0</td>
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Appendix B-12: Social Reactions Questionnaire—Specific

Continue to respond to the following questions referring to the highest question number to which you answered “yes” at section 4a, questions 1-10.

**DIRECTIONS: HOW OTHER PEOPLE RESPONDED...**
The following is a list of behaviors that other people responding to a person with this experience often show (See questions 1-10, Section 4a) Please indicate how often you experienced each of the listed responses from each of these people by circling the appropriate number next to each individual. If you did not talk to the person about the experience, circle N/A (not applicable). Or, if you did not circle “yes” to any of the questions 1-10 in section 4a, circle N/A (not applicable).

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<td>NEVER</td>
<td>RARELY</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>ALWAYS</td>
<td>Did not circle Yes to the questions 1-10 in Section 4a</td>
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<td>1. TOLD YOU IT WAS NOT YOUR FAULT</td>
<td>A counselor</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>Your mother</td>
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<td>2</td>
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<td>Your father</td>
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<td></td>
<td>Other family members</td>
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<tr>
<td></td>
<td>A Male Friend</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
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<td></td>
<td>A Female Friend</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

| 2. PULLED AWAY FROM YOU | A counselor | 0 | 1 | 2 | 3 | 4 | N/A |
|   | Your mother | 0 | 1 | 2 | 3 | 4 | N/A |
|   | Your father | 0 | 1 | 2 | 3 | 4 | N/A |
|   | Other family members | 0 | 1 | 2 | 3 | 4 | N/A |
|   | A Male Friend | 0 | 1 | 2 | 3 | 4 | N/A |
|   | A Female Friend | 0 | 1 | 2 | 3 | 4 | N/A |

| 3. WANTED TO SEEK REVENGE ON THE PERPETRATOR | A counselor | 0 | 1 | 2 | 3 | 4 | N/A |
|   | Your mother | 0 | 1 | 2 | 3 | 4 | N/A |
|   | Your father | 0 | 1 | 2 | 3 | 4 | N/A |
|   | Other family members | 0 | 1 | 2 | 3 | 4 | N/A |
|   | A Male Friend | 0 | 1 | 2 | 3 | 4 | N/A |
|   | A Female Friend | 0 | 1 | 2 | 3 | 4 | N/A |

| 4. TOLD OTHERS ABOUT YOUR EXPERIENCE WITHOUT YOUR PERMISSION | A counselor | 0 | 1 | 2 | 3 | 4 | N/A |
|   | Your mother | 0 | 1 | 2 | 3 | 4 | N/A |
|   | Your father | 0 | 1 | 2 | 3 | 4 | N/A |
|   | Other family members | 0 | 1 | 2 | 3 | 4 | N/A |
|   | A Male Friend | 0 | 1 | 2 | 3 | 4 | N/A |
|   | A Female Friend | 0 | 1 | 2 | 3 | 4 | N/A |

<table>
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<tr>
<th>5. DISTRACTED YOU WITH</th>
<th>A counselor</th>
<th>0</th>
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<th>3</th>
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<tbody>
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<td>1. Other Things</td>
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<td></td>
<td>Your father</td>
<td>0 1 2 3 4 N/A</td>
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<tr>
<td></td>
<td>Other family members</td>
<td>0 1 2 3 4 N/A</td>
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<tr>
<td></td>
<td>A Male Friend</td>
<td>0 1 2 3 4 N/A</td>
<td></td>
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<tr>
<td></td>
<td>A Female Friend</td>
<td>0 1 2 3 4 N/A</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

| 2. Comforted You By | A counselor | 0 1 2 3 4 N/A |
|                     | Your mother | 0 1 2 3 4 N/A |
|                     | Your father | 0 1 2 3 4 N/A |
|                     | Other family members | 0 1 2 3 4 N/A |
|                     | A Male Friend | 0 1 2 3 4 N/A |
|                     | A Female Friend | 0 1 2 3 4 N/A |

| 3. Told You He/She Felt Sorry For You | A counselor | 0 1 2 3 4 N/A |
|                                       | Your mother | 0 1 2 3 4 N/A |
|                                       | Your father | 0 1 2 3 4 N/A |
|                                       | Other family members | 0 1 2 3 4 N/A |
|                                       | A Male Friend | 0 1 2 3 4 N/A |
|                                       | A Female Friend | 0 1 2 3 4 N/A |

| 4. Helped You Get Medical Care | A counselor | 0 1 2 3 4 N/A |
|                                 | Your mother | 0 1 2 3 4 N/A |
|                                 | Your father | 0 1 2 3 4 N/A |
|                                 | Other family members | 0 1 2 3 4 N/A |
|                                 | A Male Friend | 0 1 2 3 4 N/A |
|                                 | A Female Friend | 0 1 2 3 4 N/A |

