The Relationship Between a History of Victimization and Resistance Strategies
Employed in a Recent Sexual Assault: Examining the Effects of Emotion Dysregulation,
Psychological and Emotional Barriers, and Alcohol

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This thesis titled

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Abstract

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The Relationship Between a History of Victimization and Resistance Strategies Employed in a Recent Sexual Assault: Examining the Effects of Emotion Dysregulation, Psychological and Emotional Barriers, and Alcohol

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Sexual assault is a relatively common problem among young women in today’s society (Fisher, Cullen, & Turner, 2000; Tjaden & Thoennes, 2000). Investigating resistance women use to defend themselves against sexual assault is critical to address this issue, given assertive resistance is associated with rape avoidance (Ullman & Knight, 1992). A history of sexual victimization has been associated with nonforceful resistance and decreased assertive resistance during a more recent sexual assault experience (Gidycz, Wynsberghe, Edwards, 2008; Katz, May, Sorensen, & DelTosta, 2010). Research has yet to explain this association, nor has it examined the impact of other victimization histories. A number of psychological and emotional barriers to resistance, as well as alcohol use during the time of a sexual assault, have been predictive of less assertive, and nonforceful resistance (Abbey, Clinton, McAuslan, Zawacki, & Buck, 2002; Harrington & Leitenberg, 1994; Macy, Nurius, & Norris, 2006; Stoner, Norris, George, Davis, & Masters, 2007). Emotion dysregulation resulting from previous victimization has been theoretically linked to resistance strategies (Marx, Heidt, & Gold, 2005), but has yet to be empirically investigated. The purpose of the current study was to determine what variables (emotion dysregulation, alcohol use, psychological and emotional barriers to resistance) explain the relationship between various histories of
interpersonal victimization and less assertive, more nonforceful, and immobile 
resistance. Findings illustrated that emotion dysregulation, as well as various 
psychological and emotional barriers, such as anger, sadness, confidence, shock, and 
perceptions of alcohol intoxication as a barrier to resistance, were influential in 
explaining the relationship between a different histories of interpersonal victimization 
and resistance to a more recent sexual assault experience. Findings are informative for 
future sexual assault prevention programming efforts designed for women with 
interpersonal victimization histories.
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Introduction

Overview

Sexual assault (SA) is a relatively prevalent problem on college campuses. Studies suggest 20% to 25% of college women have experienced attempted or completed rape, which is similar to rates found in community samples (Brener, McMahon, Warren, & Douglas, 1999; Fisher, Cullen, & Turner, 2000; Koss, Gidycz, & Wisniewski, 1987; Tjaden & Thoennes, 2000). Humphrey and White (2000) found that 69.8% of women, by the end of college, had experienced at least one victimization experience, as defined as unwanted sexual contact, verbal coercion to sexual assault, and/or completed/attempted rape. Whereas the blame for SA resides solely in the perpetrator, such high rates of SA warrants research on how women can most effectively thwart a sexual assault. Research has demonstrated that some resistance strategies are more effective than others. Physical and verbal resistance strategies such as fighting, fleeing, and screaming have generally been associated with rape avoidance, and/or experiencing a less severe sexual assault (Levine-MacCombie & Koss, 1986; Ullman, 1997; Ullman & Knight, 1992; Zoucha-Jensen, & Coyne, 1993). On the contrary, immobilization (e.g. freezing or turning cold) and nonforceful verbal resistance (e.g. jokingly telling the perpetrator to stop, or the victim politely saying she likes him but is not ready for sex, etc.) are associated with a higher likelihood of rape completion (Bart & O’Brien, 1993; Ullman & Knight, 1992; Zoucha-Jensen & Coyne, 1993). Given certain resistance tactics are more effective than others, research efforts have been focused on investigating what factors are predictive of various resistance strategies. Increased understanding of these factors can improve risk reduction interventions.
One consistent finding in the literature has been the association between a history of victimization and women’s use of more nonforceful resistance and immobility. A history of child sexual abuse (CSA) and adult/adolescent sexual assault (ASA) has been associated with lower sexual assertiveness, and women’s predictions of using less assertive, and more nonforceful resistance and immobility (Corbin, Bernat, Calhoun, McNair, & Seals, 2001; Greene & Navarro, 1998; Katz, May, Sorensen, & DelTosta, 2010; Livingston, Testa, & VanZile-Tamsen, 2007; Norris, George, Stoner, Masters, Zawacki, & Davis, 2006; Norris, Nurius, & Dimeff, 1996; Nurius, Norris, Dimeff, & Graham, 1996a; Stoner, Norris, George, Davis, & Masters, 2007; VanZile-Tamsen, Testa, & Livingston, 2005). CSA and ASA have also been predictive of women using more nonforceful and immobile resistance in a recent SA (Gidycz, Wynsberghe, Edwards, 2008; Macy, Nurius, & Norris, 2007; Wilson, 2011). Few studies have investigated child abuse histories beyond sexual abuse. However, two studies found abuse histories other than sexual abuse were predictive of women’s intentions to use less assertive and more nonforceful and immobile tactics in response to a rape vignette (Norris et al., 2006; Stoner et al., 2007).

It is problematic that histories of physical and psychological abuse have been rarely investigated in the resistance literature. These histories of interpersonal violence (IPV) may have an influential impact on resistance, as research shows they are influential in predicting sexual revictimization (Cloitre, Tardiff, Marzuk, Leon, & Potera, 1996; Desai, Arias, Thompson, & Basile, 2002; Messman-Moore & Brown, 2004; Sternetes, Reist, Addison, & Millar, 2002; Zurbriggen, Gobin, Freyd, 2010). Furthermore, rates of polyvictimization are high; for example, Sabina and Straus (2008) found 51.5% of
victimized college women experienced at least two forms of victimization. Thus, controlling for other IPV histories is important in order to determine whether one form of abuse predicts certain resistance strategies above and beyond other forms. Additionally, abuse occurring in childhood may have a different impact on resistance than abuse occurring in adulthood/adolescence. Children with abuse histories have evidenced higher cortisol levels than children without abuse histories. On the contrary, adults reporting a history of child abuse evidence lower levels of cortisol than adults without child abuse histories (Miller, Chen, & Zhou, 2007; Trickett, Noll, Susman, Shenk, & Putnam, 2010). Researchers posit hyperarousal may initially occur following a traumatic experience, and that hypoarousal may occur as a result of prolonged hyperarousal (see Noll & Grych, 2011 for further review). Thus, women with more recent abuse histories may experience more over-reactive or unregulated responses to SA that disrupt processes necessary to guide resistance, whereas women with child abuse histories may not experience the adequate arousal needed to elicit assertive responding (Noll & Grych, 2011). Assessing for multiple forms of abuse along with sexual abuse is important in order to inform the literature of the role other abuse histories may play in resisting a more recent sexual assault.

The consistent association between a history of sexual victimization and less forceful resistance highlights the need for sexual assault prevention programming to develop effective interventions that increase the odds that women with a history of sexual victimization will respond more assertively if revictimized. Unfortunately, current risk reduction interventions have been generally ineffective in preventing sexual revictimization for these populations (see Daigle, Fisher, & Stewart, 2009 for review). In
response to these findings, researchers have suggested implementing more specialized interventions and self-defense trainings for women with CSA and/or ASA (see Ullman, 2014 for review). Clarification of mediators that elucidate the relationship between a history of SA and less assertive and nonforceful resistance may inform the development of programming that more effectively targets the specific obstacles experienced by this group of women. Additionally, investigating the impact of other forms of IPV on resistance pathways may inform intervention programmers of the importance of considering other victimization histories beyond sexual victimization. The current study serves to address these needs in the literature by investigating mediating variables that may explain the pathways from different forms of IPV and less assertive resistance strategies, and more nonforceful resistance. Specifically, psychological and emotional barriers to resistance, alcohol use, and emotion dysregulation will be investigated as variables explaining the pathways from different forms of IPV to resistance strategies. The following sections will briefly review the empirical and theoretical evidence for investigating these variables and conclude with the research questions for the current study.

**Psychological and Emotional Barriers to Resistance**

Psychological and emotional barriers refer to the emotions and psychological obstacles women often report experiencing during a sexual assault, which have been found to influence women’s behavioral responses (see Nurius & Norris 1996b for review). Empirical research on emotional barriers has found reports of increased sadness and powerlessness during a SA to be associated with less assertive and more nonforceful resistance, whereas reports of increased confidence were predictive of more assertive
resistance (Chau, 2004; Nurius, Norris, Young, Graham, & Gaylord, 2000; Nurius, Norris, Macy, & Huang, 2004; Turchik, Probst, Chau, Nigoff, & Gidycz, 2007). Anger has been associated with both assertive (Nurius et al., 2000; Wilson, 2011) and nonforceful resistance (Wilson, 2011). As for psychological barriers, reports of increased shock, uncertainty about the situation, self-consciousness, and perceptions of alcohol as a barrier have been associated with less assertive, and more nonforceful and immobile resistance (Norris et al., 1996; Nurius et al., 2000; Stoner et al., 2007; Turchik et al., 2007).

Findings in the literature have also implicated a history of SA as a predictor of reporting higher levels of emotional and psychological barriers during a sexual revictimization (Macy et al., 2007; Macy, Nurius, & Norris, 2006). Macy et al. (2006) found a history of sexual victimization was associated with reports of greater sadness and anger, and decreased confidence during a more recent sexual assault. Using a sexual assault vignette, Stoner et al. (2007) found ASA to be indirectly predictive of intentions to use more nonforceful resistance through greater uncertainty about the situation. Stoner et al. (2007) is the only study to the researcher’s knowledge to investigate psychological barriers as mediators between a history of SA and resistance strategies. Thus, researchers have yet to examine psychological and emotional barriers as mediators between a history of IPV and resistance strategies used in an actual sexual assault.

**Alcohol Use**

Alcohol use has been implicated as behavioral risk factor for sexual assault (Muehlenhard & Linton, 1987; Ullman, 2003). More specifically, alcohol has a direct effect on cognitive and motor impairment (Naranjo & Bremner, 1993; Peterson,
Rothfleisch, Zelazo, & Pihl, 1990), which may in turn impair women’s coordination of assertive responding (Testa & Parks, 1996). Accordingly, increased alcohol consumption prior to experiencing a SA has been associated with women’s use of less assertive and more nonforceful resistance (Abbey, Clinton, McAuslan, Zawacki, & Buck, 2002; Macy et al., 2007; Nurius et al., 2004; Wilson, 2011). Experimental studies found women who consumed a high dose of alcohol reported more immobility in response to a vignette than women who did not consume alcohol (Davis, George, & Norris, 2004; Norris et al. 2006). Research has consistently demonstrated that women with victimization histories of IPV (e.g. sexual, physical, emotional) are more likely to have problems with alcohol than women without such histories (Kilpatrick, Acienro, Resnick, Saunders, & Best, 1997; Klanecky, Harrington, & McChargue, 2008; Messman-Moore, Coates, Gaffey, & Johnson, 2008; Moran, Vuchinich, & Hall, 2004; Mullen, Martin, Anderson, Romans, & Herbison, 1997; Repetti, Taylor, & Seeman, 2002; Silverman, Raj, Mucci, & Hathaway, 2001; Testa, Livingston, & Hoffman, 2007; Wilsnack, Vogeltanz, Klassen, & Harris, 1997; Widom & White, 1997). Yet despite its relevance in the IPV and SA resistance literature, no studies have examined amount of alcohol consumed prior to a sexual assault as a mediator between a history of interpersonal victimization and less assertive and more nonforceful resistance or immobility.

**Emotion Dysregulation**

Emotion dysregulation has been theorized to undermine the coordination of assertive resistance strategies (e.g. Marx, Heidt, & Gold, 2005). Gratz and Roemer (2004) define emotion dysregulation as inability to accept negative emotions, difficulties engaging in goal-directed behavior in light of current distress, problems with impulse
control, lack of emotional awareness and clarity, and a limited ability to utilize emotion regulation strategies when under distress. In line with this conceptualization, women with emotion dysregulation may become emotionally overwhelmed when faced with a sexual assault, which may in turn elicit emotion-focused coping designed to alleviate negative emotions (Cole & Putnam, 1992; Gross, 1998, 1999; Marx et al., 2005). Consequently, focusing on reducing internal distress may limit the cognitive and emotional resources available to coordinate effective resistance against a SA (Marx et al., 2005). Alternatively, women who repeatedly use emotional avoidance and blunting to avoid negative emotions may lack the emotional clarity and awareness necessary to stimulate active responding (Cole & Putnam, 1992; Cole, Michel, & Teti, 1994).

A number of studies have provided empirical support for an association between emotion dysregulation and a history of sexual, physical, and/or psychological abuse (Burns, Jackson, & Harding, 2010; Boeschen, Koss, Figueredo, & Coan, 2001; Ehring & Quack, 2010; Frewen, Dozois, Neufeld, & Lanius, 2012; Gratz, Bornovalova, Delany-Brumsey, Nick, & Lejuez, 2007; Kim & Cicchetti, 2010; Stevens et al., 2013; Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). Whereas emotion dysregulation is thought to begin in childhood (Shields & Cicchetti, 1998), IPV occurring in adulthood alone has also been associated with emotion dysregulation (e.g. Ehring & Quack, 2010). Emotion dysregulation has recently been found to mediate the relationship between child sexual and physical abuse and sexual revictimization (Messman-Moore, Walsh, & Dilillo, 2010), as well as a history of sexual victimization and poor risk perception (Walsh, Dilillo, & Messman-Moore, 2012). Among women with a past history of sexual victimization, greater emotion dysregulation was associated with lower sexual
assertiveness and higher compliance with unwanted sex (Zerubavel & Messman-Moore, 2013). Despite theoretical and empirical relevance, emotion dysregulation has not been studied in the SA resistance literature as a potential mediator between a history of sexual victimization and less assertive and more nonforceful and immobile resistance. Whereas emotion dysregulation may explain the association between a history of victimization and resistance strategies, it may also refine the pathway from a past history of IPV and resistance through additional associations with alcohol use and psychological and emotional barriers resistance. That is, a past history of IPV may lead to emotion dysregulation, which may in turn lead to increased alcohol consumption and greater experience of psychological and emotional barriers to resistance, which may in turn predict less assertive and more nonforceful resistance or immobility. Emotion dysregulation involves difficulty modulating one’s emotional experience in response to situational demands, as well as the inability to control the influence emotional arousal has on the organization and quality of thoughts (Cole et al., 1994). Thus, women with emotion dysregulation may be predisposed to experience greater psychological barriers, as they are more limited in their capacity to modulate their emotions in a way that promotes active responding.

