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AN EXAMINATION OF FACTORS PREDICTING THE REPORTING OF SEXUAL ASSAULT IN A COLLEGE SAMPLE

By

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ABSTRACT

AN EXAMINATION OF FACTORS PREDICTING THE REPORTING OF SEXUAL ASSAULT IN A COLLEGE SAMPLE

By

Jennifer Susan Paul

Sexual assault is a serious and pervasive problem on college campuses; however, studies have shown that as few as 28% of women who have been sexually assaulted seek out help from anyone (Ogeltree, 1993). In order to help sexual assault survivors, barriers to reporting need to be identified. This study expands upon previous research by examining a comprehensive model of factors that contribute to women's decisions whether or not to tell anyone about their experience of sexual assault. The model examined the relationships between women's definitions of their experiences, reporting behavior, sex-role stereotypes, type of relationship between perpetrator and survivor, physical injury, type of force, and beliefs about what others would want the women to do and how they would react.

The sample consisted of 397 college females, ages 17-23. Results indicated that 49% of the total sample had been sexually assaulted; however, 59% of the women who were assaulted did not label their experience as an assault. Twenty percent of women who were assaulted told no one and 69% told only one person, while most non-assaulted women (85%) believed they would tell two or more people. Results also indicated differences in expectations for outcomes of reporting and who was blamed between assaulted and non-assaulted women. Structural Equation Modeling revealed that the data

fit the model for non-assaulted women; however, most of the paths were not significant. In addition, due to low variance in reporting, the model for assaulted women was difficult to interpret. Despite limited findings with the models, the study revealed several significant, interesting relationships between the variables. Specifically, for non-assaulted women significant, positive relationships were found between expectations for reporting, blame, beliefs about what others would want them to do, and reporting. For women who have been sexually assaulted, relationships were found between labeling the incident as an assault and level of injury, type of force, blame and reporting. In addition, reporting was found to be related to perceived outcomes, injury and normative beliefs about family members. The findings suggest that colleges could benefit from implementing campus-wide psychoeducational programs about sexual assault as well as how to help survivors of sexual assault.

ACKNOWLEDGMENTS

Completing a dissertation requires a lot of effort on the part of not only the author but also from many others. This process has taught me the importance of seeking out support for both the logistical nightmares involved in research and graduate school but also the emotional roller coaster that often occurs. The process of completing my doctoral degree was smoother and more enjoyable because of the support from my committee, my chair, my friends and my family. I know that without these supports this process would have been even more draining and less rewarding.

I would like to thank my committee members, Cris Sullivan, Gary Stollak, and Alex VonEye for their time, effort, guidance and patience with me throughout this process. I could not have completed this project without the support and guidance of my chair, Alytia Levendosky, Ph.D. Our countless meetings and her input throughout this process were invaluable. Her support for not only the methodological problems I had but also for stressors in my personal life means a lot to me. She is an excellent role model and her continued interest in me as both a psychologist and as a person was instrumental in both my professional and personal development.

Of course, I would never have made it through this process without the support and love of my family. My parent's support throughout my entire graduate school experience was invaluable. The numerous weekends I spent with Nancy, Tige and Zachary helped me keep my sanity throughout the trials and tribulations of writing a dissertation. Susie's ability to listen to me throughout this process and to make me laugh

uncontrollably means more to me than I could ever express. Geoffrey's support and our wonderful time together in Italy was very special to me.

Graduate school taught me to appreciate the many wonderful friends in my life. Late-night chats and walks with Alison Ward and her never-ending support helped me remember the larger perspective and always cheered me up. Her support through the stressful times in my life and through losses I experienced is something for which I will be forever grateful.

My friendship with Christina Haemmerle which began on my first day of graduate is truly a blessing from God. Our friendship and our crazy times together made graduate school actually fun! In addition to helping me with the technical aspects of writing a dissertation she was always there to listen and to put a smile on my face. The laughter, tears, and secrets we shared will always be with me. I would also like to thank Chelsea and Suzanna whose craziness and wild spirits reminded me to never forget what is really important in life!

I would like to thank the women whose stories inspired this project. Last, I would like to thank the many women who participated in my study and shared their experiences with me.