| 5. Told You That You Were Not To Blame | A counselor | 0 1 2 3 4 N/A |
|                                       | Your mother | 0 1 2 3 4 N/A |
|                                       | Your father | 0 1 2 3 4 N/A |
|                                       | Other family members | 0 1 2 3 4 N/A |
|                                       | A Male Friend | 0 1 2 3 4 N/A |
|                                       | A Female Friend | 0 1 2 3 4 N/A |

| 6. Treated You Differently In Some Way Than Before You Told Him/Her That Made You Uncomfortable | A counselor | 0 1 2 3 4 N/A |
|                                                                                             | Your mother | 0 1 2 3 4 N/A |
|                                                                                             | Your father | 0 1 2 3 4 N/A |
|                                                                                             | Other family members | 0 1 2 3 4 N/A |
|                                                                                             | A Male Friend | 0 1 2 3 4 N/A |
|                                                                                             | A Female Friend | 0 1 2 3 4 N/A |

| 7. Tried To Take Control Of What You Did/Decisions You Made | A counselor | 0 1 2 3 4 N/A |
|                                                           | Your mother | 0 1 2 3 4 N/A |
|                                                           | Your father | 0 1 2 3 4 N/A |
|                                                           | Other family members | 0 1 2 3 4 N/A |
|                                                           | A Male Friend | 0 1 2 3 4 N/A |
|                                                           | A Female Friend | 0 1 2 3 4 N/A |