Additionally, emotion dysregulation has been theoretically and empirically linked to alcohol use. It is theorized that survivors of CSA use substances to avoid aversive feelings and sensations (Marx et al., 2005; Polusny & Follette, 1995). In support of this theory, alcohol use motivated by its perceived ability to decrease negative emotions has been associated with both CSA and drinking problems (Grayson & Nolen-Hoeksema, 2005). Child abuse has been associated with alcohol abuse via emotion dysregulation...
Additionally, emotion dysregulation and drinking to cope and greater alcohol consumption have been prospectively predictive of experiencing an alcohol related sexual assault (Messman-Moore, Ward, Zerubavel, Chandley, & Barton, 2015; Messman-Moore, Ward, & Zerubavel, 2013).

**Current Study and Research Questions**

The present study serves to address the aforementioned gaps in the literature by investigating the role of other abuse histories other than CSA and ASA in predicting resistance strategies in a recent sexual assault experience. Specifically, CSA, ASA, child physical abuse, adult/adolescent physical abuse, child psychological abuse, and adult/adolescent psychological abuse were investigated as predictors of resistance. Psychological and emotional barriers, alcohol use prior to sexual victimization, and emotion dysregulation were investigated as variables explaining the relationship between the various abuse histories and resistance strategies. Finally, the study used a prospective study design to ascertain women’s victimization histories and baseline emotion dysregulation prior to experiencing a sexual assault assessed 8 weeks later.

The present study specifically sought to address the first research question by investigating the direct and indirect relationships between abuse history and resistance strategies (i.e. assertive resistance, nonforceful resistance, and immobility), through emotion dysregulation, alcohol consumption, sadness, anger, confidence, uncertainty about the situation, fear of injury exacerbation, self-consciousness, perceptions of alcohol intoxication as a barrier to resistance, and shock. Additionally, the second research question sought to determine if emotion dysregulation further refined the pathway from abuse history to resistance strategies. Thus, serial mediation models were investigated to
determine the presence of indirect pathways from abuse history to resistance (e.g. assertive, nonforceful, and immobile) through emotion dysregulation and then through alcohol consumption, sadness, anger, confidence, uncertainty about the situation, fear of injury exacerbation, self-consciousness, shock, or perceptions of alcohol intoxication as a barrier to resistance as the subsequent mediator in the serial mediation.
Method

Participants

Participants were obtained from the psychology experiment pool at a medium-sized Midwestern University. Given women are more likely than men to be victims of sexual assault, only women were permitted to participate in the study. Only women who experienced a sexual assault over the 8-week interim in this study were included in the analyses. Seven hundred and fourteen participants completed the initial time 1 survey, and 583 of these women (82%) completed the survey administered at the second time point. Forty-two of the 583 women who completed the second survey did not provide sufficient information in regards to whether they had experienced a sexual assault over the interim. Of the 541 women who provided this information, 87 (16%) endorsed experiencing a sexual assault over the interim. Seven of the 87 women who experienced a sexual assault over the interim could not be matched with their time one data. Of the 80 participants remaining, three were eliminated due to incomplete data completion for critical variables.

Of the women who were victimized over the interim a majority were young ($M = 18.91, SD = 1.91$), in their first year of college (74%), Caucasian (93.5%), exclusively heterosexual (79.2%), and never married (94.8%). Refer to Table 3 (Appendix C-1) for a summary of demographic variables assessed in the study.

Measures

Demographic Questionnaire (Appendix A-1 – Time 1 and Time 2). A brief questionnaire was administered to collect relevant personal information in regards to
participants’ characteristics such as age, year in college, ethnicity, race, religious background, sexual orientation, marital status, and dating status.

The Difficulties with Emotion Regulation Scale (Appendix A-2 – Time 1). The Difficulties with Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) is a 36-item self-report survey that assesses six subscales of emotion dysregulation: emotional nonacceptance, difficulties engaging in goal directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity (Gratz & Roemer, 2004). Gratz and Roemer (2004) used factor analyses to confirm that the DERS is best represented by six distinct factors. Emotional nonacceptance is comprised of six items, and represents a tendency to have negative secondary reactions to one’s emotions, or nonacceptance of one’s reactions to distress (e.g., “When I’m upset, I feel ashamed with myself for feeling that way”). Difficulties engaging in goal-directed behavior is comprised of five items, and reflects difficulty concentrating or engaging in tasks when distressed (e.g., “When I’m upset, I have difficulty thinking about anything else”). Impulse control difficulties is comprised of six items, and represents difficulties controlling behavior when experiencing negative emotions (e.g., “When I’m upset, I feel out of control”). Six items make up the subscale of lack of emotional awareness, which contains items reflecting the tendency to attend to or acknowledge emotions (e.g., “I am attentive to my feelings). The limited access to emotion regulation strategies subscale consists of eight items that are indicative of the belief that when under distress not much can be done to alleviate negative emotion (e.g., “When I’m upset, my emotions feel overwhelming”). Lack of emotional clarity is comprised of five items, and reflects the extent to which individuals know and understand
the emotions they experience (e.g., “I am confused about how I feel”) (Gratz & Roemer, 2004). Participants endorsed each question on a 5-point frequency scale with 1 indicating almost never, and 5 indicating almost always. Higher scores reflect greater emotion dysregulation. The DERS total score has high internal consistency (α = 0.93), as well as adequate internal consistency across the six subscales (α > 0.80) (Gratz & Roemer, 2004). The DERS evidenced good convergent validity through its correlations with Generalized Expectancy for Negative Mood Regulation Scale (NMR; Catanzaro & Mearns, 1990) and the Acceptance and Action Questionnaire (AAQ; Hayes et al., 2004) (Gratz & Roemer, 2004). The DERS has also evidenced predictive validity through its association self-harming behaviors, as well as good test-retest reliability over the span of 4-8 weeks (Gratz & Roemer, 2004). Women’s total score on the DERs was used in the present study. Cronbach’s alpha in the current study was 0.94 for the total score.

**Child sexual victimization questionnaire** (Appendix A-3 – Time 1). The **Child Sexual Victimization Questionnaire** (CSVQ; Finkelhor, 1979; Risin & Koss, 1987) is a 40-item self-report questionnaire used to assess for sexual experiences that occurred before age 14. Participants answer “yes” or no” to having experienced certain descriptions of sexually coercive encounters before age 14. Participants who answered “yes’ to having had experienced any of the sexual experiences were asked to answer a series of three follow-up questions. An experience is classified as childhood sexual abuse if there was an age discrepancy of more than four years between the perpetrator and the victim, and/or coercion was used, and/or the perpetrator was a caregiver or authority member. For the purpose of this study, any form of child abuse was used to categorize participants as having been sexually abused. Childhood victimization was considered a
dichotomous variable. Risin and Koss (1987) conducted a study to assess the concurrent validity of the CSVQ; they found that 93% of participants provided the same description of their CSA experiences in an interview format as they did on the CSVQ. Cronbach’s alpha for the CSVQ was 0.92 in the present study.

**Sexual experiences survey-short form version** (Appendix A-4 and A-5 – Time 1 and Time 2). The *Sexual Experiences Survey-Short Form Victimization* (SES-SFV; Koss et al., 2007) is the revised version of the original Sexual Experiences Survey (Koss & Gidycz, 1985). The SES-SFV is a 12-item self-report survey assessing for sexual victimization experiences occurring after the age of 14. The SES-SFV specifically assesses for experiences with rape, attempted rape, sexual coercion, and unwanted sexual contact. At Time 1 respondents indicated how many times, over the span of 12 months and since the age of 14, they have experienced each unwanted sexual experience for each category of sexual victimization. All forms of sexual victimization (i.e. rape, attempted rape, sexual coercion, unwanted sexual touching) were coded as sexual assault. Women were coded as having had or not having had experienced sexual assault (i.e., rape, attempted rape, sexual coercion, and sexual contact) since the age of 14. At Time 2, respondents indicated how many times over the past 8 weeks they experienced each unwanted sexual experience for each category of sexual victimization. Unwanted sexual touching was defined as unwanted sexual contact involving continuous arguments, use of authority, or physical force to coerce a women into sex play (i.e. fondling, kissing, or petting). Experiencing sexual coercion was conceptualized as use of authority, or continuous arguments or verbal pressure to persuade a victim to have sexual intercourse. Attempted rate was defined by the use of physical force, or the use of alcohol or drugs to
attempt sexual intercourse, but intercourse did not occur. Rape was conceptualized as using drugs, alcohol or physical force against a victim to have vaginal, anal, and/or oral sex. All forms of sexual violence (i.e. rape, attempted rape, sexual coercion, unwanted contact) were coded as a sexual assault. Only data from women who experienced a sexual assault over the interim were used for the purpose of this study. The SES short-form version demonstrated predictive validity through its association with trauma symptoms and sexual problems, as well as criterion validity through its significant correlation with the original SES, \( r = .50, p < .01 \) (Murphy, Gidycz, & Johnson, 2014). Cronbach’s alpha was .94 in the current study.

**Parent-Child Conflict Tactics Scale** (Appendix A-6 – Time 1). The Parent-Child Conflict Tactics Scale (CTSPC; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998) is a revised version of the original Conflict Tactics Scales (Straus, 1979) that is specifically focused on parental behavior. The scale is comprised of 22 self-report items, and five subscales: non-violent discipline, psychological aggression, minor physical assault (corporal punishment), severe physical maltreatment, and very severe physical maltreatment. Participants endorse how many times they experienced each item while they were under the age of 18 (e.g., never, once, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times). For the purpose of this study, only the psychological aggression, severe physical maltreatment, and very severe physical maltreatment subscales will be used in the analyses. The severe and very severe physical maltreatment subscales were collapsed into one subscale. The psychological aggression subscale is comprised of five items (e.g., “my parent or stepparent swore or cursed at me”). The physical maltreatment subscale is comprised of eight items (e.g., “my parent or
stepparent hit me with a fist or kicked me hard”). Responses were scored by adding the midpoints from the response categories; for example, the midpoint for experiencing an event 6-10 times would be 8. Thus, the participants received a total score for both physical maltreatment, and psychological maltreatment that is reflective of the chronicity of the abuse (Straus et al., 1998). The original PCCTS has evidenced concurrent validity by demonstrating agreement between the child and parents’ responses. The original PCCTS demonstrated good construct validity as evidenced by its correlations with the Child Abuse Potential (CAP) Inventory (Caliso & Milner, 1992). In the present study the internal consistency of the overall physical abuse scale was .93, with an internal consistency of .82 for the psychological aggression subscale.

The Conflict Tactics Scale Revised (Appendix A-7 – Time 1). The conflict tactics scale revised (CTS-R; Straus, Hamby, Boney-McCoy & Sugarman, 1996) is a 28-item self-report measure that assesses for experiences after the age of 14. The scale is comprised of five subscales: physical assault, psychological aggression, sexual coercion, negotiation, and physical injury. For each item, participants endorse how many times each event occurred with a partner since the age of 14 (e.g., never, once, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times). For the purpose of this study, only the physical and psychological aggression subscales were used. The physical aggression scale consists of 12 items (e.g. “my partner beat me up”). The psychological aggression subscale consists of eight items (e.g. “my partner threatened to hit or throw something at me”). Participants’ responses were scored by adding the midpoints from the response categories on each question for both psychological and physical maltreatment (Straus et al., 1996). Thus, a total score representing the total chronicity of physical and
psychological abuse was used. The scale has shown good test-retest reliability over the span of two months with a Pearson product-moment of 0.72 for psychological aggression, and 0.68 for physical assault (Vega & O’Leary, 2007). Cronbach’s alpha in the current study was 0.91 for the physical abuse scale, and 0.83 for the psychological abuse scale. The CTS-R has evidenced convergent validity by its correlations with the Abusive Behavior Checklist (ABC; Beck & Beck, 1998) (Jones, Ji, Beck, & Beck, 20023).

**Behavioral Response Questionnaire** (Appendix A-8 – Time 2). The behavioral response questionnaire (Nurius et al., 2000) is a 25-item self-report questionnaire that was used to assess for three types of responses to sexual assault: assertive resistance, nonforceful resistance, and immobility. Immobility was measured by three items: “I was so over-whelmed that I felt almost paralyzed and was unresponsive to what he was doing,” “I tried to stiffen my body as a way of showing my lack of interest,” “I struggled at first but stopped when I thought it was hopeless.” Assertive resistance was measured by nine items referring to acts of physically fighting, screaming, yelling, and threatening the perpetrator with the aim of frightening him or eliciting outside help (e.g., “threaten to tell a campus official, police or a security person about his behavior”; “become physically defensive”). Nonforceful resistance was measured by eight items that included actions such as making excuses not to have sex, politely expressing disinterest, and tearing up or crying. Participants indicated on a scale of 1 to 5 the degree to which each item matches their behavior, with 1 representing “not at all what I did” and 5 representing “very like what I did.” Assertive resistance, nonforceful resistance, and immobility for each participant were represented by participants’ total summed score for each of the subscales. Evidence for the behavioral response questionnaire’s construct validity has
been demonstrated in a number of studies. For example, psychological barriers to resistance have been negatively correlated with assertive resistance, and positively correlated with passive resistance (Norris et al., 1996; Stoner et al., 2007). Increased powerlessness has been associated with immobility (Nurius et al., 2004) as measured by the behavioral response questionnaire. Cronbach’s alpha was .89 for assertive resistance, .83 for nonforceful resistance, and .81 for immobility.

**Emotional response questionnaire** (Appendix A-9 – Time 2). The emotional response questionnaire (Nurius et al., 2000) is a 17-item questionnaire that assesses for women’s emotional responses in a proximal sexual assault. The measurement contains three subscales that measure feelings of Anger (four items), Sadness (five items), and Confidence (two items). Participants endorsed how strong their feelings were during their sexual assault on a scale of 1 to 5 with 1 indicating *not at all*, and 5 indicating *very strong*.

