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Intrapersonal deficits & revictimization: factors predicting risk recognition

Kari Mastromonica

INTRAPERSONAL DEFICITS & REVICTIMIZATION: FACTORS PREDICTING RISK RECOGNITION

by
Kari Lynn Mastromonica, BA

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Dedication

In loving memory of the best father ever, Michael Mastromonica. I hope you are proud.

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Abstract

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The purpose of this exploratory research was to identify whether intrapersonal factors, specifically sexual assertiveness and sexual self-esteem, would predict an individual's ability to detect risk for being sexually revictimized. A previously validated laboratory analogue (Angelone, Mitchell, & Carola, 2009), in which female participants are led to believe that they are engaging in a speed date with a man, was used to measure risk recognition. Additional measures were included to assess sexual victimization history and the intrapersonal factors. Of the total sample, 30.2% (N = 16) had no sexual victimization history, while 69.8% had some form of sexual victimization history. A series of one-way between subjects ANOVAs were conducted to examine differences between victimization history on risk recognition but failed to reach significance. However, the one-way between subjects ANOVAs examining differences between victimization history on intrapersonal deficits revealed that individuals who have been revictimized have lower sexual self-esteem than those who were never victimized or were victimized once. Finally, two factorial ANOVAs were conducted to examine the moderating effect of the intrapersonal deficits on victimization history and risk recognition but failed to reach significance. Future research implications are discussed.

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CHAPTER I

Introduction

Sexual violence is an important issue in society. In fact, 17% of all Americans will experience some form of sexual violence in their lifetime (National Crime Justice Reference Service, 2008; Tjaden & Thoennes, 2006). Despite these high prevalence rates for reported sexual violence, the number of cases that go unreported is even higher. While 17% of women experience sexual violence and report it, 60% of sexual violence cases may go unreported (U.S. Department of Justice, 2005). In short, there are a large number of women experiencing sexual violence, reported or not (Tjaden & Thoennes, 2006).

Sexual violence against women is defined as a gender-based act of aggression that can result in physical, sexual, or psychological suffering to that individual (Arata, 2002; Breitenbecher, 1999.) "Sexual violence" refers to a specific group of crimes that include sexual harassment, sexual assault, and rape, against individuals of any age (Finkelhor, 1979; Koss, Gidycz, & Wisniewski, 1987.) The perpetrator of these crimes can be a stranger, acquaintance, family member, friend, or intimate partner (US Department of Justice, 2009). Understanding the behaviors that constitute sexual violence and including less severe behaviors may lead to more individuals identifying themselves as victims. These individuals, in turn, may report their victimization more frequently, and seek help. It may also help law enforcement, social workers, and family and friends of victims identify these cases more clearly and get those victims the help they need.

As previously stated, sexual violence can be perpetrated against individuals of any age. In fact, in one study, 19.2% of women, and 8.6% of the men reported being sexually

victimized under the age of twelve (Finkelhor, 1979). Worldwide, approximately one-in-five women and one in ten men report experiencing sexual violence as a child (World Health Organization, 2009). Further, children who experience sexual violence are much more likely to encounter other forms of sexual violence later in life, an event that is labeled revictimization (Arata, 2002; Breitenbecher, 2001; Classen, Palsesh, & Aggarwal, 2005; Combs-Lane, Resnick, & Kilpatrick, 2004; Messman-Moore & Long, 2002; Roodman & Club, 2001; The Washington Coalition of Sexual Assault Programs, 2005).

Sexual revictimization is the recurrence of any sexually violent experience across different developmental periods of a lifespan. For example, a child who is victimized is subsequently victimized again in college (Davis, Combs-Lane, & Jackson, 2002). Individuals who experienced sexual violence as a child are at a greater risk than others for being a victim of sexual violence as an adolescent or adult. In fact, 15-72% of victims of child sexual abuse are revictimized later in life (Macy, 2008). Also, women who have been victimized as children are 1.5 to 2.5 times more likely to be victimized in adolescence than their nonvictimized peers (Arata, 2002). Furthermore, two-thirds of sexually victimized individuals report being previously victimized (Arata, 2002).

While the numbers are staggering, there is a wide range of incidence rates of revictimization (15-72%). This wide range could be attributed to the underreporting of sexual violence cases, or it could be due to the way previous researchers have measured victimization. That is, previous researchers have utilized measures that examine a wide range of behaviors, while others include specific behaviors that are sexually violent in nature (i.e. rape; Casey & Nurius, 2005; National Violence Against Women Survey; Tjaden & Thoennes, 1998). Therefore, measuring victimization rates can be challenging,

due to all the behaviors that can be considered sexually violent. As stated, the behaviors that could be considered sexual violence include sexual assault, rape, unwanted sexual contact, peer sexual harassment, and sexual abuse as a child. The wide incidence rates could represent the complex nature of sexual violence, and the use of that term to encompass a wide range of behaviors with varied levels of severity. However, while the behaviors that define sexual violence vary in severity, all could lead to many of the same psychological and physical consequences (Koss, Gidycz, & Wisniewski, 1987). Thus, the use of a broad term may actually be preferred in order to "cast the widest net" to find women who may be negatively impacted and potentially benefit from prevention and treatment attempts.