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INTRODUCTION

Sexual assault is a serious problem on college campuses. National surveys in the United States and Canada have shown that many women are sexually assaulted while at college (DeKeseredy & Kelly, 1993; Koss et. al, 1987). Estimates of percentages of college women who have experienced sexual assault have ranged from 15% to 47% (Ogeltree, 1993). It is well documented that women who have been raped or sexually assaulted experience a wide range of psychological symptoms, such as depression (Resick, Calhoun, Atkeson, & Ellis, 1982; Kilpatrick, Veronen, & Resick, 1979), fear and anxiety (Calhoun, Atkeson, & Resick, 1982; Kilpatrick, Resick, & Veronen, 1981), sexual dysfunction (Orlando & Koss, 1983; Norris & Feldman-Summers, 1981) and problems in social adjustment (Kilpatrick et. al, 1979; Resick et. al, 1982). To cope successfully with the psychological effects of sexual assault survivors often need support, yet research has shown that many survivors do not seek any kind of support (Koss & Oros, 1982; Koss, 1985; and Stets & Pirog-Good, 1987). In order to help sexual assault survivors, barriers to reporting sexual assault in relationships need to be identified. While prevalence, etiology, and risk factors of sexual assault have been studied, little research has focused on variables that affect women's decisions about whether or not they will seek help after being sexually assaulted.

This literature review and research project explores why women do not talk to people and/or report their experiences of sexual assault. The primary purpose of this literature review is to provide a context for the current study examined factors contributing to women's decisions to report their sexual assault experiences to others. This literature review covers four main areas. First, a general overview of the problem of sexual assault

and low reporting rates are provided by defining sexual assault, its prevalence, and reporting rates. Second, reasons for not reporting are examined from a feminist perspective. Third, a social cognitive perspective of reasons why women do not report sexual assault is presented. Finally, flaws in the research are reviewed and the current study is discussed. The purpose of this study was to test a comprehensive model of variables related to reporting behavior, using both a feminist and a social-cognitive perspective to consider a wide variety of factors.

Definition of Sexual Assault

Research in this area has been plagued by problems with changing definitions of sexual assault. The definition of sexual assault can affect estimation of prevalence rates and can make it difficult to compare findings across studies. Muehlenhard, Powch, Phelps, & Giusti (1992) noted that definitions of sexual assault can vary along four dimensions: 1) the individuals who are specified, 2) the criteria used for determining nonconsent, 3) the sexual behaviors that are specified, and 4) who decides if sexual assault has occurred.

Individuals who are specified can vary by gender and age. While men and women can be survivors and perpetrators of sexual assault, it is most common for women to be sexually assaulted by men (U.S. Department of Justice, 1997). As a result, this study will focus on sexual assault of women by men. In addition, assault occurs to individuals of all ages; however, since different factors may contribute to reporting based on the age of the individual, this study will focus specifically on one age group. Since research has shown that college women are at approximately three times greater risk for sexual assault

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than women in the general population, college students were chosen as the subjects for this study (Koss, Gidycz, Wisniewski, 1987).

Criteria for establishing nonconsent can rely upon the women's state of mind (i.e., she didn't want to, it was against her will, etc.), verbal or non-verbal signs of resistance (i.e., crying, screaming, hitting, etc.), or the use of force by the perpetrator. A woman's state of mind is known only by her; therefore, studies which rely upon state of mind criteria for nonconsent can be problematic depending upon who is asked. Specifically, asking the perpetrator about the women's state of mind leaves the open possibility that he has misinterpreted the event. In fact, Muehlenhard (1988) found that men interpret various behaviors more sexually than women do. Using the victim's behavior as a definition of nonconsent can also be problematic if the range of behavior used in the definition is limited or relies upon only physical signs of nonconsent. If a woman stated her unwillingness during the assault but the study asks if she physically fought back her experience would not be labeled as an assault. In addition to resulting in decreased prevalence rates, this type of questioning can result in increased self-blame or shame of woman who did not physically resist. Last, using force as a definition of nonconsent excludes many cases of non-stereotypical forms of sexual assault. Definitions can also vary by what behaviors are specified. Specifically, studies can examine unwanted sexual intercourse only or can include any unwanted sexual behavior. Clearly, the range of behaviors listed will affect the prevalence rates.

In addition there are different ways to assess who decides whether sexual assault has occurred. For instance, it can be measured by including only incidences which women label as an assault, using only women who have reported the incident to the police, using

cases which resulted in legal charges, or using women's responses to behavioral descriptions of the legal definitions of assault. With the exception of using behavioral descriptions, these mechanisms for deciding if an assault occurred are based on subjective definitions and would not accurately represent the prevalence of sexual assault.