Participants’ total scores for Anger, Sadness, and Confidence were ascertained by summing the individual items in each subscale. This scale has been used in Nurius et al. (2000) and Turchik et al. (2007) to assess for emotional responses in a sexual assault experience. The Cronbach’s alphas for Anger, Sadness, and Confidence in the present study were .72, .86, and .78, respectively. The emotional response questionnaire has evidenced convergent validity by its association with similar constructs. The anger subscale has been associated with blaming the perpetrator, and the sadness subscale has been associated with self-blame (Nurius et al., 2000; Turchik et al., 2007). Furthermore, Macy et al. (2006) surveyed women’s victimization histories, as well as their emotional reactions as measured by this scale to a more recent sexual assault experience. A previous history of sexual victimization was predictive of reporting decreased confidence and
increased sadness in a more recent sexual victimization (Macy et al., 2006), thus providing evidence for the validity of this scale.

**Psychological barriers to responding to sexual aggression instrument**

(Appendix A-10 – Time 2). The psychological barriers to responding to sexual aggression instrument (Nurius et al., 2000; Nurius et al., 2004; Stoner et al., 2007) is a 21-item questionnaire. Items are rated on a 5-point scale, ranging from 0 (*not at all*) to 4 (*very difficult*). Items assessed the extent to which victims of sexual assault experienced a set of concerns that made it difficult for them to defend themselves. Five subscales for this instrument were used for the purposes of this study. Total scores for each subscale were ascertained by summing the individual item responses for each subscale.

Uncertainty about the situation consisted of three items: “I hesitated, fearing I was not understanding his intentions.” “Shock consisted of three items: “It caught me so off guard that I felt stunned, and didn’t know what to think” and “I found myself thinking that this just couldn’t be happening, it wasn’t real.” Concerns that alcohol impeded one’s ability to respond consisted of three items: “I was too intoxicated or too high to see it coming.” The fear of injury appraisal consisted of two items: “I was afraid of being physically hurt if I didn’t go along with it.” Feelings of self-consciousness consisted of three items: “I didn’t want to embarrass myself by screaming out loud.” Other items on this measure were not used because their subscales were not relevant to the purpose of this investigation. The psychological barriers to resistance, as measured on this scale, have been found to be positively correlated with diplomatic resistance and negatively correlated with assertive resistance (Norris et al., 1996), thus providing evidence for the scale’s predictive validity. Cronbach’s alpha for the five subscales were .74 for uncertainty, .89 for shock, .80 for
fear of injury exacerbation, .91 for perceiving alcohol as an impediment to resistance, and .88 for self-consciousness.

**Alcohol Questionnaire** (Appendix A-11 – Time 2). The alcohol questionnaire assesses for victim and perpetrator alcohol use during the sexual assault experience. Participants were asked if they and/or their perpetrator were under the influence of alcohol during the attack, and if so, approximately how many drinks both the victim and perpetrator consumed. Provided they were under the influence at the time of the attack, participants endorsed their perceived intoxication levels on a five-point scale ranging from 1 (*not at all intoxicated*) to 5 (*extremely intoxicated*), as well as the perceived intoxication level of the perpetrator. Participants were also asked to report approximately how many alcoholic drinks they had consumed at the time of their sexual assault ranging from 1-2 drinks to 11+ drinks. Participants were coded as 0 for not drinking, 1 for 1-2 drinks, 3 for 3-4 drinks, and 5 for 5-6 drinks, and so on. Refer to Table 4 (Appendix C-2) for a summary of all measures and respective constructs, as well as how they were calculated.

**Procedure**

The study was conducted online using a prospective study design. Participants were notified when signing up that the study consists of two parts. Participants signed up to take the study through the psychology participant pool system at Ohio University. An email containing the link to the study was sent to participants on the days in which they agreed to participate. Participants received informed consent and were debriefed for both time points, and received course credit for their participation. After providing consent, they were directed to answer three questions that were used to create a personal subject
number (Appendix-12) that was used to match the participant’s data from Time 1 to Time 2. An additional question “what is the name of your favorite childhood pet?” was used in the subject number form order to improve time-point match success. Participants were next directed to answer the following self-report questionnaires: a short demographics questionnaire, the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004), the Child Sexual Victimization Questionnaire (Finkelhor, 1979; Risin & Koss, 1987), the Parent-Child Conflict Tactics Scales (Straus et al., 1998), and the Conflict Tactics Scales - Revised (Straus et al., 1996). The Sexual Experience Survey (Koss et al., 2007) was also administered to assess for women’s sexual assault experiences from age 14 until the first time point of the study.

Approximately eight weeks after the completion of the Time 1 surveys, the researcher sent an email to the participants reminding them to participate in the second session. Time 2 data collection was also conducted online. Once participants provided their consent, they were again directed to answer the same questions previously used to ascertain a personal subject number to match participants across time points. Participants were next directed to answer the following self-report questionnaires: the Sexual Experiences Survey (Koss et al., 2007), the Psychological Barriers to Responding to Sexual Aggression Instrument (Nurius et al., 2000; Nurius et al., 2004; Stoner et al., 2007), the Emotional Response Questionnaire (Nurius et al., 2000), the Alcohol Questionnaire, and the Behavioral Response Questionnaire (Nurius et al., 2000). The Sexual Experiences Survey (Koss et al., 2007) assessed whether or not participants were sexually victimized over the 8-week interim. Only women who experienced some form of sexual assault over the interim were used in the analyses.
Results

Preliminary Analyses

Victimization histories and coding. Among the 77 women who reported a sexual assault over the 8-week interim, 28.6% (n=22) reported experiencing unwanted sexual contact, 10.4% (n=8) reported coercion, 9.1% reported attempted rape (n=7), and 51.9% (n=40) reported experiencing rape. For the purpose of the current investigation all women who experienced any form of sexual victimization over the interim were coded as victims.

Within the sample of women victimized over the interim, 87% (n=67) of women indicated having had experienced some form of sexual victimization after age 14 at time 1 of the study. Among these women, 7.5% (n=5) of the women reported unwanted touching, 11.9% (n=8) reported sexual coercion, 13.4% (n=9) reported experiencing attempted rape, and 67.2% (n=45) of the sample reported experiencing completed rape.

Child sexual victimization was reported by 24.7% of the sample (n=19) and was coded as a dichotomous variable. At least one instance of physical victimization in adulthood/adolescence was experienced by 54% (n=43) of the sample, and 45% (n=35) of the women reported experiencing child physical abuse at least one time. Experiencing psychological abuse in adulthood/adolescence at least one time was reported by 90.9% (n =70) of the sample. Additionally, 94.8% (n = 73) women reported experiencing psychological abuse in childhood at least one time.

Physical abuse occurring in adulthood/adolescence ($M = 4.91, SD = 9.48$), as well as physical abuse occurring in childhood ($M = 3.01, SD = 6.71$), were coded as continuous variables based on the total number of occurrences women reported
experiencing physical abuse in each developmental time period. Similarly, both psychological abuse in adulthood/adolescence ($M = 10.23, SD = 8.84$) and psychological abuse in childhood ($M = 13.14, SD = 7.80$) were coded as continuous variables based on the total number of times women reported experiencing psychological abuse in each developmental time period. Refer to Table 1 for a full summary of descriptive statistics for all continuous variables in the study.

**Primary Analyses**

A series of mediation models were run using Hayes’ (2013) PROCESS macro for SPSS in order to test the direct and indirect effects between different histories of interpersonal violence and resistance strategies through the proposed mediators. The PROCESS macro (Hayes, 2013) tests for the existence of indirect effects by constructing bias-corrected and accelerated bootstrapped confidence intervals of the indirect effects. Bootstrapping has been recommended over other approaches to test for indirect effects as it has been found to be a superior method in terms of both power and Type I error rates, especially when using a small sample (Briggs, 2006; Williams & MacKinnon, 2008). Bootstrapping is a nonparametric procedure that yields confidence intervals based on the empirical estimation of the sampling distribution of the indirect effect, rather than on the likely unrealistic assumption that the sampling distribution is normal (see Preacher & Hayes, 2008). In the present study, 10,000 bootstrap samples were used for each analysis.

According to Baron and Kenny (1986), tests for mediation require the mediator(s) to be significantly associated with both the independent and dependent variable. Based off the criteria, mediators in the current study were only entered in the models if they were significantly correlated with the independent and at least one dependent variable.
Contemporary views on mediation analyses do not require the presence of a significant total effect of the independent variable on the dependent variable in order to test for indirect effects (Hayes, 2013; Preacher & Hayes, 2008). Thus, in the current study it was not required that the independent and dependent variables be significantly related prior to building the models. All models in the current study were developed based upon the aforementioned criteria through examination of the bivariate correlations presented in Table 2.

The PROCESS macro also allows for the examination of multiple dependent variables, as well as covariates. Thus, in order to build more parsimonious models, multiple dependent variables (e.g., resistance strategies) were examined in the models when more than one dependent variable evidenced significant relationships with the same mediators. Although PROCESS does allow the researcher to investigate models with more than one dependent variable, it is critical to note that the macro does not permit researchers to statistically control for multiple dependent variables. Each history of IPV was significantly associated with a different number of mediators; therefore, none of the models included multiple independent variables. However, in order to understand whether a specific trauma history played a unique role in the mediation analyses above and beyond the other forms of trauma, any interpersonal trauma history that was significantly correlated with any of the resistance strategies in the model was entered as a covariate. In sum, five parallel mediation models and one serial multiple mediation model were tested in the current study based off of the significant bivariate correlations that can be observed in Table 2.
Table 1.

Descriptive Statistics of Continuous Variables

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Table 2.

**Correlations among Variables**

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*Note.* $*p < .05$  **$p < .01$
**Model 1.** Model 1 examined the direct and indirect pathways from ASA to all three forms of resistance. Sadness and anger were entered as mediators as they both shared significant bivariate correlations with ASA and all three forms of resistance. The other proposed mediators, confidence, emotion dysregulation, amount of alcohol consumed, uncertainty about the situation, perceptions of alcohol as a barrier to resistance, shock, fear of injury exacerbation, and self-consciousness were not entered as mediators as they did not share significant bivariate correlations with both ASA and the resistance strategies. There was a positive indirect effect of ASA on immobility through increased sadness ($B = 1.25, SE = 0.63, 95\% CI: 0.07: 2.60$). No other indirect effects emerged. Sexual victimization in adulthood/adolescence was predictive of increased anger ($B = 3.36, SE = 1.51, p < .05$), sadness ($B = 5.17, SE = 2.34, p < .05$), and nonforceful resistance ($B = 4.25, SE = 2.07, p < .05$) during the sexual assault that occurred over the interim. However, ASA was not significantly associated with assertive resistance ($B = 0.84, SE = 2.16, p > .05$) or immobility ($B = 0.49, SE = 0.93, p > .05$). While controlling for ASA and sadness, increased anger was predictive of more assertive resistance ($B = 0.85, SE = 0.20, p < .001$) and more nonforceful resistance ($B = 0.55, SE = 0.20, p < .01$), but was not associated with immobility ($B = 0.03, SE = 0.09, p > .05$). Increased sadness, while controlling for ASA and anger, was positively associated with increased reports of immobility ($B = 0.24, SE = 0.06, p < .001$), but it was not associated with assertive resistance ($B = 0.0002, SE = 0.13, p > .05$) or nonforceful resistance ($B = 0.17, SE = 0.13, p > .05$). See Figure 1 for a depiction of the significant model.
**Figure 1.** Depiction of Model 1. A model illustrating the significant pathways that emerged while examining the indirect effect of ASA on assertive and nonforceful resistance and immobility through anger and sadness.

**Model 2.** The second model examined the direct and indirect effects of CSA on all three forms of resistance, while controlling for ASA. Shock was selected as a mediator as it was significantly associated with CSA and all three forms of resistance. Emotion dysregulation, sadness, confidence, anger, fear of injury exacerbation, self-consciousness, perceptions of alcohol as a barrier, uncertainty about the situation, and alcohol use were not entered as mediators as they did not demonstrate significant bivariate correlations with both CSA and resistance. Results demonstrated a positive indirect effect of a history of CSA on increased assertive resistance \((B = 1.48, SE = 0.84, 95\% \text{ CI: } 0.23: 3.73)\), nonforceful resistance \((B = 1.45, SE = 0.79, 95\% \text{ CI: } 0.24: 3.44)\), and immobility \((B = 0.67, SE = 0.41, 95\% \text{ CI: } 0.08: 1.78)\) through increased levels of shock. A history of CSA was predictive of women reporting increased levels of shock during the sexual assault occurring over the interim \((B = 2.03, SE = 0.85, p < .05)\), but was not predictive of assertive resistance \((B = 2.27, SE = 1.82, p > .05)\), nonforceful resistance \((B = -1.21, SE = .05)\), and immobility \((B = 3.24, SE = 1.46, p > .05)\).
1.75, \( p > .05 \), or immobility (\( B = -0.20, SE = 0.82, p > .05 \)). The total amount of shock reported during the sexual assault experienced over the interim, while controlling for ASA and CSA, was positively associated with increased assertive resistance (\( B = 0.73, SE = 0.24, p < .01 \)), nonforceful resistance (\( B = 0.71, SE = 0.23, p < .01 \)), and immobility (\( B = 0.33, SE = 0.11, p < .01 \)). As for the covariate, ASA was not related to shock (\( B = 0.87, SE = 1.09, p > .05 \)), assertive resistance (\( B = 3.31, SE = 2.26, p < .05 \)) or immobility (\( B = 1.59, SE = 1.02, p > .05 \)). ASA was predictive of nonforceful resistance (\( B = 6.41, SE = 2.18, p < .01 \)). Figure 2 depicts the model.

\[ \text{Figure 2. Depiction of Model 2. A model illustrating the significant pathways that emerged while examining the indirect effect of CSA on assertive and nonforceful resistance and immobility through shock, while controlling for ASA.} \]

**Model 3.** Model 3 investigated the direct and indirect pathways from adult/adolescent physical abuse to all three forms of resistance, while controlling for ASA. Sadness was selected as a mediator in the model based on its bivariate correlations with adult/adolescent physical abuse and all three forms of resistance. Emotion
dysregulation, confidence, anger, fear of injury exacerbation, self-consciousness, perceptions of alcohol as a barrier, uncertainty about the situation, shock and alcohol use were not entered as mediators as they did not demonstrate significant bivariate correlations with both adult physical abuse and resistance. There was a positive indirect effect of adult physical resistance on assertive resistance \( (B = 0.05, SE = 0.05, 95\% CI: 0.002: 0.22) \), on nonforceful resistance \( (B = 0.07, SE = 0.05, 95\% CI: 0.01: 0.22) \), and on immobility \( (B = 0.04, SE = 0.03, 95\% CI: 0.01: 0.13) \) through sadness. A history of physical abuse in adulthood/adolescence, while controlling for ASA, was associated with increased sadness during the sexual assault occurring over the 8-week interim \( (B = 0.17, SE = 0.08, p < .05) \). Adult/adolescent physical abuse was not associated with assertive resistance \( (B = 0.10, SE = 0.08, p > .05) \), nonforceful resistance \( (B = 0.01, SE = 0.08, p > .05) \), or immobility \( (B = -0.02, SE = 0.03, p > .05) \). While controlling for ASA and adult/adolescent physical abuse, increased sadness was predictive of more assertive resistance \( (B = 0.31, SE = 0.12, p < .05) \), more nonforceful resistance \( (B = 0.40, SE = 0.11, p < .001) \), and increased immobility \( (B = 0.26, SE = 0.05, p < .0001) \). As for the covariate, ASA was predictive of sadness \( (B = 5.17, SE = 2.29, p < .05) \) and nonforceful resistance \( (B = 4.96, SE = 2.17, p < .05) \). ASA was not associated with assertive resistance \( (B = 2.09, SE = 2.37, p > .05) \) or immobility \( (B = 0.49, SE = 0.92, p > .05) \). The model is depicted in Figure 3.
**Figure 3.** Depiction of Model 3. A model illustrating the significant pathways that emerged while examining the indirect effect of adult/adolescent physical abuse on assertive and nonforceful resistance and immobility through sadness, while controlling for ASA.