There are a multitude of consequences that result from being sexually victimized. Victims may experience an array of short term reactions to sexual violence, such as intense fear, or feelings of helplessness. The victim may also experience severe anxiety caused by the experience (APA, 2000; Kress, Trippany, & Nolan, 2003; Shapiro, 1997). Sixty percent of the women who fell victim to sexual violence reported feelings of "mental pollution," which include unpleasant thoughts and dreams, hand washing rituals, and distress, after being victimized. Of these victimized women, 81% reported experiencing changes in mood, emotional numbness, and dissociation (Sarker & Sarker, 2005). Other common reported symptoms are anger, feelings of worthlessness, depression, and a decline in self-esteem (APA, 2000; Kress, Shapiro, 1997; Trippany, & Nolan, 2003). Also, 24% of the female victims of sexual violence met the DSM-IV criteria for Acute Stress Disorder (Sarker & Sarker, 2005). The symptoms of sexual violence may also continue long term, which may meet the DSM-IV criteria for

Posttraumatic Stress Disorder, or various symptoms of Posttraumatic Stress Disorder that do not meet the full criteria for a diagnosis (APA, 2000; Marotta, 2000).

Aside from these psychological consequences, sexual violence may lead to physical symptoms as well. Sleep problems may occur after a sexually violent trauma. Eighty percent of female victims of sexual violence reported experiencing insomnia, difficulty breathing while sleeping, and sleep-related movement disorder due to their trauma (Sarker & Sarker, 2005). Sexual problems are common after being victimized as well. Victims can suffer from sexual dysfunction, lack of pleasure, diminished sexual desire, and/or feelings of guilt and shame during sexual contact, even years after being victimized (APA, 2000; Sarker & Sarker, 2005). In addition to these potential physical consequences, victims are also at an increased risk for sexually transmitted diseases. In fact, 26% of women who were virgins prior to their attack and 39% of sexually active women contracted an STD as a result of their attack (Sarker & Sarker, 2005). In addition, in the worst cases, physical harm or even death may occur at the hands of the perpetrator (World Health Organization, 2009). Related, 15% of female victims of sexual violence reported attempts at self-harm and suicide.

Sexual harassment is considered a sexually violent behavior that may potentially lead to many of the same psychological and physical consequences previously mentioned. Sexual harassment is considered to be any unwanted sex-related comment or behavior that can be considered offensive, exceeding available coping resources, or threatening in nature (Fitzgerald, Swan, & Magley, 1997). One type of sexual harassment is "peer sexual harassment," which specifically refers to sexually harassing behavior between individuals in situations where there is no overt power relationship (Mitchell,

Hirschman, Angelone, & Lilly, 2004). While this can occur between coworkers, this form of harassment may also occur in other social situations. For example, peer sexual harassment can occur between students and strangers as well. This form of harassment typically involves behaviors such as exposure to sexually explicit and offensive comments, sexually offensive jokes, ogling, and unwanted touching (Sandler, 1997). Experiences of sexual harassment are common, even at a young age, with 75% of American elementary school girls reporting instances (Murnen & Smolak, 2000). These high numbers continue into college-age with as many as 70% of female students reporting experience with some form of sexual harassment (Hughes & Sandler, 1988; Shepela & Levesque, 1998).

With such a large number of individuals experiencing sexual harassment, much research has been conducted to understand the negative effects that this form of sexual violence can have on these women. Sexual harassment can and does result in considerable mental health problems for women, and can be affected by previous victimization (The Equal Rights Advocates, 2009). Many women who are sexually harassed have a history of victimization, in the form of child abuse, or adult sexual violence (Hymer, 1984). As with other forms of sexual violence, victims of sexual harassment have been found to be at an increased risk for depression, anxiety, and decreased life satisfaction compared to those who have not been sexually victimized (Fitzgerald, Drasgow, & Magley, 1999).

Factors Predicting Victimization

While many researchers have proposed hypotheses regarding why victims of sexual violence are more likely to be revictimized, there is little consensus. The current

literature suggests that sexual revictimization could be a complex concept, and result from a combination, or interaction of many factors (Arata, 2002; Classen, Palesh, & Aggarwal, 2005). Recent research suggests that revictimized individuals have *intraprasonal deficits* that increase their risk for revictimization. This "intraprasonal deficits theory" proposes that an individual's own personality and sense of self may be factors that play a role in revictimization (Greene & Navarro, 1998); specifically, some individuals have deficits in certain intrapersonal areas. Intrapersonal deficits refer to psychological vulnerabilities within the victim, such as low self-esteem, depression, anxiety, and low assertiveness, that potential predators are likely to identify, and may lead to victimization (Greene & Navarro, 1998; Livingston, Testa, & VanZile-Tamsen, 2007; Messman-Moore & Long, 2000). The predator may seek out or be hypersensitive to these "deficits" in certain women given an expectation that they will be more successful in committing a sexually violent act. As stated, two examples of intrapersonal deficits are assertiveness and self-esteem. The literature suggests that these two factors play a logical role in revictimization (Greene & Navarro, 1998; Livingston, Testa, & VanZile-Tamsen, 2007; Van Bruggen, Runtz, & Kadlec, 2006; Zeanah & Schwarz, 1996).