Since sexual assault can be defined in many different ways and these different definitions affect research findings, it is important for researchers to clarify how they will define sexual assault. As noted above, it is important to use behavioral descriptions of assault and to examine a wide variety of unwanted behaviors to gain a more accurate assessment of the problem of sexual assault. Koss et al. (1987) suggest there are four types of sexual assault: sexual contact, sexual coercion, attempted rape and rape. This study used the following definition of sexual assault:

"Sexual contact includes unwanted sex play (fondling, kissing or petting) arising from the use of menacing verbal pressure, misuse of authority, threats of harm or actual physical force. Sexual coercion includes unwanted sexual intercourse arising from the use of menacing verbal pressure or the misuse of authority. Attempted rape includes attempted unwanted sexual intercourse arising from the use of threats of force, or the use of drugs or alcohol. Rape includes unwanted sexual intercourse arising from the use of threats of force and unwanted sex acts (anal or oral intercourse or penetration by objects other than the penis) arising from the use of threat of force, or the use of drugs or alcohol" (Koss et al., 1987).

In addition to differences in definitions of sexual assault, researchers have used different words to refer to women who have experienced sexual assault. Traditionally, women who have been assaulted are referred to as "victims" of sexual assault. This term implies powerlessness and can for some people suggest helplessness. Muehlenhard, Powch, Phelps, & Giusti (1992) suggest using the term survivor to refer to women who have experienced sexual assault. Since the term survivor is more empowering, women who have experienced sexual assault will be referred to as survivors in this study.

Prevalence of Sexual Assault

Research with college students has shown that sexual assault is a common phenomenon. In a national survey of 32 institutions of all types of higher education in the United States, Koss et al. (1987) found that 54% of 3,187 college females reported having experienced some type of sexual assault since the age of 14. Approximately 15% of the women reported that their most serious sexual victimization since the age of 14 had been a completed rape and 12% reported that their most serious victimization was attempted rape. Eighty-four percent of the rape survivors knew their attacker and 57% of the rapists were dates. Koss et al. (1987) also asked the women to report whether or not they had been sexually assaulted in the last year to assess incidence rates. They found that 207 women had experienced a total of 353 rapes, 323 were survivors of 533 attempted rapes, 366 were survivors of 837 cases of sexual coercion, and 886 were survivors of 2,024 experiences of unwanted sexual contact in the last year.

Koss et al.(1987) also asked 2,972 men to report about their sexual activities. Approximately 25% of the men in their sample reported engaging in some form of sexual assault since the age of 14. Ten percent admitted to having engaged in unwanted sexual contact, 7% reported using sexual coercion, 3% reported engaging in attempted rape and 4% reported raping someone. When assessing the incidence rates, Koss et. al (1987) found that there were 187 rapes reported by 96 different men, 167 attempted rapes committed by 105 offenders, 311 episodes of sexual coercion perpetrated by 167 men and 854 unwanted sexual contact incidents committed by 374 men.

Researchers have also examined prevalence rates of sexual assault specifically in dating relationships. In a study of 330 women at a large southeastern university, Himelein

(1995) found that 29% of students had been sexually victimized in a dating situation since entering college. Eight percent of the women experienced unwanted sex play (kissing, fondling, petting), 13% experienced attempted rape or unwanted sexual intercourse obtained through verbal pressure, and 8% experienced unwanted sexual intercourse obtained through threat of force, use of force, or administration of alcohol or drugs. In another study examining the prevalence of sexual assault in dating situations in a college population, Muehlenhard and Linton (1987) found that 78% of 341 women reported having experienced some form of unwanted sexual activity, ranging from unwanted kissing to rape, in high school or college. In this study, 15% of the women had experienced rape. Fifty-seven percent of the 294 male respondents in this study admitted to engaging in some type of sexual assault with a partner, and 7% admitted to raping a woman. Muehlenhard and Linton (1987) found similar prevalence rates of rape to Koss et al. (1987), however their rates of sexual assault were much higher. The discrepancies in prevalence rates may have been a result of methodological differences between the two studies. While the overall rates were different, the incidence of rape reported in the two studies is very similar for both women and men. Muehlenhard and Linton (1987) used a broader definition of unwanted sexual activity, including seventeen items ranging from unwanted kissing without tongue contact to sexual intercourse, which may explain the difference in the overall rate of sexual assault found in these studies.