**Model 4.** Model 4 examined the direct and indirect pathways from a history of child physical abuse to nonforceful resistance and immobility, while controlling for ASA. Perceptions of alcohol as a barrier to resistance was selected as a mediator as it was significantly correlated with child physical abuse and nonforceful resistance and immobility. Emotion dysregulation, sadness, confidence, anger, fear of injury exacerbation, self-consciousness, shock, uncertainty about the situation, and alcohol use were not entered as mediators as they did not demonstrate significant bivariate correlations with both child physical abuse and resistance. Results demonstrated a significant positive indirect effect of a history of child physical abuse on nonforceful resistance through perceptions of alcohol as a barrier to resistance ($B = 0.08, SE = 0.07, 95\% CI: 0.01: 0.30$). While controlling for ASA, a history of child physical abuse was predictive of perceiving alcohol as a barrier to resistance ($B = 0.15, SE = 0.07, p < .05$),
but not nonforceful resistance ($B = -0.04, SE = 0.12, p > .05$) nor immobility ($B = 0.09, SE = 0.05, p > .05$). Increased perceptions of alcohol as a barrier to resistance, while controlling for child physical abuse and ASA, was predictive of more nonforceful resistance ($B = 0.55, SE = 0.20, p < .01$), and immobility ($B = 0.21, SE = 0.09, p < .05$).

As for the covariate, ASA was not associated with perceptions of alcohol as a barrier to resistance ($B = 1.84, SE = 1.31, p > .05$) or immobility ($B = 1.97, SE = 1.05, p > .05$). ASA was predictive of nonforceful resistance ($B = 6.20, SE = 2.27, p < .01$). See Figure 4 for a depiction of the model.

![Figure 4](image)

*Figure 4. Depiction of Model 4. A model illustrating the significant pathways that emerged while examining the indirect effect of child physical abuse on nonforceful resistance and immobility through perceptions of alcohol as a barrier to resistance, while controlling for ASA.*

**Model 5.** Model 5 investigated the direct and indirect pathways from adult/adolescent psychological abuse to all three forms of resistance, while controlling for ASA. Sadness, anger, and shock were entered as mediators in the model as the variables shared significant correlations with both adult/adolescent psychological abuse and all three forms of resistance. Emotion dysregulation, confidence, fear of injury exacerbation,
self-consciousness, perceptions of alcohol as a barrier, uncertainty about the situation, and alcohol use were not entered as mediators as they did not demonstrate significant bivariate correlations with both ASA and the resistance strategies. Results showed a positive indirect effect of adult/adolescent psychological abuse on assertive resistance \((B = 0.10, SE = 0.05, 95\% CI: 0.03: 0.22)\) and on nonforceful resistance \((B = 0.07, SE = 0.05, 95\% CI: 0.005: 0.20)\) through anger. Additionally, there was an indirect effect of adult/adolescent psychological abuse on immobility through sadness \((B = 0.05, SE = 0.03, 95\% CI: 0.01: 0.12)\). While controlling for ASA, increased psychological abuse in adulthood/adolescence was predictive of sadness \((B = 0.20, SE = 0.09, p < .05)\), anger \((B = 0.13, SE = 0.06, p < .05)\), and shock \((B = 0.09, SE = 0.04, p < .05)\). Increased psychological abuse in adulthood/adolescence was not predictive of assertive resistance \((B = 0.01, SE = 0.08, p > .05)\), nonforceful resistance \((B = 0.05, SE = 0.08, p > .05)\), or immobility \((B = 0.01, SE = 0.04, p > .05)\). Greater anger, while controlling for the other predictors, was predictive of more assertive resistance \((B = 0.78, SE = 0.21, p < .001)\) and nonforceful resistance \((B = 0.50, SE = 0.21, p < .05)\), but not immobility \((B = 0.02, SE = 0.09, p > .05)\). While controlling for all other predictors, increased sadness was associated with increased reports of immobility \((B = 0.23, SE = 0.06, p < .001)\), but not assertive \((B = -0.06, SE = 0.14, p > .05)\) and nonforceful resistance \((B = 0.14, SE = 0.14, p > .05)\). Shock was not predictive of assertive resistance \((B = 0.35, SE = 0.26, p > .05)\), nonforceful resistance \((B = 0.15, SE = 0.25, p > .05)\), or immobility \((B = 0.05, SE = 0.11, p > .05)\). As for the covariate, ASA was predictive of anger \((B = 3.56, SE = 1.47, p < .05)\) and sadness \((B = 5.47, SE = 2.28, p < .05)\), but not shock \((B = 0.87, SE = 1.10, p > .05)\). ASA was not predictive of assertive resistance \((B = 1.17, SE = 2.19, p > .05)\) or
immobility ($B = 0.55, SE = 0.95, p > .05$), but was predictive of nonforceful resistance ($B = 4.56, SE = 2.12, p < .05$). See figure 5 for a depiction of the model.

Figure 5. Depiction of Model 5. A model illustrating the significant pathways that emerged while examining the indirect effect of adult/adolescent psychological abuse on assertive and nonforceful resistance and immobility through sadness, anger, and shock, while controlling for ASA.

Model 6. Model 6 examined the direct and indirect effects of experiencing adult/adolescent and childhood psychological abuse on assertive resistance. Emotion dysregulation and confidence were investigated as mediators acting serially; emotion dysregulation was correlated with both child and adult/adolescent psychological abuse, and confidence was correlated with emotion dysregulation and assertive resistance. Sadness, anger, shock, uncertainty about the situation, perceptions of alcohol as a barrier to resistance, fear of injury exacerbation, self-consciousness, and alcohol use were not entered as mediators as none of these variables shared a significant bivariate correlation.
with emotion dysregulation. Results revealed a specific indirect effect between adult/adolescent psychological abuse and assertive resistance via the serial pattern of adult/adolescent psychological victimization predicting increased emotion dysregulation leading to decreased confidence, and thus less assertive resistance ($B = -0.01, SE = 0.01, 95\% \text{ CI: } -0.06: -0.0002$). No other indirect effects emerged. A history of child psychological abuse, while controlling for adult/adolescent psychological abuse, was predictive of increased emotion dysregulation ($B = 0.67, SE = 0.32, p < .05$), but not confidence ($B = 0.02, SE = 0.04, p > .05$) or assertive resistance ($B = 0.15, SE = 0.11, p > .05$). A trend emerged indicating an association between adult/adolescent psychological abuse and emotion dysregulation ($B = 0.51, SE = 0.28, p = .07$), while controlling for child psychological abuse. Adult/adolescent psychological abuse, while controlling for child psychological abuse, was not predictive of confidence ($B = 0.03, SE = 0.03, p > .05$), or assertive resistance ($B = 0.11, SE = 0.10, p > .05$). Emotion dysregulation was negatively associated with confidence ($B = -0.03, SE = 0.01, p < .01$), but it was not associated with assertive resistance ($B = -0.04, SE = 0.04, p > .05$). Confidence was not significantly associated with assertive resistance; however, a trend was present ($B = 0.69, SE = 0.36, p = .06$). Figure 6 depicts the model.
Figure 6. Depiction of Model 6. A model illustrating the significant pathways that emerged while examining the indirect effects of child psychological abuse and adult/adolescent psychological abuse on assertive resistance through emotion dysregulation and confidence. Dotted lines represent marginal significance.
Discussion

The purpose of the present study was to elucidate the relationship between a history of interpersonal violence and resistance strategies. It is critical for researchers to clarify why women with victimization histories appear to be at risk for using more nonforceful and immobile resistance, as these tactics are associated with experiencing more severe forms of sexual assault (Ullman & Knight, 1992). This information is necessary as it can inform sexual assault prevention programming, which has been generally unsuccessful in preventing sexual assault among women with sexual victimization histories (see Daigle et al., 2009 for review). Results in the current study emphasize the role psychological and emotional barriers, as well as emotion dysregulation play in explaining the relationship between a history of interpersonal violence and resistance strategies used in a later sexual assault experience. To the researcher’s knowledge, no studies to date have tested for the indirect effects of victimization history on resistance strategies used in a recent sexual assault experience. Additionally, this is the first study to examine the impact of victimization histories, beyond sexual victimization, on resistance strategies used in a recent sexual assault. Whereas alcohol use and psychological and emotional barriers have been investigated in the resistance literature, this is the first study to examine the impact of emotion dysregulation on resistance strategies. Overall, the current study provides preliminary evidence for factors elucidating the relationship between various histories of victimization and resistance strategies used in a recent sexual assault experience.

Consistent with findings in previous research (e.g. Gidycz et al., 2008; Macy et al., 2007), ASA was directly predictive of nonforceful resistance. Also as expected, ASA
evidenced a positive indirect effect on immobility through increased sadness. Results parallel previous findings in the literature demonstrating a relationship between a past history of sexual victimization and increased sadness during sexual revictimization (Macy et al., 2006). Additionally, previous studies have found increased sadness and powerlessness to be predictive of more nonforceful resistance and immobility (Nurius, 2000; Nurius, 2004). Sadness has been connected to action tendencies experienced as helplessness (e.g., wanting to do something but feeling uncertain what to do) and beliefs of having limited control (Frijda, Kuipers, & ter Schure, 1989), which would be consistent with women’s use of immobility. Whereas increased sadness appears to be an important emotional variable linking a history of ASA and immobility, results revealed sadness to be a mediator between other forms of interpersonal violence and resistance strategies. These findings and their implications will be discussed in later paragraphs.

While controlling for a history of ASA, experiencing sexual abuse in childhood was indirectly predictive of more nonforceful resistance and immobility, through its association with higher levels of shock during the sexual assault over the interim. While this is the first study to find this specific indirect effect, previous research has supported an association between CSA and indicating shock as a barrier to resistance (Stoner et al., 2007). The positive indirect effect of CSA on nonforceful resistance and immobility through shock was consistent with the hypothesis that increased reports of psychological barriers (e.g., shock) would be predictive of more nonforceful resistance and immobility. In the current study, shock was assessed as women’s retrospective appraisals regarding disbelief, not knowing what to think, or feeling as if their “mind went blank.” Given appraisals of events are theorized to guide response behaviors (Gross & Barrett, 2011), it
is reasonable to posit that women experiencing higher levels of shock in the present study would use more nonforceful and immobile resistance. Results emphasize shock as an important variable for sexual assault prevention programs to target, particularly among women with histories of child sexual abuse.

Increased reports of adult/adolescent physical abuse were indirectly predictive of more nonforceful resistance and immobility through increased sadness. Similarly increased experience of adult/adolescent psychological abuse was indirectly predictive of immobility, through increased sadness. To the researcher’s knowledge, no prior studies have examined the effect of adult/adolescent physical abuse, or adult/adolescent psychological abuse, on resistance strategies. Results suggest adult/adolescent physical abuse and adult/adolescent psychological abuse are important IPV histories to consider in the resistance literature, as both evidenced these indirect effects while controlling for ASA. Furthermore, findings emphasize sadness as a critical variable in explaining the relationship between all three forms of adult/adolescent IPV (e.g. sexual, physical, and psychological) and women’s use of less forceful resistance and immobility to a recent sexual assault. These results suggest sadness is an important variable to address in sexual assault prevention programs, especially when considering the needs of women with various forms of adult/adolescent IPV.

A history of adult/adolescent psychological abuse also demonstrated a positive indirect effect on both assertive and nonforceful resistance through increased anger, all while controlling for ASA. Findings both support and contradict some of the findings in the literature. Whereas anger has been found to predict more assertive resistance and less nonforceful resistance (Nurius et al., 2000), Wilson (2011) found increased anger to
predict more assertive and nonforceful resistance. Research on women’s experience of anger has been scarce, and preliminary findings imply it is complex (Thomas, 2005). Within the resistance literature, researchers have argued anger motivates more active resistance as it is indicative of less self-blame and more blame for the perpetrator (Nurius et al., 2000). However, the way women experience anger likely facilitates whether or not this emotion fuels assertive resistance, and anger may be a particularly complex emotion for women with histories of victimization. One study by Finkelhor and colleagues (2006) found anger to be the most influential variable, beyond anxiety and depression, in prospectively predicting repeat poly-victimization. In review of research, Thomas (2005) describes feelings of powerlessness (e.g., women wanting something/someone to change, but being unable to make change happen) as the most pervasive theme of women’s anger. Further, anger in women is often associated with low self-esteem and women often direct anger at themselves when they see themselves as lacking in competence when they perceive failure (Thomas, 2005). These themes imply that women’s experience of anger is often accompanied by sadness, which may explain the high correlation between anger and sadness in the current study. Based on the aforementioned research, and the indirect effect in the current study between increased experience of adult/adolescent psychological abuse and more nonforceful resistance, it is possible women with victimization histories may be more likely to experience self-directed anger that is more reflective of feeling powerless and incompetent than women without such histories. On the contrary, the experience of revictimization may also engender rage for previous injustices, which may facilitate more active resistance for some women (Thomas, 2005), which could explain why some women in the present study used assertive resistance.
Further research on women’s experience of anger, particularly among women with histories of IPV is needed to help clarify the relationship between anger and resistance. Additionally, further researcher should investigate the potential differential role of anger in the resistance literature among women with resistance strategies.