Assertiveness may play a role in revictimization because of its quality as a protective factor (Greene & Navarro, 1998). That is, assertiveness may act as a buffer and protect women from dangerous situations. Assertiveness is defined as "a person's tendency to actively defend, pursue, and speak out for his or her own interests" (Ames & Flynn, 2007). Women with low assertiveness may have a difficult time refusing unwanted sexual advances and may be targeted by aggressive men (Livingston et al.,

2007). In fact, research has shown that women who have experienced some form of sexual coercion have lowered general and sexual assertiveness (Testa & Dermen, 1999). Women with lower assertiveness are also more likely to be victims of sexual violence later in life (Greene & Navarro, 1998). Thus, women with low assertiveness may not have the ability to defend themselves or say no from potential perpetrators and sexually aggressive situations.

Assertiveness and revictimization can have a cyclical relationship. Being a victim of sexual violence may lead to feelings of powerlessness (Kress, Trippany, & Nolan, 2003; Shapiro, 1997). Women who were victims of child sexual abuse were unable to remove themselves from the situation, leading to these feelings of powerlessness (Livingston, et. al., 2007). These feelings may grow, if sexual violence is continuously perpetrated against them, and carry on into adulthood, where the victims continue to believe they are unable to remove themselves from dangerous, unwanted sexual situations (Finkelhor, 1987). This powerlessness may translate behaviorally into low assertiveness in sexual situations (Livingston, et. al., 2007). In other words, a history of sexual victimization leads to lower assertiveness, and lower assertiveness, in turn, contributes to revictimization. Since women with lower assertiveness may be at higher risk for sexual violence, women with higher assertiveness may possess the interpersonal skills to ward off unwanted advances. Assertiveness may then act as a protective factor (Greene & Navarro, 1998).

Despite this logical and intuitive appeal, previous research has not consistently found a relationship between assertiveness and victimization (Gidycz, Hanson, & Layman, 1995; Koss & Dinero, 1989). The inconsistencies within the literature may be

associated with the broad measures of assertiveness (Greene & Navarro, 1998). As such, it may be necessary to examine specific types of assertiveness, such as sexual assertiveness. General assertiveness may not be adequate enough to measure assertiveness specific to sexual situations (Morokoff, Quina, Harlow, Whitmire, Grimley, Gibson, et al., 1997). Examining this specific form of sexual assertiveness may transfer over to victimization settings more than a general measure of assertiveness, as it is specifically looking at interactions with the opposite gender (Greene & Navarro, 1998). As previously stated, women who have this interpersonal deficit (low sexual assertiveness) may have a more difficult time refusing unwanted sexual advances. This may lead them to be targeted more by aggressive men (Livingston, Testa, & VanZile-Tamsen, 2007). Therefore, examining sexual assertiveness focuses on these specific interactions between women and aggressive men.

As stated, another interpersonal deficit affecting victimization is self-esteem. Like assertiveness, self-esteem has intuitive and logical appeal in relation to revictimization. Research shows that self-esteem seems to act as a guidance system for interpersonal relationships. In other words, self-esteem predicts individual's social behaviors (Anthony, Wood, & Holmes, 2007; Leary, 2004). Individuals with higher self-esteem are particularly motivated to seek out rewarding and positive social relationships (Cameron, Stinson, Gaetz, & Balchen, 2010). Therefore, individuals with higher self-esteem may be more likely to avoid sexually violent situations. Researchers found that the higher an individual's self-esteem, the less likely that individual is to accept premarital intercourse without affection (Herold & Goodwin, 1979). On the other hand, individuals with lower self-esteem may be more inclined to seek out any social relationship, regardless of its

quality. This, in turn, may lead to negative social relationships and sexual violence (Herold & Goodwin, 1979).

Furthermore, like assertiveness, the term "self-esteem" is very broad. Self-esteem is defined as "feelings of self-worth or the global evaluation of self" (Buhrmester, Blanton, & Swann, 2011). Humans are complex beings, and therefore, self-esteem can account for numerous qualities one likes about oneself, (i.e. physical appearance, intelligence, personality, and sexuality; Coopersmith, 1959).

Researchers have documented that a woman's sexuality and sexual lives are intertwined with their identities as women (Oliver & Hyde, 1993; Tiefer, 2001). Women may hold negative views of their sexual selves and sexual worth (Calogero & Thompson, 2009). A general measure of self-esteem, in relation to the wide range of sexually violent behaviors, may not be sensitive enough to clarify differences in the victims (Zeanah & Schwarz, 1996). Narrowing the focus to sexual self-esteem may tap into the victimization setting, just as with sexual assertiveness. Sexual self-esteem is the subjective appraisal of one's sexual thoughts, feelings, and behaviors (Zeanah & Schwarz, 1996). Sexual self-esteem has been described as an individual's sense of self as a sexual being, and includes the values placed on these individual's sexual identity and sexual acceptability (Zeanah & Schwarz, 1996).