<p>| 8. Focused On His/Her Own Needs And Neglected Yours | A counselor | 0 1 2 3 4 N/A |
|                                                     | Your mother | 0 1 2 3 4 N/A |
|                                                     | Your father | 0 1 2 3 4 N/A |
|                                                     | Other family members | 0 1 2 3 4 N/A |
|                                                     | A Male Friend | 0 1 2 3 4 N/A |
|                                                     | A Female Friend | 0 1 2 3 4 N/A |</p>
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<th>A counselor</th>
<th>Your mother</th>
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<th>A Male Friend</th>
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<td>14. HELD YOU OR TOLD YOU THAT YOU ARE LOVED</td>
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<td>15. REASSURED YOU THAT YOU ARE A GOOD PERSON</td>
<td>0</td>
<td>1</td>
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<td>3</td>
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<td>17. TOLD YOU THAT YOU WERE TO BLAME OR SHAMEFUL BECAUSE OF THIS EXPERIENCE</td>
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<td>21. TOLD YOU TO STOP THINKING ABOUT IT</td>
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<td>22. LISTENED TO YOUR FEELINGS</td>
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<td>23. SAW YOUR SIDE OF THINGS AND DID NOT MAKE JUDGMENTS</td>
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<td>24. HELPED YOU GET INFORMATION OF ANY KIND ABOUT COPING WITH THE EXPERIENCE</td>
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<td>25. TOLD YOU THAT YOU COULD HAVE DONE MORE TO PREVENT THIS EXPERIENCE FROM OCCURRING</td>
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<td>26. ACTED AS IF YOU WERE DAMAGED GOODS OR SOMEHOW DIFFERENT NOW</td>
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<td>27. TREATED YOU AS IF YOU WERE A CHILD OR SOMEHOW INCOMPETENT</td>
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<td>A counselor</td>
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<td>28. EXPRESSED SO MUCH ANGER AT THE PERPETRATOR THAT YOU HAD TO CALM HIM/HER DOWN</td>
<td>A counselor, Your mother, Your father, Other family members, A Male Friend, A Female Friend</td>
<td>0 1 2 3 4 N/A</td>
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<tr>
<td>29. TOLD YOU TO STOP TALKING ABOUT IT</td>
<td>A counselor, Your mother, Your father, Other family members, A Male Friend, A Female Friend</td>
<td>0 1 2 3 4 N/A</td>
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<tr>
<td>30. SHOWED UNDERSTANDING OF YOUR EXPERIENCE</td>
<td>A counselor, Your mother, Your father, Other family members, A Male Friend, A Female Friend</td>
<td>0 1 2 3 4 N/A</td>
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<tr>
<td>31. REFRAMED THE EXPERIENCE AS A CLEAR CASE OF VICTIMIZATION</td>
<td>A counselor, Your mother, Your father, Other family members, A Male Friend, A Female Friend</td>
<td>0 1 2 3 4 N/A</td>
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<td>32. TOOK YOU TO THE POLICE</td>
<td>A counselor, Your mother, Your father, Other family members, A Male Friend, A Female Friend</td>
<td>0 1 2 3 4 N/A</td>
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<td>33. TOLD YOU THAT YOU WERE IRRESPONSIBLE OR NOT CAUTIOUS ENOUGH</td>
<td>A counselor, Your mother, Your father, Other family members, A Male Friend, A Female Friend</td>
<td>0 1 2 3 4 N/A</td>
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<td>34. MINIMIZED THE IMPORTANCE OR SERIOUSNESS OF YOUR EXPERIENCE</td>
<td>A counselor, Your mother, Your father, Other family members, A Male Friend, A Female Friend</td>
<td>0 1 2 3 4 N/A</td>
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<td>35. SAID HE/SHE KNEW HOW</td>
<td>A counselor</td>
<td>0 1 2 3 4 N/A</td>
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<td>YOU FELT WHEN HE/SHE REALLY DID NOT</td>
<td>Your mother</td>
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<td>36. HAS BEEN SO UPSET THAT HE/SHE NEEDED REASSURANCE FROM YOU</td>
<td>A counselor</td>
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<td>37. TRIED TO DISCOURAGE YOU FROM TALKING ABOUT THE EXPERIENCE</td>
<td>A counselor</td>
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<td>38. SHARED HIS/HER OWN EXPERIENCE WITH YOU</td>
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<td>39. WAS ABLE TO REALLY ACCEPT YOUR ACCOUNT OF YOUR EXPERIENCE</td>
<td>A counselor</td>
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<td>40. SPENT TIME WITH YOU</td>
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<td>41. TOLD YOU THAT YOU DID NOT DO ANYTHING WRONG</td>
<td>A counselor</td>
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<td>42. MADE A JOKE OR SARCASTIC COMMENT ABOUT THIS TYPE OF EXPERIENCE</td>
<td>A counselor</td>
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<td>43. MADE YOU FEEL LIKE YOU DIDN'T KNOW HOW TO TAKE CARE OF YOURSELF</td>
<td>A counselor 0 1 2 3 4 N/A</td>
<td>Your mother 0 1 2 3 4 N/A</td>
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<td>Your father 0 1 2 3 4 N/A</td>
<td>Other family members 0 1 2 3 4 N/A</td>
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<td>A Male Friend 0 1 2 3 4 N/A</td>
<td>A Female Friend 0 1 2 3 4 N/A</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>44. SAID HE/SHE FEELS YOU'RE TAINTED BY THIS EXPERIENCE</td>
<td>A counselor 0 1 2 3 4 N/A</td>
<td>Your mother 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Your father 0 1 2 3 4 N/A</td>
<td>Other family members 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A Male Friend 0 1 2 3 4 N/A</td>
<td>A Female Friend 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. ENCOURAGED YOU TO KEEP THE EXPERIENCE A SECRET</td>
<td>A counselor 0 1 2 3 4 N/A</td>
<td>Your mother 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Your father 0 1 2 3 4 N/A</td>
<td>Other family members 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A Male Friend 0 1 2 3 4 N/A</td>
<td>A Female Friend 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. SEEMED TO UNDERSTAND HOW YOU WERE FEELING</td>
<td>A counselor 0 1 2 3 4 N/A</td>
<td>Your mother 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Your father 0 1 2 3 4 N/A</td>
<td>Other family members 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A Male Friend 0 1 2 3 4 N/A</td>
<td>A Female Friend 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. BELIEVED YOUR ACCOUNT OF WHAT HAPPENED</td>
<td>A counselor 0 1 2 3 4 N/A</td>
<td>Your mother 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Your father 0 1 2 3 4 N/A</td>
<td>Other family members 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A Male Friend 0 1 2 3 4 N/A</td>
<td>A Female Friend 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. PROVIDED INFORMATION AND DISCUSSED OPTIONS</td>
<td>A counselor 0 1 2 3 4 N/A</td>
<td>Your mother 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Your father 0 1 2 3 4 N/A</td>
<td>Other family members 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A Male Friend 0 1 2 3 4 N/A</td>
<td>A Female Friend 0 1 2 3 4 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**DIRECTIONS:** Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On the whole, I am satisfied with myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>2. At times, I think I am no good at all.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>3. I feel that I have a number of good qualities.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>6. I certainly feel useless at times.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>7. I feel that I’m a person of worth, or at least on an equal plane with others.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>8. I wish I could have more respect for myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>9. All in all, I am inclined to feel that I am a failure.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>10. I take a positive attitude toward myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
</tbody>
</table>
Appendix B-14: Rape Attribution Questionnaire

**DIRECTIONS:** Below are statements describing thoughts women often have about why an unwanted sexual experience might occur. Please use the following scale:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

How often have you thought: I might have an unwanted sexual experience because...