There were some noteworthy unanticipated findings in the models discussed thus far that are in need of discussion. It was surprising and contrary to expectations that adult/adolescent physical abuse and CSA evidenced a positive indirect effect on assertive resistance through increased sadness and shock, respectively. The inability of PROCESS (Hayes, 2013) to control for multiple dependent variables may have influenced results in the current study, as findings in the resistance literature imply women often use multiple resistance strategies. The positive correlations between the resistance strategies investigated in the current study (see Table 2) suggest women in the current study used multiple tactics. Women may use more nonforceful and immobile tactics initially, but apply more assertive resistance when less forceful tactics fail to thwart the assault from escalating. Findings from Norris and colleagues (2006) support this explanation by demonstrating women’s use of more nonforceful and less assertive tactics when the severity of SA was lower (e.g., unwanted fondling and touching), and use of more assertive and less nonforceful resistance when/if the severity of SA escalated to higher levels (e.g. rape).

It is additionally possible that some women in the current study resisted assertively initially, but became immobile due to overwhelming emotions of sadness and shock. Research has found that when animals are unable to resist or escape from prey, they generally enter a state of profound immobilization and muscular rigidity that is
termed “tonic immobility” (Marx, Forsyth, Gallup, & Fuse, 2008). Tonic immobility denotes complete body paralysis, thus is more physiologically determined than the broader construct of immobility assessed in the present study. However, it would be deduced that women who experienced Tonic immobility would report higher levels of immobility. In review of literature Marx et al. (2008) indicates that tonic immobility, which has been associated with a history of ASA and CSA, is unlikely to occur immediately during a sexual assault. Therefore, tonic immobility may occur when general fear escalates to extreme fear or panic, and possibly after a woman has attempted other resistance strategies. This study found a remarkably high number of the women sexually assaulted over the interim to report a history of sexual assault (87%). Given women with a history of sexual victimization may be at risk for tonic immobility and many women in the study reported sexual assault histories, it is possible some women may have experienced tonic immobility when more assertive and/or nonforceful methods of resistance did not thwart the perpetrator. If this explanation were true, it would help explain the relatively high correlations among the resistance strategies. Whereas other studies find correlations among resistance strategies (e.g., Gidycz et al., 2008), assertive resistance is not generally positively correlated with immobility. However, it is uncertain if tonic immobility influenced these findings. Further research on tonic immobility as well as the ordering of resistance strategies women use during a sexual assault can answer these questions.

Increased reports of child physical abuse was indirectly predictive of more nonforceful resistance through perceptions of alcohol as a barrier to resistance, while controlling for ASA. This finding was in line with the researcher’s expectations. While
this was the first study to examine child physical abuse as a predictor of women’s actual use of resistance strategies during a recent sexual assault, the indirect effect parallels results from Norris et al. (1996), which revealed that perceiving alcohol as a barrier was positively associated with one’s sexual victimization history, as well as nonforceful resistance. Additionally, a history of child physical abuse has been associated with increased alcohol abuse problems in the literature (e.g., Duncan, Saunders, Kilpatrick, Hanson, & Resnick, 1996; Harrison, Fulkerson, & Beebe, 1997; Kilpatrick et al., 2000; Simpson & Miller, 2002), which would likely increase the odds that women with a history of child physical abuse were drinking heavily when they were sexually assaulted. Indeed perceiving alcohol as a barrier to resistance was significantly correlated with the amount of alcohol consumed (see Table 2). Findings suggest child physical abuse as a relevant predictor of nonforceful resistance through its association with increased perceptions of alcohol as a barrier to resistance. However, results need to be replicated. Additionally, given its relevance in previous studies (e.g. Norris et al., 1996), researchers should not discount the impact a history of sexual victimization on perceptions of alcohol as a barrier to resistance during a later sexual assault. However, it was notable that the amount of alcohol consumed was not selected as a potential mediator in any of the models in light of its nonsignificant bivariate correlations with victimization histories and resistance strategies (see Table 2). This was unexpected given increased alcohol use at the time of a sexual assault has been associated with a history of victimization (Macy et al., 2006), and nonforceful resistance (Nurius et al., 2004).

A woman’s subjective perception of her intoxication level and her cognitive evaluation of alcohol as a barrier to resistance is a different construct than the objective
number of drinks consumed. Women likely vary in their alcohol tolerance levels, as well as in the idiosyncratic effects alcohol can have on different individuals; that is two women consuming the same amount of alcohol may differ in terms of perceived and/or experienced cognitive and behavioral impairment. Additionally, women experiencing SA while intoxicated may be influenced by cultural messages perpetuating erroneous beliefs that women are blameworthy if they experience sexual assault while intoxicated (Norris et al., 1996; Nurius et al., 1996a). These cognitions may be associated with more nonforceful resistance and immobility, as perceptions of intoxication may engender women to find themselves more culpable than the perpetrator. Given cognitive evaluations impact behavioral responses (Gross & Barrett, 2011), it is possible a woman’s perception of alcohol’s intoxicating effects and/or cultural myths may be more informative to resistance than the actual number of drinks consumed. Future researchers investigating alcohol use and resistance strategies should consider perceptions of intoxication as it may more accurately reflect the woman’s actual impairment than the number of drinks consumed.

Results from the serial mediation model revealed a significant negative indirect effect of adult/adolescent psychological abuse on assertive resistance via the serial mediation of emotion dysregulation and confidence. That is, increased psychological abuse in adulthood/adolescence led to increased emotion dysregulation, which led to decreased confidence during the recent sexual assault, which led to less assertive resistance. Individual paths were in the expected direction and were consistent with some of the pre-existing research. Results did show that some of the individual pathways in the model were only partially significant. Psychological abuse in adulthood/adolescence was
partially predictive of greater emotion dysregulation, and decreased confidence was partially predictive of assertive resistance. However, Hayes (2013) indicates that a significant indirect relationship can emerge even if some of the individual pathways explaining the effect are not significant. Interestingly child psychological abuse was significantly predictive of greater emotion dysregulation, but results did not reveal a significant indirect effect from child psychological abuse to assertive resistance. This may have been partially attributed to the significant correlation between child and adult/adolescent psychological abuse; however, results may reflect the importance a history of psychological abuse in adulthood/adolescence may have on resisting sexual assault.

Other researchers have found increased confidence to be predictive of assertive resistance (Nurius et al., 2000; Turchik et al., 2007), and a history of victimization to be predictive of decreased confidence when sexually revictimized (Macy et al., 2006). Additionally, previous studies have found a history of psychological victimization may be especially pertinent to emotion dysregulation, above and beyond other histories of victimization (e.g. Burns et al., 2010). Emotion dysregulation has not been previously investigated in the resistance literature, and thus this is the first study to find evidence for an association between emotion dysregulation and less assertive resistance via decreased confidence. Emotion regulation refers to individuals’ difficulties with identifying and/or modulating emotions, as well as engaging in goal-directed behavior when distressed (Gratz & Roemer, 2004). Women who are experiencing difficulty regulating and/or identifying emotions, which in turn impacts their ability to organize thoughts that can guide resistance, would seemingly feel less confident in resisting a sexual assault.
Emotions are informative in guiding thoughts and behaviors (Gross & Barrett, 2011); thus difficulty understanding and regulating them would appear to promote insecurity in one’s ability to navigate and handle stressful situations (e.g., during a sexual assault). Future researchers should replicate and expand upon these preliminary findings regarding the role of emotion dysregulation and less assertive resistance. Additionally, future studies using a similar design with a larger sample may find more support for emotion dysregulation as a mediator between other IPV histories and resistance strategies, as well as support for the predicted association between emotion dysregulation and increased alcohol consumption prior to experiencing sexual assault.

The researcher anticipated that emotion dysregulation would appear as a mediator in more of the models. Emotion dysregulation has been associated with a history of adult/adolescent and childhood sexual and physical abuse in previous research (e.g. Burns et al., 2010; Ehring & Quack, 2010; Messman-Moore et al., 2010). Furthermore, although it has not yet been examined in the resistance literature, emotion dysregulation has been associated with sexual assertiveness (Zerubavel & Messman-Moore, 2013). Thus, the lack of significant correlations between emotion dysregulation and the various histories of IPV and resistance strategies was surprising in light of previous research findings.

It was additionally surprising that uncertainty about the situation, fear of injury exacerbation, and self-consciousness did not serve as mediators in any of the models. However, it was noteworthy that all the psychological and emotional barriers, with the exception of confidence, shared bivariate correlations with the resistance strategies. Therefore, it is plausible that uncertainty about the situation, fear of injury exacerbation,
and self-consciousness were predictive of women’s resistance strategies in the present study, which would be consistent with findings in the literature (e.g. Nurius et al., 2000; Stoner et al., 2007). However, the absence of significant bivariate correlations between these proposed psychological barriers and the various histories of IPV precluded them from being investigated mediators in the models. Contrary to the present findings, other studies have found a history of SA to be predictive of both fear of injury exacerbation and uncertainty about the situation (e.g. Macy et al., 2006; Stoner et al., 2007).

In the present study, both ASA and CSA were conceptualized more broadly than what has been done in previous studies (e.g. Gidycz et al., 2008). The decision to use less conservative criteria to define ASA and CSA was due to the small sample size. However, this decision may have impacted the results as it is likely less severe forms (e.g., unwanted touching) of ASA and CSA may not have as strong an influence on emotion dysregulation and the psychological and emotional barriers as the more severe forms (e.g., rape and attempted rape). Previous research has demonstrated that severity of CSA and ASA is predictive of sexual revictimization and symptoms of affective and cognitive regulation (e.g. Ford, Stockton, Kaltman, & Green, 2006; Gidycz, Hanson, & Layman, 1995). Additionally, the items on the instruments assessing physical and psychological abuse in childhood and adulthood/adolescence varied in severity. It is possible exclusion of less severe items on the measures may yield results more consistent with what was expected – specifically, more significant correlations with the proposed mediators.

One limitation to the present study is that the sample size was small. The small sample size may have precluded finding significant relationships due to lowered power. Various smaller, yet meaningful, relationships may have been rendered nonsignificant
due to a lack of power to detect the effect. Use of a larger sample in future research could help address the aforementioned concerns, as well as strengthen the validity and generalizability of the results. Furthermore, using a larger sample could also allow for more advanced modeling of the constructs of interest. For example, structural equation modeling could be used to test a larger model, as well as the presence of latent variables (i.e. some of the psychological barriers to resistance). Structural equation modeling also allows for the control of dependent variables; thus allowing researchers to control for the use of multiple resistance strategies, which was mentioned earlier in the discussion as a limitation in the current study.

Specifically in regards to emotion dysregulation, it is possible different aspects of emotion dysregulation may be more pertinent than others to the resistance strategies. Some studies have used the different subscales of emotion dysregulation measured in the DERs, rather than the total score, to determine what aspects of emotion dysregulation are most relevant to the construct of interest (e.g. Walsh et al., 2012). It is possible that some of the victimization histories and resistance strategies are only related to certain aspects of emotion dysregulation (e.g. lack of emotional clarity, difficulties engaging in goal directed behavior when distress, impulse control difficulties). Thus, future research should investigate whether or not different facets of emotion dysregulation may be differentially predictive of the various forms of resistance.

The data in the present study was collected from a medium-sized, Midwestern university, with a highly homogeneous sample. The sample consisted of college students, and a majority of them were white, and came from families with a relatively high income. Therefore, the generalizability of the findings is limited by the characteristics of the
sample. Further researchers should seek to replicate this study using a more nationally representative sample. Findings may also vary based on certain demographic characteristics (e.g. SES, race, religion, etc). Researchers should investigate whether or not differences in resistance strategies vary based on demographic characteristics. Future research examining predictors of resistance strategies using more advanced modeling (e.g. structural equation modeling) could compare whether or not the model holds across different demographic groupings.

Finally, the validity of the results from the current study is contingent on the retrospective self-reports of the women sampled. The study’s use of a prospective design did allow the researcher to assess for details of a more recent sexual assault than many of the previous studies in the resistance literature. Thus, it is hopeful that women’s recollections of their sexual assault experiences were less impacted by the passing of time in the present study. Nevertheless, women’s actual emotional, psychological, and behavioral responses to their sexual victimization experiences may differ from their retrospective self-reports. For example, women’s responses on the survey may be affected by emotions and cognitions experienced following the assault. Furthermore, the traumatic nature of sexual assault may impact a woman’s memory of the event, and subsequently her reports of the experience (e.g. Mechanic, Resick, & Griffin, 1998). Thus, it is important to consider this limitation when interpreting the results.

**Implications**

In light of the limitations, the study provides important information for future research and sexual assault prevention planning. Findings emphasize the need for sexual assault prevention programmers to target certain factors such as sadness, anger,
confidence, shock, and emotion dysregulation, especially for women with histories of victimization. Further results in the current study are consistent with some findings in the literature on these programs, and offer clarification of important areas of future focus. Orchowski and colleagues (2008) implemented a risk reduction and self-defense program that evidenced success in reducing future sexual assault, regardless of victimization history; furthermore, women who completed the program maintained increased self-efficacy in their ability to thwart sexual assault (Orchowski, Gidycz, & Raffle, 2008). Part of the intervention included discussion of implementing assertive resistance in light of powerful emotions often experienced during an assault. Results demonstrated that the discussion of these emotional barriers was a particularly powerful part of the intervention in regards to decreasing the rates of sexual assault among program participants (Orchowski et al., 2008). This finding is consistent with the results in the current study, which together emphasize the critical need to address potential psychological and emotional barriers to resistance in sexual assault prevention programming. Results in the present study additionally highlight the importance of continuing to implement and improve interventions designed to increase women’s confidence in their ability to thwart assault. However, intervention programming that more specifically addresses the needs of women with certain risk factors, namely a history of victimization, is needed.