Previous research has shown a link between victimization history and sexual self-esteem. Being abused as a child may lead to conflicting and distressing emotions, which can affect an individual's developing sexual self-concept. In addition to the trauma they have faced, victims of sexual violence also have feelings of badness, shame, and guilt. These feelings may occur frequently and ultimately begin to affect one's self-image and

esteem (Finkelhor & Browne, 1985). This may also ultimately influence a person's sexual activity and self-esteem in the future. Changes in self-esteem most often occur in the first decade of young adulthood, and then stay the same throughout most of an individual's life (Huang, 2010). If an individual experiences low self-esteem early in life, due to sexual violence, this low self-esteem is likely to stay with a person throughout later life. In turn, lower sexual self-esteem may be related to problems with sexual adjustment, engagement in risky sexual behaviors, and a greater risk of sexual revictimization (Van Bruggen et al., 2006).

More specifically, these intrapersonal deficits may play a role in an individual's ability to recognize risk in a situation. This may lead some women to be easier targets for the predators, and subsequent revictimization. Lower sexual self-esteem and sexual assertiveness may lead these women to be more accepting of inappropriate sexual behaviors, and unable to recognize a dangerous situation before it escalates. Women's behavioral responses in a potentially threatening situation are contingent on their judgments of that situation; therefore, poor recognition of risk in a given situation may influence the relationship between subsequent victimization experiences (Wilson, Calhoun, & Bernat, 1999). Sexual assertiveness and sexual self-esteem are both appropriate variables to study based on the intrapersonal deficit theory because not only are they logical in regard to their protective factors, but they are also both amenable to change with therapy interventions. These protective factors continue to be emphasized in most prevention and treatment activities aimed at women, with victimization history or not (e.g., Daronqkamas, Madden, Swarbuck, & Evans, 1995; Enns, 1992; Kelly, Murphy, & Washington, 1994; Parrot 1990). Therefore, by examining differences between

individuals with different victimization histories and their sexual assertiveness/self-esteem, deficits may be revealed. Identification of these deficits within an individual can help aid in focusing these intervention and prevention strategies.

Measurement of Risk Recognition

Risk recognition has been measured a variety of ways in past research. Historically, researchers have used video vignettes or written scenarios to measure participant's risk recognition (Breitenbecher, 1999; Meadows, Jaycox, Webb, & Foa, 1996); however, these methods fail to allow the participant to experience the victimization first hand. Coded rape narratives allow participants to read an ambiguous situation and decide at which point they would identify the risk and leave the situation, but this, as well as the video vignettes demonstrating brief clips of women being pressured, do not place the participant in the situation to mirror a real life response. Risk recognition has also been measured using audiotape vignettes, in which participants listen to a vignette of a man and woman engaging in sexual activity, and the woman resists using a negative response hierarchy (the forcefulness of the woman's resistance increases every 80 seconds; Wilson, Calhoun, & Bernat, 1999). Failure to use a measure that allows for in vivo experiences possibly elicits unnatural responses. How a participant reports he/she will respond may not coincide with how that participant would actually respond in a real life situation.

Laboratory analogues, in general, offer an in vivo experience that increases validity, both internal and external. Analogues offer the experience to control the research environment, therefore increasing internal validity. They also allow for a more realistic interaction to occur, which adds to the external validity. As stated, women with

interpersonal deficits may be unable to recognize risk in situations, which may lead to future victimization. While there have been studies where risk recognition was measured in the past, few have used an analogue design. The challenge in developing a laboratory analogue involving sexual behavior is the search for a design and stimulus that are ethical and comparable to real world situations. Using an analogue allows participants to respond in a natural, real-life way, which strengthens the external validity of the study.

One analogue approach in particular, utilizes participants' recognition of sexual harassment (Angelone, Mitchell, & Carola, 2009). This paradigm uses an online speed-dating analogue to create a realistic, in vivo experience for individuals to be sexually harassed. Female participants believe they are engaging in an online speed date Q & A with a male partner, who responds in a sexually harassing manner. The male partner is actually bogus and the responses are pre-determined. Risk recognition is then conceptualized as the number of sexually harassing responses the female participant tolerates before ending the date. In the original study, researchers found that only 5% tolerated the complete number of sexually harassing comments (i.e., nine) and the average number of comments tolerated was just under three (Angelone, Mitchell, & Carola, 2009). The results of the original analogue were also compared to the *Sexual Harrassment Attitude Scale (SHAS)* to assess external validity and consistency between measures. Using this specific analogue for this study would allow the female participants to believe they are engaged in a real social interaction with a male, so the responses are likely a good representative of how they would behave in the real world under similar situations.

Summary and Hypotheses

Overall, victims of sexual violence are at a greater risk for becoming repeat victims than individuals who have no history of sexual violence. Previous researchers believe there to be numerous factors that play a role in revictimization and that there may be a relationship between these factors. Two of these factors, or *intrapersonal deficits* examined are sexual assertiveness and sexual self-esteem. Both of these factors may contribute to a decreased ability to recognize risk in a situation, making these individuals easier targets for perpetrators.

The goal of this study is to examine how sexual assertiveness and sexual self-esteem play a role in risk recognition using an in-vivo laboratory analogue. In doing so, this study hopes to determine whether low sexual assertiveness/sexual self-esteem are associated with poor risk recognition, and in turn, may be predicted by previous victimization history. In other words, individuals who have been previously victimized may also have lower sexual assertiveness/sexual self-esteem, which would predict them to have lower risk recognition tendencies. In addition, existing treatment and preventative strategies may be modified to improve education in these areas of sexual self-esteem and assertiveness.