1. Society doesn’t do enough to prevent violence against women. 1 2 3 4 5
2. I used poor judgment. 1 2 3 4 5
3. I am just the victim type. 1 2 3 4 5
4. It was just bad luck. 1 2 3 4 5
5. The person thought he could get away with it. 1 2 3 4 5
6. Men are taught not to respect women. 1 2 3 4 5
7. I should have resisted more. 1 2 3 4 5
8. I am a careless person. 1 2 3 4 5
9. I was in the wrong place at the wrong time. 1 2 3 4 5
10. The person wanted to feel power over someone. 1 2 3 4 5
11. Men are socialized to be violent. 1 2 3 4 5
12. I should have been more cautious. 1 2 3 4 5
13. Things like this happen to people like me. 1 2 3 4 5
14. Things like this happen at random. 1 2 3 4 5
15. The person was sick. 1 2 3 4 5
16. In our society, women are sex objects. 1 2 3 4 5
17. I just put myself into a vulnerable situation. 1 2 3 4 5
18. I am unlucky. 1 2 3 4 5
19. I was a victim of chance. 1 2 3 4 5
20. The person was angry at women. 1 2 3 4 5
21. The media encourages violence against women. 1 2 3 4 5
22. I didn’t do enough to protect myself. 1 2 3 4 5
23. I am too trusting. 1 2 3 4 5
24. Bad things like this are just a part of life. 1 2 3 4 5
25. The person wanted to hurt someone. 1 2 3 4 5
APPENDIX B-15: SOCIAL PROVISIONS SCALE

PART A: DIRECTIONS: We are going to ask you about your relationships with other people. Please tell us how much each statement describes your situation by using these responses: If the statement is VERY TRUE, you would say Strongly Agree. If you feel a statement CLEARLY does not describe your relationships, you would answer Strongly Disagree.

1. There are people I know will help me if I really need it.
2. I do not have close relationships with other people.
3. There is no one I can turn to in times of stress.
4. There are people who call on me to help them.
5. There are people who like the same social activities I do.
6. Other people do not think I am good at what I do.
7. I feel responsible for taking care of someone else.
8. I am with a group of people who think the same way I do about things.
9. I do not think that other people respect what I do.
10. If something went wrong, no one would help me.
11. I have close relationships that make me feel good.
12. I have someone to talk to about decisions in my life.
13. There are people who value my skills and abilities.
14. There is no one who has the same interests and concerns as me.
15. There is no one who needs me to take care of them.
16. I have a trustworthy person to turn to if I have problems.
17. I feel a strong emotional tie with at least one other person.
18. There is no one I can count on for help if I really need it.
19. There is no one I feel comfortable talking about problems with.
20. There are people who admire my talents and abilities.
21. I do not have a feeling of closeness with anyone.
22. There is no one who likes to do the things I do.
23. There are people I can count on in an emergency.
24. No one needs me to take care of them.

PART B: DIRECTIONS: The support we get from others can take many forms. It includes people giving us information and guidance, being there when we need them, boosting our spirits and making us feel that they care for us, and helping out with small favors like running an errand or doing household chores. Using these examples of support as a guideline, rate each of the following person(s) in terms of how much support you feel you receive from them.
Indicate the number of the following individuals who you are close to (i.e., feel at ease with, can talk about private matters, and can call on for help):

Female Friends: _____________
Male Friends: _____________
Other Family Members (including mother and father): _____________
### Appendix B-16: Coping Strategies Index

**DIRECTIONS:** We are interested in how you generally deal with problems. Please answer these next few questions with regards to how you typically cope with problems that arise. Use the following scale:

<table>
<thead>
<tr>
<th></th>
<th>1 A lot</th>
<th>2 A little</th>
<th>3 Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Let your feelings out to a friend.</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Rearranged things around you so that your problem had the best chance of being resolved?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Brainstormed all possible solutions before deciding what to do?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tried to distract yourself from the problem?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Accepted sympathy and understanding from someone?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did all you could to keep others from seeing how bad things really were?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Talked to people about the situation because talking about it helped you to feel better?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Set some goals for yourself to deal with the situation?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Weighted your options very carefully?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Daydreamed about better times?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Tried different ways to solve the problem until you found one that worked?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Confided your fears and worries to a friend or relative?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Spend more time than usual alone?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Told people about the situation because just talking about it helped you to come up with solutions?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Thought about what needed to be done to straighten things out?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Turned your full attention to solving the problem?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Formed a plan of action in your mind?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Watched television more than usual?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Went to someone (Friend or professional) in order to help you feel better?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Stood firm and fought for what you wanted in the situation?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Avoided being with people in general?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Buried yourself in a hobby or sports activity to avoid the problem?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Went to friend to help you feel better about the problem?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Went to a friend for advice on how to change the situation?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Accepted sympathy and understanding from friends who had the same problem?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Slept more than usual?</td>
<td>1 2 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Fantasized about how things could have been different?</td>
<td>1 2 3</td>
<td></td>
<td></td>
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<tr>
<td>28. Identified with characters in novels or movies?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. Tried to solve the problem?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. Wished that people would just leave you alone?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31. Accepted help from a friend or a relative?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32. Sought reassurance from those who know you best?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33. Tried to carefully plan a course of action rather than acting on impulse?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>