The importance of considering the impact of victimization history on resistance strategies cannot be emphasized enough, as previous research and results from the current study have demonstrated its role predicting more nonforceful and immobile resistance strategies (e.g. Gidycz et al., 2008; Macy et al., 2006; Macy et al., 2007). Results in the present study additionally provide preliminary evidence for the role of physical and
psychological abuse in the resistance literature, and highlight the need to continue considering these abuse histories in future research on resistance strategies. Whereas research on sexual assault prevention programming is promising (e.g. Orchowski et al., 2008), it has been generally ineffective in preventing sexual re-victimization (Daigle et al., 2009; Ullman, 2014). However, a recent mindfulness-based program specifically designed to prevent sexual revictimization among women with histories of CSA has yielded promising results, as it was successful in preventing future SA and rape (Hill, Vernig, Lee, Brown, & Orsillo, 2011). These results are very exciting and emphasize the benefit of tailoring programs to meet the needs of this at risk population. Additionally, results from the current study suggest women with other victimization histories may benefit from similar interventions. The mindfulness-based program implemented by Hill and colleagues (2011) specifically addressed the importance of emotional awareness and acceptance of painful emotions in order to facilitate effective decision-making.

Consistent with the aims of the intervention, the current study provides preliminary support for addressing emotion dysregulation, particularly among women with psychological abuse histories, in order to facilitate confidence to guide assertive responding. The preliminary findings from the present study can help inform future sexual assault prevention programming for women with victimization histories. However, more research replicating and expanding upon the results from the current study is in critical need in order to better address the needs of these women.


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Appendix A: Demographics Questionnaire (Time 1 & Time 2)

DIRECTIONS: Please choose the best response for each question.

1. What is your age?
   A. 18
   B. 19
   C. 20
   D. 21
   E. 22
   F. 23
   G. 24
   H. 25
   I. Other _________

2. What is your current year in college?
   A. First
   B. Second
   C. Third
   D. Fourth
   E. Fifth or above
   F. Graduate student
   G. Other _________

3. Where do you currently live?
   A. College dormitory or residence hall
   B. Sorority house
   C. Other University/college housing
   D. Off-campus house or apartment
   E. Parent/Guardian’s home
   F. Other

4. What is your race/ethnicity?
   A. Caucasian, Non-Hispanic
   B. African American
   C. Latino or Hispanic
   D. Asian or Pacific Islander
   E. American Indian or Alaska Native
   F. Two or more races
   G. Other
5. What is your religion?
   A. Catholic (Christian)
   B. Protestant (Christian)
   C. Jewish
   D. Muslim
   E. Nondenominational
   F. Other
   G. None

6. Approximately what is your parents’ yearly income?
   A. Unemployed or disabled
   B. $10,000 – $20,000
   C. $21,000 - $30,000
   D. $31,000 - $40,000
   E. $41,000 - $50,000
   F. $51,000 - $75,000
   G. $76,000 - $100,000
   H. $100,000 - $150,000
   I. $151,000 or more

7. What is your sexual orientation?
   A. Exclusively heterosexual
   B. Predominantly heterosexual, only incidentally homosexual
   C. Predominantly heterosexual, but more than incidentally homosexual
   D. Equally heterosexual and homosexual.
   E. Predominantly homosexual, but more than incidentally heterosexual
   F. Predominantly homosexual, only incidentally heterosexual
   G. Exclusively homosexual
   H. Asexual, or Non-Sexual

8. What is your current marital status?
   A. Never married
   B. Cohabitating (living together)
   C. Married
   D. Divorced
   E. Widowed

9. What is your current dating status?
   A. I do not date
   B. I date casually
   C. I date seriously
   D. I am involved in a long-term monogamous relationship (more than 6-months)
   E. I live with my partner
   F. I am engaged
   G. I am married
10. Approximately how many consensual sexual partners have you had (including oral, anal and vaginal intercourse) since age 14? _____________

11. At what age did you first participate in consensual sexual behavior? ______________

12. Are you in a sorority?
   A. Yes   B. No

13. Are you on a sports team?
   A. Yes, collegiate/varsity
   B. Yes, club
   C. Yes, intramural
   D. No
Appendix A-2: Difficulties with Emotion Regulation Scale (Time 1 & Time 2)

DIRECTIONS: Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>About Half the Time</th>
<th>Most of the Time</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(0-10%)</td>
<td>(11-35%)</td>
<td>(36-65%)</td>
<td>(66-90%)</td>
<td>(91-100%)</td>
</tr>
</tbody>
</table>

_____ 1) I am clear about my feelings.
_____ 2) I pay attention to how I feel.
_____ 3) I experience my emotions as overwhelming and out of control.
_____ 4) I have no idea how I am feeling.
_____ 5) I have difficulty making sense out of my feelings.
_____ 6) I am attentive to my feelings.
_____ 7) I know exactly how I am feeling.
_____ 8) I care about what I am feeling.
_____ 9) I am confused about how I feel.
_____ 10) When I’m upset, I acknowledge my emotions.
_____ 11) When I’m upset, I become angry with myself for feeling that way.
_____ 12) When I’m upset, I become embarrassed for feeling that way.
_____ 13) When I’m upset, I have difficulty getting work done.
_____ 14) When I’m upset, I become out of control.
_____ 15) When I’m upset, I believe that I will remain that way for a long time.
_____ 16) When I’m upset, I believe that I will end up feeling very depressed.
_____ 17) When I’m upset, I believe that my feelings are valid and important.
<table>
<thead>
<tr>
<th>18</th>
<th>When I’m upset, I have difficulty focusing on other things.</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>When I’m upset, I feel out of control.</td>
</tr>
<tr>
<td>20</td>
<td>When I’m upset, I can still get things done.</td>
</tr>
<tr>
<td>21</td>
<td>When I’m upset, I feel ashamed at myself for feeling that way.</td>
</tr>
<tr>
<td>22</td>
<td>When I’m upset, I know that I can find a way to eventually feel better.</td>
</tr>
<tr>
<td>23</td>
<td>When I’m upset, I feel like I am weak.</td>
</tr>
<tr>
<td>24</td>
<td>When I’m upset, I feel like I can remain in control of my behaviors.</td>
</tr>
<tr>
<td>25</td>
<td>When I’m upset, I feel guilty for feeling that way.</td>
</tr>
<tr>
<td>26</td>
<td>When I’m upset, I have difficulty concentrating.</td>
</tr>
<tr>
<td>27</td>
<td>When I’m upset, I have difficulty controlling my behaviors.</td>
</tr>
<tr>
<td>28</td>
<td>When I’m upset, I believe there is nothing I can do to make myself feel better.</td>
</tr>
<tr>
<td>29</td>
<td>When I’m upset, I become irritated at myself for feeling that way.</td>
</tr>
<tr>
<td>30</td>
<td>When I’m upset, I start to feel very bad about myself.</td>
</tr>
<tr>
<td>31</td>
<td>When I’m upset, I believe that wallowing in it is all I can do.</td>
</tr>
<tr>
<td>32</td>
<td>When I’m upset, I lose control over my behavior.</td>
</tr>
<tr>
<td>33</td>
<td>When I’m upset, I have difficulty thinking about anything else.</td>
</tr>
<tr>
<td>34</td>
<td>When I’m upset I take time to figure out what I’m really feeling.</td>
</tr>
<tr>
<td>35</td>
<td>When I’m upset, it takes me a long time to feel better.</td>
</tr>
<tr>
<td>36</td>
<td>When I’m upset, my emotions feel overwhelming.</td>
</tr>
</tbody>
</table>
Appendix A-3: Child Sexual Victimization Questionnaire (Time 1)

Many people have sexual experiences as children, either with friends or with people older than themselves. The following questions ask about any experiences you may have had before you were 14.

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

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

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

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

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

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

   a. I did not have this experience before age 14  
   b. Curiosity, it felt good, it made me feel loved or secure  
   c. Other person used his/her authority  
   d. Other person gave me gifts, money, candy, etc.  
   e. Other person threatened to hurt or punish me  
   f. Other person used physical force  

6. Someone older than you requested you to do something sexual.

   a) No  b) Yes  

7. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]

   a. I did not have this experience before age 14  
   b. stranger  
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)  
   d. friend of your brother or sister, or person about you age (not boyfriend)  
   e. aunt, uncle, or grandparent  
   f. brother, step-brother; sister, or step-sister  
   g. step-father or step-mother  
   h. father or mother  
   i. boyfriend  

8. Approximately how old were you when it first happened?

   a. I did not have this experience before age 14  
   b. 3-6 years  
   c. 7-10 years  
   d. 11-13 years  

9. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]

   a. I did not have this experience before age 14  
   b. The person was younger than me or about my same age  
   c. The person was 1-4 years older than me  
   d. The person was 5-9 years older than me  
   e. The person was 10 or more years older than me
10. What is the main reason you participated? (Circle one letter)

   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force

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

12. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]

   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

13. Approximately how old were you when it first happened?

   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

14. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]

   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me
15. What is the main reason you participated? (Circle one letter)

   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force

16. Another person fondled you in a sexual way.

   a) No   b) Yes

17. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]

   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

18. Approximately how old were you when it first happened?

   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

19. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]

   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me
20. What is the main reason you participated? (Circle one letter)

   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force

21. Another person touched or stroked your sex organs.

   a) No    b) Yes

22. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]

   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

23. Approximately how old were you when it first happened?

   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

24. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]

   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me
25. What is the main reason you participated? (Circle one letter)

a. I did not have this experience before age 14
b. Curiosity, it felt good, it made me feel loved or secure
c. Other person used his/her authority
d. Other person gave me gifts, money, candy, etc.
e. Other person threatened to hurt or punish me
f. Other person used physical force

26. You touched or stroked another person's sex organs at his/her request.
   a) No  b) Yes

27. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]

a. I did not have this experience before age 14
b. stranger
c. older person you knew (neighbor, teacher, friend of your parents, etc.)
d. friend of your brother or sister, or person about you age (not boyfriend)
e. aunt, uncle, or grandparent
f. brother, step-brother; sister, or step-sister
g. step-father or step-mother
h. father or mother
i. boyfriend

28. Approximately how old were you when it first happened?

a. I did not have this experience before age 14
b. 3-6 years
c. 7-10 years
d. 11-13 years

29. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]

a. I did not have this experience before age 14
b. The person was younger than me or about my same age
c. The person was 1-4 years older than me
d. The person was 5-9 years older than me
e. The person was 10 or more years older than me
30. What is the main reason you participated? (Circle one letter)

   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force

31. Another person attempted intercourse (Got on top of you, attempted to insert penis but penetration did not occur).

   a) No  b) Yes

32. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]

   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

33. Approximately how old were you when it first happened?

   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

34. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]

   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me
35. What is the main reason you participated? (Circle one letter)

   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force

36. Another person had intercourse (oral, anal, or vaginal) with you, (any amount of penetration -- ejaculation not necessary)

   a) No  b) Yes

37. Who was involved? (Circle one letter) [If more than one person was involved, who was the oldest person?]

   a. I did not have this experience before age 14
   b. stranger
   c. older person you knew (neighbor, teacher, friend of your parents, etc.)
   d. friend of your brother or sister, or person about you age (not boyfriend)
   e. aunt, uncle, or grandparent
   f. brother, step-brother; sister, or step-sister
   g. step-father or step-mother
   h. father or mother
   i. boyfriend

38. Approximately how old were you when it first happened?

   a. I did not have this experience before age 14
   b. 3-6 years
   c. 7-10 years
   d. 11-13 years

39. Approximately how much older than you was the other person? [If more than one person was involved, how much older was the oldest person?]

   a. I did not have this experience before age 14
   b. The person was younger than me or about my same age
   c. The person was 1-4 years older than me
   d. The person was 5-9 years older than me
   e. The person was 10 or more years older than me
40. What is the main reason you participated? (Circle one letter)

   a. I did not have this experience before age 14
   b. Curiosity, it felt good, it made me feel loved or secure
   c. Other person used his/her authority
   d. Other person gave me gifts, money, candy, etc.
   e. Other person threatened to hurt or punish me
   f. Other person used physical force
Appendix A-4: Sexual Experiences Survey (Time 1)

SES-SFV (Time 1)

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box (☐) showing the number of times each experience has happened to you. If several experiences occurred on the same occasion—for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. "The past 12 months" refers to the past year going back from today. "Since age 14" refers to your life starting on your 14th birthday and stopping one year ago from today.