The hypotheses of this study are as follows: 1) Victims of sexual violence, especially those who have been revictimized, will demonstrate lower risk recognition than those who have never been victims of sexual violence. 2) Individuals who have been victimized, especially those who have been revictimized, will have (a) lower sexual assertiveness, and (b) lower sexual self-esteem than those who have never been

victimized. 3) The lower the (a) sexual assertiveness and (b) sexual-self esteem, the lower the recognition to risk. 4) Finally, sexual assertiveness and sexual self-esteem will moderate the relationship between victimization history and risk recognition such that, there will be an interaction between (a) sexual assertiveness and victimization history on risk recognition and (b) sexual self-esteem and victimization history on risk recognition. In other words, there will be a stronger relationship between victimization history and risk recognition after adding sexual assertiveness/self-esteem into the interaction.

CHAPTER II

Method

Participants

The participants for this study were 53 female undergraduates from a northeastern public university. They were recruited from introductory psychology courses and were offered research credit for their participation. The mean age of the participants was 19.7 (SD = 2.37) and ranged from 18-31. The ethnic breakdown of the sample was 67.9% Caucasian, 24.5% African American, and 7.5% Hispanic/Latin American. All of the participants provided informed consent prior to the completion of the experiment. None of the participants were married. 32.1% were single, 15.1% were dating more than one, and 52.8% were in a committed relationship. One participant identified as being "bisexual" and all other participants identified themselves as heterosexual.

The participants were recruited electronically using online software, called SONA. The study was listed on the system under the title "Beta Testing of Online College Speed Dating Software," and those who were eligible were able to sign up for this study, and shown the amount of credit they would receive for it. Participants were considered eligible for this study if they were female, enrolled in the Essentials of Psychology course at Rowan University, and were age 18 or older.

Laboratory Analogue

To measure risk recognition, the online speed dating paradigm created by Angelone et. al. (2009) was used. Participants were shown a brief profile of a bogus male dating partner with whom they would ostensibly have a speed date. The female participant was able to see the male profile, which was one chosen from the original

analogue. This profile contained a headshot of an attractive college male and gave brief information about him (i.e. his age, place of employment, and major in college). This profile was considered to be the "high attractive, high status" profile from the original analogue study. The profile was previously developed in the Angelone et. al (2009) study and completely fictitious. Each participant received the same profile. In this study, the profile was held constant, and each participant "interacted" with the same profile. (See Angelone et. al, 2009 for a detailed example of the profile.)

A predetermined interaction began after the profile was viewed. Each participant had the opportunity to see eleven scripted questions and pre-composed responses to those questions. The order of the questions and the questions themselves were also predetermined and the same for all individuals. The questions were previously pilot tested and rank ordered from least harassing to most harassing, as the interaction progressed. Initially, the female participant would be presented with the first question, and prompted to respond. The responses were not used for the purpose of this study, and only used to keep up the guise of a real interaction. After they entered their responses, they were shown the scripted male responses. The first two questions and responses were neutral and non-harassing, but the following nine questions/responses were considered to be sexually harassing in nature, based on previous pilot testing. The participants were given the opportunity to end their date after the third question, and each subsequent question as well. If all eleven questions were completed, the participant was notified that their date had ended. Thus, a measure of the number of sexually harassing responses that each participant was willing to tolerate served as a dependent variable and ranged from one to nine.

Measures

Unwanted Childhood Sexual Experiences Questionnaire. Previous victimization prior to the age of fourteen was examined using the modified Unwanted Childhood Sexual Experiences Questionnaire (Stevenson, 1998). This questionnaire contains 13 questions geared at non-consensual sexual experiences in childhood, taken from the Child Sexual Abuse Survey (Finkelhor, 1979). In order to remain consistent with the measures of adult sexual experiences used in this study, the age of fourteen was used as a cut off for childhood sexual abuse. In addition, the questionnaire was scored using a 4-point Likert scale ranging from 0-3+ experiences. This was done to make the variable continuous, for statistical purposes. Although the reliability of the questionnaire has not been assessed (Cronbach's alpha = .90 for the current study), it is correlated with other unwanted sexual experience measures demonstrating good construct validity.

Sexual Experiences Survey- Short Form Victimization Revised. Victimization past the age of fourteen was examined using the Sexual Experiences Survey-Short Form Victimization Revised (Koss, Abbey, Campbell, Cook, Norris, Testa, Ullman, West, & White, 2007). The age fourteen was chosen based off the original SES measure and this was to differentiate between adolescent and adulthood sexual experiences, so not to be confused with child sexual abuse. This is a ten question measure that is the revision to the original Sexual Experiences Survey created in 1982 and last revised in 1987 (Koss, Gidgycz, & Wisniewski, 1987). This is a widely used measure to assess victimization since the age of fourteen. The SES has demonstrated acceptable levels of internal consistency (α =.74) for women and a 1-week retest reliability of .93. Construct validity was determined by comparing a sample of women's responses on the measure with

responses to an interviewer a month later, yielding a Pearson correlation of .73 (*p <.001).* For the current study, Cronbach's alpha is .95.