<table>
<thead>
<tr>
<th>Sexual Experiences</th>
<th>How many times in the past 12 Months?</th>
<th>How many times since age 14?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
<td>□□□□□ □□□□□</td>
<td>□□□□□ □□□□□</td>
</tr>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>□□□□□ □□□□□</td>
<td>□□□□□ □□□□□</td>
</tr>
<tr>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>□□□□□ □□□□□</td>
<td>□□□□□ □□□□□</td>
</tr>
<tr>
<td>d. Threatening to physically harm me or someone close to me.</td>
<td>□□□□□ □□□□□</td>
<td>□□□□□ □□□□□</td>
</tr>
<tr>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td>□□□□□ □□□□□</td>
<td>□□□□□ □□□□□</td>
</tr>
<tr>
<td>2. Someone had oral sex with me or made me have oral sex with them without my consent by:</td>
<td>0 1 2 3+</td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>□ □ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>□ □ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>d. Threatening to physically harm me or someone close to me.</td>
<td>□ □ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>3. A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:</td>
<td>0 1 2 3+ 0 1 2 3+</td>
<td></td>
</tr>
<tr>
<td>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
<td>□ □ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>□ □ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>□ □ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>d. Threatening to physically harm me or someone close to me.</td>
<td>□ □ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td>□ □ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>4. A man put his penis into my butt, or someone inserted fingers or objects without my consent by:</td>
<td>0 1 2 3+ 0 1 2 3+</td>
<td></td>
</tr>
<tr>
<td>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
<td>□ □ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>□ □ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Options</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>c.</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
<tr>
<td>d.</td>
<td>Threatening to physically harm me or someone close to me.</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
</tbody>
</table>

5. **Even though it did not happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:**

<table>
<thead>
<tr>
<th></th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
<tr>
<td>b.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
<tr>
<td>c.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
<tr>
<td>d.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
<tr>
<td>e.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
</tbody>
</table>

6. **Even though it did not happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:**

<table>
<thead>
<tr>
<th></th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
<tr>
<td>b.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
<tr>
<td>c.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
<tr>
<td>d.</td>
<td>□ □ □ □ □ □ □</td>
</tr>
</tbody>
</table>
### 7. Even though it did not happen, a man **TRIED** to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:

<table>
<thead>
<tr>
<th>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
</tr>
<tr>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
</tr>
<tr>
<td>d. Threatening to physically harm me or someone close to me.</td>
</tr>
<tr>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3+</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

### 8. Did any of the experiences described in this survey happen to you one or more times?  
Yes □  No □

### 9. What was your relation to the person who did them to you?  
I reported no experiences □  
Acquaintance □  
Friend □  
Dating Partner □  
Family member □  
Other □

### 10. What was the sex of the person or persons who did them to you?  
I reported no experiences □  
Female only □  
Male only □  
Both females and males □

### 11. Did you tell anyone about your experience?  
I reported no experience □  
Yes □  
No □

### 12. Have you ever been raped?  
Yes □  No □
Appendix A-5: Sexual Experiences Survey (Time 2)

SES-SFV (Time 2)

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box (□) showing the number of times each experience has happened to you. If several experiences occurred on the same occasion—for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. "The past 8 weeks" refers to the past eight weeks going back from today.

<table>
<thead>
<tr>
<th>Sexual Experiences</th>
<th>How many times in the past 8 weeks?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:</strong></td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>c. Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>d. Threatening to physically harm me or someone close to me.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td><strong>2. Someone had oral sex with me or made me have oral sex with them without my consent by:</strong></td>
<td>0 1 2 3+</td>
</tr>
<tr>
<td>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td>□ □ □ □</td>
</tr>
<tr>
<td></td>
<td>even though it did not happen, someone tried to have oral sex with me, or make me have oral sex with them without my consent by:</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>c.</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
</tr>
<tr>
<td>d.</td>
<td>Threatening to physically harm me or someone close to me.</td>
</tr>
<tr>
<td>3.</td>
<td>A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:</td>
</tr>
<tr>
<td>a.</td>
<td>Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
</tr>
<tr>
<td>b.</td>
<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
</tr>
<tr>
<td>c.</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
</tr>
<tr>
<td>d.</td>
<td>Threatening to physically harm me or someone close to me.</td>
</tr>
<tr>
<td>e.</td>
<td>Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
</tr>
<tr>
<td>4.</td>
<td>A man put his penis into my butt, or someone inserted fingers or objects without my consent by:</td>
</tr>
<tr>
<td>a.</td>
<td>Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
</tr>
<tr>
<td>b.</td>
<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
</tr>
<tr>
<td>c.</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
</tr>
<tr>
<td>d.</td>
<td>Threatening to physically harm me or someone close to me.</td>
</tr>
<tr>
<td>e.</td>
<td>Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
</tr>
<tr>
<td>5.</td>
<td>Even though it did not happen, someone tried to have oral sex with me, or make me have oral sex with them without my consent by:</td>
</tr>
<tr>
<td>a.</td>
<td>Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</td>
</tr>
<tr>
<td></td>
<td>b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>c.</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
</tr>
<tr>
<td>d.</td>
<td>Threatening to physically harm me or someone close to me.</td>
</tr>
<tr>
<td>e.</td>
<td>Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
</tr>
</tbody>
</table>

6. **Even though it did not happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:**

<table>
<thead>
<tr>
<th></th>
<th>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Threatening to physically harm me or someone close to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. **Even though it did not happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:**

<table>
<thead>
<tr>
<th></th>
<th>a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Threatening to physically harm me or someone close to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Using force for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix A-6: Parent-Child Conflict Tactics Scale (Time 1)

No matter how well parents and their children get along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. Listed below are some things that your parents might have done when they had a dispute with you. Try and remember what went on when your parents had a disagreement with you.

Please use the scale below and circle your answer after each item to show approximately how many times either your FATHER, STEP-FATHER, MOTHER, STEP-MOTHER OR CAREGIVER did each of these things to YOU WHILE YOU WERE UNDER THE AGE OF 18.

A = Never
B = Once
C = Twice
D = 3 - 5 times
E = 6 – 10 times
F = 11 – 20 times
G = More than 20 times

1. My parent or step-parent insulted, cursed or swore at me.

A       B       C       D       E       F       G

2. My parent or step-parent threatened to spank or hit me but did not actually do it.

A       B       C       D       E       F       G

3. My parent or step-parent shouted, yelled, or screamed at me.

A       B       C       D       E       F       G

4. My parent or step-parent called me dumb or lazy or some other name like that.

A       B       C       D       E       F       G

5. My parent or step-parent said he/she would send me away or kick me out of the house.

A       B       C       D       E       F       G

6. My parent or step-parent slapped me on the face or head or ears.

A       B       C       D       E       F       G
7. My parent or step-parent hit me on some other part of the body besides the bottom with something like a belt, hairbrush, a stick or some other hard object.

A B C D E F G

8. My parent or step-parent threw or knocked me down.

A B C D E F G

9. My parent or step-parent hit me with a fist or kicked me hard.

A B C D E F G

10. My parent or step-parent beat me up, that is hit me over and over as hard as he/she could.

A B C D E F G

11. My parent or step-parent grabbed me around the neck and choked me.

A B C D E F G

12. My parent or step-parent burned or scalded me on purpose.

A B C D E F G

13. My parent or step-parent threatened me with a knife or gun.

A B C D E F G

14. My parent or step-parent burned or scalded me on purpose.

A B C D E F G

15. My parent or step-parent threatened me with a knife or gun.

A B C D E F G
Appendix A-7: Conflict Tactics Scale – Revised (Time 1)

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences.

Please circle how many times a dating partner or partners has/have done these things to you SINCE AGE 14. How often did this happen?

<table>
<thead>
<tr>
<th></th>
<th>0 = Never</th>
<th>1 = Once</th>
<th>2 = Twice</th>
<th>3 = 3 – 5 times</th>
<th>4 = 6 – 10 times</th>
<th>5 = 11 – 20 times</th>
<th>6 = More than 20 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My partner insulted or swore at me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. My partner threw something at me that could hurt.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. My partner twisted my arm or hair.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. My partner made me have sex without a condom.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5. My partner pushed or shoved me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. My partner used force (like hitting, holding down, or using a weapon) to make me have oral or anal sex.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7. My partner used a knife or gun on me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>8. My partner called me fat or ugly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9. My partner punched or hit me with something that could hurt.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>10. My partner destroyed something belonging to me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>11. My partner choked me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>12. My partner shouted or yelled at me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>13. My partner slammed me against a wall.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>14. My partner beat me up.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>15. My partner grabbed me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Description</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>My partner used force (like hitting, holding down, or using a weapon) to make me have sex.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>My partner stomped out of the room or house or yard during a disagreement.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>My partner insisted on having sex when I did not want to (but did not use physical force).</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>My partner slapped me.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>My partner used threats to make me have oral or anal sex.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>My partner burned or scalded me on purpose.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>My partner insisted on having oral or anal sex (but did not use physical force).</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>My partner accused me of being a lousy lover.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>My partner did something to spite me.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>My partner threatened to hit or throw something at me.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>My partner kicked me.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>My partner used threats to make me have sex with him.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>My partner had sex (vaginal, oral, or anal) with me while I was asleep or passed out from alcohol or drugs.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix A-8: Behavioral Response Questionnaire (Time 2)

Think about the incident that occurred in the past two months, what was your reaction? Women may respond in a variety of ways to many different situations, feel free to endorse more than one response, that is endorse any response you may have used during the incident by using the scale below. If you endorse multiple items, in the space to the left of the item number, numerically indicate the order in which you used each response (e.g., 1 for first, 2 for second, 3 for third, etc.).

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I acted unresponsive, and don't say anything to him.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Jokingly try to tell him that he was coming on too strong.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Made an excuse (which may or may not be true) for why I don't want to have sex.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Nicely tried to tell him that I didn't want to have sex.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Apologetically told him that I didn’t want to have sex (.i.e., assumed responsibility for giving him the wrong impression.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Tried to discuss with him how uncomfortable he was making me feel.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Tried to make him do things that I’m comfortable with like kissing or hugging but not sex.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Told him that I liked him (or found him attractive) but that I was not ready for this.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>---</td>
</tr>
<tr>
<td>9.</td>
<td>Told him clearly and directly that I wanted him to stop.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>Gave him alcohol or drugs to make him pass out, to stall him, or to make him less able to bother me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11.</td>
<td>Felt too intoxicated to be able to think or act clearly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>Fainted or passed out from the effects of alcohol or drugs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13.</td>
<td>Pushed him away.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14.</td>
<td>Started tearing up or crying.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15.</td>
<td>Raised my voice and used stronger language (for example, &quot;Hey, LISTEN! I really mean it.&quot;).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16.</td>
<td>Clearly rejected or insulted him (for example, &quot;You jerk, you're acting like an adolescent.&quot;).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17.</td>
<td>Found a way to attract attention and help like yelling &quot;Fire!&quot;</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18.</td>
<td>Ran out of the room, or attempted to run out of the room.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19.</td>
<td>Yelled or screamed loud enough for someone nearby to hear me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20.</td>
<td>Faked the arrival of others (i.e., I know my roommate is coming home now)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>21.</td>
<td>Told him I wouldn’t like him or go out with him anymore if tried to force me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Threatened him (i.e., said I would tell mutual friends about his behavior).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Threatened that I would tell a campus official, police or a security person about his behavior.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Became physically defensive (for examples, hitting, kicking, scratching).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Suggested that I had a weapon (for example, mace, or a sharp object).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>I was so overwhelmed that I felt almost paralyzed and was unresponsive to what he was doing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>I tried to stiffen my body as a way of showing my lack of interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Struggled at first but stopped when I thought it was hopeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix A-9: Emotional Response Questionnaire (Time 2)

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

FOR EACH ITEM, PLEASE MARK THE NUMBER ON THE SCALE BELOW CORRESPONDING WITH YOUR ANSWER IN THE BLANK TO THE LEFT OF THE QUESTION.

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

___ 1. Frightened
___ 2. Uncomfortable
___ 3. Angry
___ 4. Annoyed
___ 5. Nervous
___ 6. Panicked
___ 7. Helpless
___ 8. Anxious
___ 9. Disrespected
___ 10. Sad
___ 11. Disappointed
___ 12. Uncertain
___ 13. Used
___ 14. Guilty
___ 15. Regretful
___ 16. Confident
___ 17. Determined
### Appendix A-10: Psychological Barriers Instrument (Time 2)

Think about the incident that occurred in the past year, consider to what extent would the following factors make it difficult for you to protect yourself or control the situation? Circle the number that best represents your answer using the scale below. People respond in many different ways, so please try to remember yourself in that situation and indicate all the ways you may have responded to an unwanted sexual activity. **FOR EACH ITEM, PLEASE MARK THE NUMBER ON THE SCALE BELOW CORRESPONDING WITH YOUR ANSWER IN THE BLANK TO THE LEFT OF THE QUESTION.**

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

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

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

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

22. I was too intoxicated or too high to see it coming.

23. I thought: “This just can’t be happening; it’s not real.”

24. I felt stunned. I didn’t know what to think.
Appendix A-11 : Alcohol Questionnaire (Time 2)

Please answer the following questions about your alcohol use at the time the incident.

1. Where you under the influence of alcohol at the time of the attack?
   a. Yes  b. No

2. IF YES on 1, approximately how many alcoholic drinks had you consumed at the time of the attack?
   a. 1-2
   b. 3-4
   c. 5-6
   d. 7-8
   e. 9-10
   f. 11+

3. IF YES on 1, approximately how intoxicated did you feel at the time of the attack?
   a. Not at all intoxicated
   b. A little intoxicated
   c. Moderately intoxicated
   d. Quite intoxicated
   e. Extremely intoxicated

4. Was the man who initiated the unwanted sexual behavior under the influence of alcohol at the time of the attack?
   a. Yes  b. No

5. IF YES on 4, approximately how many alcoholic drinks had he consumed at the time of the attack?
   a. 1-2
   b. 3-4
   c. 5-6
   d. 7-8
   e. 9-10
   f. 11+

6. IF YES on 4, approximately how intoxicated did he appear at the time of the attack?
   a. Not at all intoxicated
   b. A little intoxicated
   c. Moderately intoxicated
   d. Quite intoxicated
   e. Extremely intoxicated
Appendix A-12: Subject Calculation Form (Time 1 & 2)

Please write down the last 4 digits of your telephone number:  

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

\[+ \quad \quad / \quad \quad \]

\[M \quad M \quad D \quad D\]

=  

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

\[+ \quad \quad \]

What was the name of your favorite childhood pet?

(If you have never owned a pet, please write “NO PET”)

Fill out all questionnaires on the surveys provided. If you have any questions, please ask the experimenter.
Appendix B: Forms

Appendix B-1: Session 1 Consent Form

Ohio University Consent Form – Session 1

Title of Research: An Investigation of College Women’s Interpersonal and Sexual Experiences

Researchers: Kathryn Kraft, B.A.

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

Explanation of Study
The purpose of this two-part study is to examine the feelings, behaviors, unwanted sexual experiences occurring in both childhood and adulthood, and social experiences of college women. This is the first part of a two-part study. If you choose to participate, you will be asked to fill out several questionnaires. These questionnaires include questions about personal and sexual information, as well as information pertaining to how you experience emotions and alcohol use. Your participation for this session should take approximately one hour. This study must be completed in one sitting, as you will be unable to return to it upon closing your browser.

Risks and Discomforts
During this study, you will be asked for personal information, and information about your sexual experiences and interpersonal relationships. Please consider your comfort level with these types of question before agreeing to participate in the study. This study involves no physical risks for participants. However, some individuals might experience emotional discomfort. Participation is voluntary, and you may stop responding and withdraw from the study at any point without penalty.