Sexual Self-Esteem Inventory for Women- Short Form. Sexual self-esteem was measured using the short form of the Sexual Self-Esteem Inventory for Women (SSEI-W, Zeanah & Schwarz, 1996). This instrument is made up of 35 questions and is aimed at self-esteem involving intimate relationships and sexual encounters. This measure includes five subscales: attractiveness, control, moral judgment, skill/experience, and adaptiveness. Each of the five subscales has high internal consistency, ranging from a Cronbach's alpha of .85 for Moral Judgment to .94 for Attractiveness. All subscales of the SSEI-W measure a separate but related domain of sexual self-esteem. For this study, Cronbach's alpha is .94.

Sexual Assertiveness Scale for Women. Sexual Assertiveness Scale (SAS) for women (Morokoff, Quina, Harlow, Whitmire, Grimley, Gibson, et al., 1997) was used to examine assertiveness in a sexual context. This eighteen question survey is divided into three sections: initiation, refusal, and pregnancy/STD prevention. For this study, a 5-pt Likert scale was used for each question ranging from always (1) to never. (5). Higher scores indicated higher sexual assertiveness. The scale demonstrated adequate to high internal consistency with a standardized coefficient alpha = .82. The sample was retested after six months and one year to establish test-retest reliability with a correlation range of .59 -.77. For this study, Cronbach's alpha is .75.

Risk Recognition. To measure risk recognition the speed dating paradigm measured decision latency. Decision latency was operationalized as the number of

sexually harassing questions the participants read and responded to, before ending their fictitious speed date.

Procedure

Prior to any data collection, the Institutional Review Board approved the project. Participants were able to sign up for a study, which was entitled "Beta Testing of Online College Speed Dating Software." In order to not give away the true nature of the study, the aforementioned title was used. Upon arrival, participants were greeted by an experimenter and were given an informed consent form. They were made aware that they were able to stop the study at any time, without a penalty and their responses were completely anonymous.

Each participant was placed at a computer to engage in her "online speed date." Prior to beginning the paradigm, demographic information was collected, and filler questions designed to maintain the guise of the study were administered. For part of a larger study, additional measures were used. After completing these questions, the participants began the analogue portion of the study.

After the speed date ended, the participants were administered the remaining questionnaires regarding victimization, sexual self-esteem, and sexual assertiveness. These were administered after the "speed date" because many of the items on each of the questionnaires involved sexual encounters and sexual abuse/harassment, so the true nature of the study may have been revealed if given prior to the date. All the measures were administered using Media Lab software, on a computer. The order of the questionnaires was fixed and the same for all the participants.

Upon completion of the measures, the participants were fully debriefed in writing and verbally, and any questions were answered by the experimenter. The experimenter explained the nature of the deception, and the true purpose of the study. Additional information about the study was given, upon request, and contact information for the researcher, and the counseling center, was also given in case any individuals were upset by the nature of the study and the topics brought up.

CHAPTER III

Results

Descriptive Data

Of the total sample, 30.2% (*N* = 16) responded with no sexual victimization history, while 69.8% responded with some form of sexual abuse history. Of those that have been victimized, 47.2% were victimized once (*N* = 25), and 22.6% (*N* = 12) were revictimized, at least one time in their childhood, and once as an adult.

For sexual assertiveness, 39.6% (*N* =21) of the sample had "low" sexual assertiveness based dichotomously splitting the means (*M* = 3.58 on a scale of 1-5). Also, 60.4% had "high" sexual assertiveness (*N*= 32). The range of means for sexual assertiveness was 2.00-4.67. This indicates that 60.4% of participants had a sexual assertiveness score between 3.58 and 4.67, while all others fell below the mean. For sexual self-esteem (*M* = 4.4 on a scale of 1-6), 45.3% had "low" sexual self-esteem (N=24) while 54.7% had high sexual self-esteem (N= 29). The ranges of means for sexual self-esteem were 2.57-6.00. The means for these scales can be found in Table 1.

Frequencies and percentages of the number of sexually harassing comments are shown on Table 2. The scores for the number of sexually harassing comments ranged from one to nine, with nine being the most sexually harassing comments the participant could experience. The mean number of sexually harassing responses tolerated was 3.92 (*SD* = 2.89). Overall, 15.1% (N = 8) of participants ended their interaction with the bogus candidate after their received their first sexually harassing response. The remaining 84.9% tolerated two or more sexually harassing responses from the bogus male, with a majority (52.8%) ending after two or three responses. 18.9% (N = 10) went through all

nine sexually harassing responses with the bogus male. Most women ended their date after two sexually harassing comments (30.2%, N = 16).

Inferential Analyses

1.) For the first hypothesis, to measure potential differences between victimization status on risk recognition, a one-way between-subjects ANOVA was conducted. Victimization status had three levels (never victimized, victimized once, and revictimized). This test examined the differences between the mean scores of risk recognition on levels of victimization status. There were no statistically significant differences, F (2, 50) = .11, *ns*.

2a.) For the second hypothesis, the difference between victimization status and sexual assertiveness were examined using a one-way between-subjects ANOVA. For sexual assertiveness, there was no statistically significant differences (F (2, 50) = 1.50, *ns)* on risk recognition. Despite this lack of significance, and given that this was a preliminary study and the first of its kind, post hoc t-test analyses were conducted. In the end, participants who were never victimized and participants who have been revictimized demonstrated a difference approaching significance, p = .09 (See Table 1).

2b.) Another one-way between-subjects ANOVA was conducted to examine differences between victimization status and sexual self-esteem as well. For sexual self-esteem, there was a statistically significant effect, F (2, 50) = 3.66, p = .03. Post hoc LSD analysis revealed significant differences between the never victimized group and the revictimized group (p = .02). This indicates that individuals who have been revictimized in their lives have significantly lower sexual self-esteem than those individuals who were never victimized.

3a.) A Pearson product correlation analysis was conducted to examine the relationship between risk recognition and sexual assertiveness. This relationship was not significant, r (51) = .13, *ns.*

3b.) The second Pearson product correlation analysis, for the relationship between risk recognition and sexual self-esteem also yielded no significant relationship, r (51) = .191, *ns*.

4a.) In order to examine the moderating influence of sexual assertiveness and sexual self-esteem, two separate 3x2 between-groups ANOVA were conducted to determine if an interaction effect exists. The first 3x2 ANOVA examined risk recognition as the dependent variable and victimization status and sexual assertiveness as the independent variables. This first between-subjects 3x2 ANOVA on sexual assertiveness was non significant.

4b.) A second 3x2 ANOVA examined risk recognition as the dependent variable and victimization status and sexual self-esteem as the independent variables. This second 3x2 ANOVA on sexual self-esteem was also non significant.

CHAPTER IV

Discussion

Conclusions

Overall, it appears that victims of sexual abuse, whether they were revictimized or not, do not show lower risk recognition relative to non victims. Also, in the present study, differences were predicted between victimization groups on sexual assertiveness and sexual self-esteem, and were partially supported. That is, while there were no differences between groups on sexual assertiveness, revictimized individuals had lower sexual self-esteem than non-victimized individuals. Furthermore, the significant relationship between risk recognition and both sexual assertiveness and sexual self-esteem did not exist. The fourth and final piece of this study was looking at an interaction between the two factors in conjunction with victimization history on risk recognition. That is, the factors combined with victimization status would moderate the ability for risk recognition. There did not appear to be any interaction occurring, with either factor.

The lone significant finding of this study demonstrated support for the literature (Finkelhor & Browne, 1985; Van Bruggen, Runtz, & Kadlec, 2006). That is, there was a difference between sexual self-esteem and the victimization history of female participants. Research suggests that women's sexuality and their sexual encounters contribute to the development of their sexual self-image or self esteem, so having violent or unwanted sexual encounters will impact that esteem negatively (Calogero & Thompson, 2009). This analogue successfully placed the female participants in an in vivo situation in which they were dealing with sexual harassment and were forced to use their sexual self-esteem to either end the date or continue on the path of revictimization. The

research shows similar results for sexual assertiveness (Greene & Navarro, 1998; Livingston et al., 2007), a factor that, while approaching significance in post hoc analyses was consistently not significant in this study.

Methodologically speaking, non-significant findings could be accounted for due to lack of power in this study, due to the small sample size. Unfortunately, the time constraints of the current data collection limited the number of total participants. This is especially important because there does appear to be a downward trend and the post hoc analysis suggest that the non-victimized group and the revictimized group differences are nearing significance in regard to sexual assertiveness.

Earlier research conducted on the relationship between assertiveness and revictimization is varied. Some studies have shown a relationship between individuals with lower assertiveness and revictimization (Amick & Calhoun, 1987; Selkin, 1978), and others did not (Himelein, 1995; Koss, 1985). These studies examined general assertiveness, and not sexual-assertiveness, but the results are still mixed. These inconsistencies could be due to methodological issues, different sample sizes and demographics, or even ways to distinguish between victimization and revictimization. It is possible that assertiveness, whether general or sexual, is actually a combination of many factors. Current researchers believe that there are three main attributes of assertiveness: behavior, affection, and cognition. In addition to this complex concept, there are also several "classes" of assertiveness, with only one being refusing unwanted requests (Vagos & Pereira, 2010.) This study may be looking at only one aspect of assertiveness and not the whole picture. Therefore, this study may not have been accurately measuring "assertiveness."

As previously stated, 39.6% (N =21) of the sample had "low" sexual assertiveness and 60.4% had "high" sexual assertiveness (N= 32), based on the mean-dichotomous split procedure. Future research would need to look at a split based on the norms of the measures to get the bigger picture. However, an individual who signs up to participate in an online speed date with a stranger may naturally be more assertive than someone who does not choose to participate in that type of study. The title and guise of the study may draw in participants who are naturally more assertiveness.

As stated above, demographic differences among the samples could result in inconsistent results. This sample was limited to college women only. Further, this sample is only representative of a Northeastern university. Expanding the sample to include other socio-economic status, age, and regions, could yield different results, as these different samples could respond differently to harassment. Previous research suggests that different ethnicities may process child sexual abuse differently and have more protective factors based on their culture (Andrés-Hyman, Cott, & Gold, 2004; Mennen, 1995.) The sample consisted of 67.9% Caucasian, 24.5% African American, and 7.5% Hispanic/Latin American, which is a diverse sample for this college, but cannot be generalized to a national population. Future research may want to place this Speed Dating analogue into an online forum to get a more diverse sample of individuals, or expand to gather results in other universities across the country. Also, future research may want to add various male profiles of different ethnicities, as the one used in this study was a Caucasian male. Different ethnicities may be more attracted to a male of their own race/ethnicity than a Caucasian.