Benefits
Your participation will provide you the opportunity to learn, first-hand, the process of data collection for a psychological experiment. Further, your participation will help inform mental health professionals on how to best serve individuals with various interpersonal histories.
Confidentiality and Records

Your identity will remain anonymous with the use of a subject identification number, which you will calculate based on information that only you can identify. Any information you provide to the experimenter is confidential. No individual names will be used in reporting the results of the study.

Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:
* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
* Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU.

Compensation

As compensation for your time/effort, you will receive 1 course credit for your participation in today’s session. If you participate in both of the two sessions of this two-part study, you will receive a total of 2 course credits.

Contact Information

It is not unusual for people to have questions after participating in a study such as the one that you just completed. If you have any questions regarding this study, you can contact:

Kathryn Kraft, B.A. kk604311@ohio.edu (593-1088)  
Christine A. Gidycz, Ph.D. gidycz@ohio.edu (593-1092)

If you have any questions regarding your rights as a research participant, please contact Chris Hayhow, Director of Research Compliance, Ohio University, (740)593-0664 or hayhow@ohio.edu.

In addition, if you are concerned about the study materials used or questions asked and wish to speak with a professional, or if you would like more information or reading material on this topic, please contact one of the following resources:

Ohio University Psychology and Social Work Clinic 740-593-0902  
002 Porter Hall  
Athens, OH 45701

Ohio University Counseling and Psychological Services: 740-593-1616  
Hudson Health Center, 3rd Floor  
2 Health Center Drive

Appendix B-1: Session 1 Consent Form

Athens, Ohio 45701
Appendix B-1: Session 1 Consent Form

By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks and they have been explained to your satisfaction.
- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study
- you are 18 years of age or older
- your participation in this research is completely voluntary
- you may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

Version Date:

[11/01/2012]
Appendix B-2: Session 2 Consent Form

Ohio University Consent Form – Session 2

Title of Research: An Investigation of College Women’s Interpersonal and Sexual Experiences

Researchers: Kathryn Kraft, B.A.

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

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Risks and Discomforts
During this study, you will be asked for personal information, and information about your sexual experiences and interpersonal relationships. Please consider your comfort level with these types of question before agreeing to participate in the study. This study involves no physical risks for participants. However, some individuals might experience emotional discomfort. Participation is voluntary, and you may stop responding and withdraw from the study at any point without penalty.

Benefits
Your participation will provide you the opportunity to learn, first-hand, the process of data collection for a psychological experiment. Further, your participation will help inform mental health professionals on how to best serve individuals with various interpersonal histories.

Confidentiality and Records
Your identity will remain anonymous with the use of a subject identification
number, which you will calculate based on information that only you can identify. Any information you provide to the experimenter is confidential. No individual names will be used in reporting the results of the study.

Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:
* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
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002 Porter Hall
Athens, OH 45701

**Ohio University Counseling and Psychological Services:** 740-593-1616
Hudson Health Center, 3rd Floor
2 Health Center Drive
Athens, Ohio 45701

**Tri-County Mental Health Services:** 740-592-3091
90 Hospital Drive
Athens, Ohio 45701
OU Survivor Advocate 740-597-7233
Office in McKee House 44 University Terrace
Hours: Mon-Fri 9 a.m. - 5 p.m.
Appendix B-2: Session 2 Consent Form

On-Call after 5 p.m. & Weekends
E-mail: survivor.advocacy@ohio.edu

OU Counselor-in-Residence: 740-593-0769
Alex Reed and Eve Giesey
http://www.ohio.edu/counseling/Counselor-in-Residence.cfm
Walk-ins Monday s from 5-10pm at 102 Treudley Hall and
Tuesdays, Wednesdays, and Thursdays from 5-10pm at 131A Jefferson Hall

By signing below, you are agreeing that:
• you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
• you have been informed of potential risks and they have been explained to your satisfaction.
• you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study
• you are 18 years of age or older
• your participation in this research is completely voluntary
• you may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

Version Date: [11/01/2012]
Appendix B-3: Session 1 Debriefing Form

Ohio University Debriefing Form – Session 1

DEBRIEFING FORM (Time 1)

Thank you for your participation in the first part of this two-part research project. The information provided by these questionnaires will help psychology researchers and clinicians learn more about college women’s interpersonal relationships, unwanted sexual experiences, alcohol use, and emotions and behaviors. In doing so, psychologists able to better serve college women seeking assistance. The results of such studies will also provide more detailed information to aid in the development of future prevention and intervention programming for college women.

As a reminder, all of your questionnaire and interview responses are anonymous. It is not unusual for people to have questions after participating in a study such as the one that you just completed. If you have any further questions regarding the nature of this study, or would like to request details of the results of the study, please feel free to contact one of the following:

Researcher: Kathryn Kraft
Porter Hall – Room 056
593-1088

Faculty Researcher: Christine A. Gidycz
Porter Hall - Room 231
593-1092

In addition, if you are concerned about the study materials used or questions asked and wish to speak with a professional, or if you would like more information or reading material on this topic, please contact one of the following resources:

Ohio University Psychology and Social Work Clinic 740-593-0902
002 Porter Hall
Athens, OH 45701

Ohio University Counseling and Psychological Services 740-593-1616
Hudson Health Center, 3rd Floor
2 Health Center Drive
Athens, Ohio 45701

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90 Hospital Drive
Athens, Ohio 45701
OU Survivor Advocate 740-597-7233
Office in McKee House 44 University Terrace
Appendix B-3: Session 1 Debriefing Form

**Hours:** Mon-Fri 9 a.m. - 5 p.m.
On-Call after 5 p.m. & Weekends
**E-mail:** survivor.advocacy@ohio.edu

**OU Counselor-in-Residence:** 740-593-0769
Alex Reed and Eve Giesey
http://www.ohio.edu/counseling/Counselor-in-Residence.cfm
Walk-ins Monday s from 5-10pm at 102 Treudley Hall and
Tuesdays, Wednesdays, and Thursdays from 5-10pm at 131A Jefferson Hall
Ohio University Debriefing Form – Session 2

DEBRIEFING FORM (Time 1)

Thank you for your participation in the first part of this two-part research project. The information provided by these questionnaires will help psychology researchers and clinicians learn more about college women’s interpersonal relationships, unwanted sexual experiences, alcohol use, and emotions and behaviors. In doing so, psychologists able to better serve college women seeking assistance. The results of such studies will also provide more detailed information to aid in the development of future prevention and intervention programming for college women.

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                                     593-1088

Faculty Researcher:                Christine A. Gidycz
                                     Porter Hall – Room 231
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2 Health Center Drive
Athens, Ohio 45701

Tri-County Mental Health Services:  740-592-3091
90 Hospital Drive
Athens, Ohio 45701
OU Survivor Advocate 740-597-7233
Office in McKee House 44 University Terrace
Appendix B-4: Session 2 Consent Form

**Hours:** Mon-Fri 9 a.m. - 5 p.m.
On-Call after 5 p.m. & Weekends
**E-mail:** survivor.advocacy@ohio.edu

**OU Counselor-in-Residence:** 740-593-0769
Alex Reed and Eve Giesey
http://www.ohio.edu/counseling/Counselor-in-Residence.cfm
Walk-ins Monday s from 5-10pm at 102 Treudley Hall and
Tuesdays, Wednesdays, and Thursdays from 5-10pm at 131A Jefferson Hall
### Appendix C-1: Table 3 – Demographic Information

#### Table 3.

**Demographic Information**

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>35</td>
<td>45.5</td>
</tr>
<tr>
<td>19</td>
<td>28</td>
<td>36.4</td>
</tr>
<tr>
<td>20</td>
<td>9</td>
<td>11.7</td>
</tr>
<tr>
<td>21</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td>22 or older</td>
<td>3</td>
<td>3.9</td>
</tr>
<tr>
<td><strong>Class Rank</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshman</td>
<td>57</td>
<td>74.0</td>
</tr>
<tr>
<td>Sophomore</td>
<td>13</td>
<td>16.9</td>
</tr>
<tr>
<td>Junior</td>
<td>4</td>
<td>5.2</td>
</tr>
<tr>
<td>Senior</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td>Fifth year or above</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian, Non-Hispanic</td>
<td>72</td>
<td>93.5</td>
</tr>
<tr>
<td>African American, Black</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td>Biracial</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusively Heterosexual</td>
<td>61</td>
<td>79.2</td>
</tr>
<tr>
<td>Heterosexual, incidentally Homosexual</td>
<td>11</td>
<td>14.3</td>
</tr>
<tr>
<td>Heterosexual, more than incidentally Homosexual</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td>Homosexual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusively Homosexual</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td>Asexual, or Non-Sexual</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>73</td>
<td>96.1</td>
</tr>
<tr>
<td>Cohabitating</td>
<td>2</td>
<td>2.6</td>
</tr>
<tr>
<td>Married</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic (Christian)</td>
<td>29</td>
<td>37.7</td>
</tr>
<tr>
<td>Protestant (Christian)</td>
<td>10</td>
<td>13.0</td>
</tr>
<tr>
<td>Jewish</td>
<td>3</td>
<td>3.9</td>
</tr>
<tr>
<td>Muslim</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Nondenominational</td>
<td>6</td>
<td>7.8</td>
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<tr>
<td>Other</td>
<td>14</td>
<td>18.2</td>
</tr>
<tr>
<td>None</td>
<td>14</td>
<td>18.2</td>
</tr>
<tr>
<td>Variable</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Parental Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed or Disabled</td>
<td>4</td>
<td>5.2</td>
</tr>
<tr>
<td>10,000-30,000</td>
<td>5</td>
<td>6.5</td>
</tr>
<tr>
<td>31,000-50,000</td>
<td>14</td>
<td>18.2</td>
</tr>
<tr>
<td>51,000-75,000</td>
<td>14</td>
<td>18.2</td>
</tr>
<tr>
<td>75,000-100,000</td>
<td>17</td>
<td>22.1</td>
</tr>
<tr>
<td>100,000-151,000</td>
<td>11</td>
<td>14.3</td>
</tr>
<tr>
<td>151,000 or more</td>
<td>12</td>
<td>15.6</td>
</tr>
<tr>
<td>Prior Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>32</td>
<td>41.6</td>
</tr>
<tr>
<td>No</td>
<td>45</td>
<td>58.4</td>
</tr>
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</table>
### Appendix C-2: Table 4 – Measure Score Calculation and Construct Assessed

Table 4.

*Measure Score Calculation and Construct Assessed*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Construct Assessed</th>
<th>Subscales</th>
<th>Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demographic questionnaire</td>
<td>General participant demographic information</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Difficulties with Emotion Regulation Scale</td>
<td>Emotion dysregulation</td>
<td>None used in current study</td>
<td>Participants’ total emotion dysregulation scores were calculated by summing all 36 items. Higher scores reflect greater emotion dysregulation.</td>
</tr>
<tr>
<td>Child Sexual Victimization Survey</td>
<td>Childhood sexual abuse</td>
<td>None</td>
<td>Participants were categorized into two categories; those who experienced unwanted touching, unwanted exposure of to another’s genitals, unwanted exposing of their own genitals, or attempted or completed rape in childhood, and those who had not experienced childhood sexual abuse.</td>
</tr>
<tr>
<td>Sexual Experiences Survey</td>
<td>Sexual victimization after age 14</td>
<td>None</td>
<td>Participants were categorized into two categories; those who had experienced unwanted touching, sexual coercion, attempted or completed rape since the age of 14 and those who had not.</td>
</tr>
</tbody>
</table>
Table 4 cont.

<table>
<thead>
<tr>
<th>Conflict Tactics Scale Revised</th>
<th>Physical and psychological abuse occurring after age 14.</th>
<th>Adult/ Adolescent physical abuse, Adult/ Adolescent psychological abuse</th>
</tr>
</thead>
</table>

The midpoints for the response items chosen by participants for were added together for both subscales. Scores were reflective of the approximate number of times participants experienced physical and psychological abuse in adulthood and/or adolescence. Higher scores on each subscale reflect more experiences with physical or psychological abuse.

<table>
<thead>
<tr>
<th>Session 2 Sexual Experiences Survey</th>
<th>Sexual assault occurring during the interim</th>
<th>None</th>
</tr>
</thead>
</table>

Participants were categorized into two categories; those who had experienced unwanted touching, sexual coercion, attempted or completed rape over the 8-week interim and those who had not. This category determined whether a participant was used in the study, as only participants who were sexually victimized over the 8-week interim were used in the present study.

<table>
<thead>
<tr>
<th>Emotional Responses Questionnaire</th>
<th>Women’s emotional response during the sexual assault over the interim</th>
<th>Anger, Sadness, Confidence,</th>
</tr>
</thead>
</table>

Responses were summed for each subscale. Higher scores on each subscale indicate greater experiences of the emotion during the sexual assault occurring over the interim.
Table 4 cont.

<table>
<thead>
<tr>
<th>Psychological Barriers to Responding to Sexual Aggression Instrument</th>
<th>Women’s psychological barriers to responding to sexual assault over the interim</th>
<th>Self-Consciousness, Shock, Fear of injury exacerbation, Uncertainty of the situation, Perceiving alcohol intoxication as a barrier to resistance</th>
<th>Responses were summed for each subscale. Higher scores on each subscale indicate greater experience of psychological barriers in response to the sexual assault occurring over the interim.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Responses Questionnaire</td>
<td>Women’s behavioral responses during the sexual assault over the interim</td>
<td>Assertive resistance, Nonforceful resistance, Immobility</td>
<td>Responses were summed for each subscale. Higher scores on each subscale are indicative of participants’ greater use of the respective resistance tactics in response to the sexual assault occurring over the interim.</td>
</tr>
<tr>
<td>Alcohol Questionnaire</td>
<td>Number of drinks consumed prior to the sexual assault experienced over the interim</td>
<td>None</td>
<td>Participants selected a numerical range representative of the number of beverages consumed prior to experiencing sexual assault over the interim. Responses were recoded by using the minimum number represented on range selected. Responses reflected the number of drinks consumed; thus, higher scores reflect greater alcohol consumption.</td>
</tr>
</tbody>
</table>