Also, the majority (52.8%) of the sample was in a committed relationship. This could definitely have an impact on how a woman would respond in a speed-dating scenario. These participants may not take the scripted speed date as seriously, because they are not truly looking for another relationship. Future research may want to limit the sample to only those participants who are single or dating multiple partners.

Another possible explanation for the non-significant results could be the use of the analogue itself. The female participants may not have found the responses sexually harassing enough, which decreases the validity of this paradigm. The analogue was created in 2007, so over the course of three years, social norms for sexual harassment may have changed. The female participants in this study may not have been shocked by what the male was saying to her. New pilot testing of sexually harassing responses could be done in the future to ensure the responses are up-to-date and considered sexually harassing. The results of this study may also be different if the women were led to believe they were actually going to meet the male they were talking to. Furthermore, this analogue may not be an accurate measure of risk recognition. The operational definition of what this analogue is actually measuring may not be accurately applied in this study. We identified risk recognition by the participants ending a speed date when the responses of the male became "too harassing." There may be other reasons why these participants are ending their dates and this action of stopping communication may not be due to recognizing a risky situation at all.

Although the use of an analogue increases external validity, there are still limitations. The current study was run in a computer lab, with 10 total computers. Therefore, more than one individual at a time was taking the study and engaging in

"speed dates." This could lead some of the participants to feel uncomfortable and not respond in a natural way, like they possibly would if they were in a room alone on this speed date.

None of the hypotheses involving risk recognition were significant, including the relationship between risk recognition and the interpersonal deficits of sexual assertiveness and sexual self-esteem. These two factors were chosen based on their ability to be amenable to change and their common use in therapy, however, these factors may not play a role in risk recognition at all. Previous literature used these two factors because of the fact they can be changed within an individual and possibly act as a "protective factor," but having higher sexual self-esteem may still not help you identify a risky situation. There may be other variables, which hold more importance in this interaction, or there could even be a cumulative effect. That is, the most interpersonal deficits you have, the more likely you are to be revictimized and unable to recognize risk. This concept could be extremely complex, as was previously stated, because there are many interpersonal variables, as well as external variables, that could play a role in this intricate interaction. It is possible that it could be the other way around as well and risk recognition is actually not the correct variable to examine relative to victimization and interpersonal deficits. Identifying risk in a situation may not really play a role in whether a female is more or less likely to get revictimized. It is possible in real life situations the female recognizes the risk, but there are other variables that make her go forward with the interaction regardless. Perhaps sexual assertiveness and sexual self-esteem perpetuate this behavior instead of acting as protective factors.

A total of ten participants went all the way to the end of the "speed date" with the sexually harassing male. These women stand out from the rest of the sample, as the majority ended their date between one and three responses. Comparing the differences between these outliers and the rest of the sample would be an interesting follow-up study to conduct. Specifically, looking at their responses to the male, and even adding a personality measure to see if these women are different from those leaving after one sexually harassing response.

Future research can look at other factors that may play a role in lowered risk recognition. Based on the large pool of literature on self-esteem, and assertiveness, those mediators were the two interpersonal deficits chosen for this study, but there are many others that may play a role. As previously stated, sexual assertiveness and sexual self-esteem are also amenable to change and may possibly possess a protective factor against future abuse (Livingston, Testa, & VanZile-Tamsen, 2007), which is why they were chosen, however, they may also be limiting the results of this study. Other possible factors could be quality of interpersonal relationships, attachment style, various disorders (i.e. PTSD, Major Depressive Disorder), or resilience. Locus of control is another concept that could be looked at in regard to revictimization. There are so many various factors that could play a part in revictimization that the research ideas are truly endless.

In regards to how victimization was measured, fourteen years was the cutoff age for childhood experiences and adult experiences, based on the research of Koss (1987). Some theoretical descriptions of childhood suggests this developmental period ends around 11 (Erikson's theory) or 12 (Piaget's theory), and then the child is an adolescent.

Making the cutoff year earlier for childhood vs. adult victimization may yield different results and be more consistent with developmental theory (Kowalski & Westen, 2005.)

Also, future research could add a severity scale to the sexual abuse questionnaires. The way this study was conducted, an individual could have multiple childhood sexual abuse experiences but still not fit into the "revictimized" group, due to them occurring in childhood only. Future research could make a severity continuum, since multiple severe unwanted childhood sexual experiences could be more traumatizing than an individual who was sexually harassed as a child and again as a teenager. This study did not tap into that "severity" aspect of experiences, which is a downfall of looking at many different types of sexual violence.

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Table 1. Means of Factors

	"Sexual Assertiveness Scale for Women"	"Sexual Self-Esteem Inventory for Women"
Never Victimized	*M* = 3.72	*M* = 4.62
Victimized Once	*M* = 3.60	*M* = 4.43
Revictimized	*M* = 3.33	*M* = 3.90

Table 2. Number of Sexually Harassing Comments

	Frequency	Percentile
1	8	15.1%
2	16	30.2%
3	12	22.6%
4	0	0%
5	3	5.7%
6	2	3.8%
7	1	1.9%
8	1	1.9%
9	10	18.9%
Total	53	100%