Sexual assault on college campuses is not a problem unique to American universities. For instance, Gavey (1991) examined prevalence of sexual assault in a university in New Zealand. He found that 52% of 327 undergraduate women had experienced some form of sexual assault and 25% had experienced rape or attempted rape. In addition, the

Canadian National Survey, a sample survey of 3,142 community college and university students, found that 28% of the women in their sample had been sexually assaulted in the past year by someone they knew and 11% of the men reported sexually assaulting a dating partner (DeKerseredy & Kelly, 1996). The study also examined prevalence of sexual assault since leaving high school and found that 45% of the females stated they had been sexually assaulted and 20% of the men reported they had sexually assaulted.

In sum, these studies found high prevalence and incidence rates of sexual assault. Although rates varied across studies, all results indicate that sexual assault among acquaintances in college and universities is a widespread and serious social problem.

Methodological Problems in Research on the Prevalence of Sexual Assault

Comparing findings across studies on sexual assault can be difficult because of methodological differences. The following section discusses the various problems that can affect the interpretation of sexual assault research. As noted earlier, prevalence and incidence rates of sexual assault vary across studies. This wide range of findings can be explained in part by differences in methodologies (e.g. interview versus questionnaire) and wording of the definition of assault.

Discrepancies between the rates of sexual assault experienced by women and the rates of admitted sexual assault by men are consistent across studies. Koss et al. (1987) showed that this discrepancy was not likely a result of a small number of men abusing many women, since the average number of incidents per respondent reported by women and men were equivalent. They hypothesized that either men were under-reporting the severity of sexual assault they engaged in or a large number of women in the study were victimized by men who were not college students. In support of the former, Koss et al.

(1987) cited several studies with convicted rapists, which found that rapists often perceived their coercive and threatening behavior towards their victims as within the bounds of mutually consensual sexual activity. Warshaw (1988) offers a different explanation for the discrepancy between female report of victimization and male report of sexual assault offenses. He suggests that male perpetrators may realize that sexual assault is wrong and therefore be hesitant to admit having sexually assaulted anyone. In fact, some researchers have argued that social desirability may play a key role in shaping male responses to these questionnaires (DeKerseredy & Kelly, 1993). While this theory has not been tested with sexual assault offenders, Dutton and Hemphill (1992) did examine the role of social desirability in self-report behavior of physical and emotional abuse. They used the Balanced Inventory of Desirable Responding (Paulhus, 1984) to examine two components of social desirability: impression management or lying and self-deception or distorted responses. They found that men's scores on both the impression management and self-deception scales negatively correlated with self-report of physical and emotional abuse.

Another methodological problem in researching sexual assault is the effect that different types of data collection can have on reported prevalence and incidence rates. Prevalence rates of rape and attempted rape in the studies previously discussed are significantly and substantially higher (10 to 15%) than prevalence rates of rape and attempted rape in official victimization studies (Koss et al., 1987). For instance, the National Crime Survey, conducted by the Bureau of Justice Statistics (1997), using telephone surveys found that less than one percent of women (approximately 1 out of every 625 women) had experienced rape or sexual assault. The National Crime

Victimization survey uses the word "rape" and asks about sexual "attacks", which may account for the low prevalence rate. These type of questions assume that the victim defines her experience as rape or perceives sexual assault as an "attack." In fact, studies have shown that many women who have had experiences which meet the legal definition of rape do not label their experiences as rape when asked directly (Koss, 1985; Koss et al., 1987; Lane & Gwartney-Gibbs, 1985).

Koss labels women who do not identify their experiences as rape as "unacknowledged rape victims." These women respond affirmatively to a question that describes an incident meeting the legal definition of rape, but do not respond affirmatively when asked if they have been "raped." The percentage of survivors who labeled their rape experiences as a rape have ranged from only 27% (Koss et.al, 1987) to 57% (Koss, 1985). Wording of questions, men and women's views of what classifies as rape or attempted rape, and social desirability may all affect the results of studies assessing sexual assault. Clearly, researchers can not only directly ask individuals about rape. Instead, it is important for researchers to use behavioral descriptions when inquiring about sexual assault, in order to get the most accurate findings. Accurate findings are important not only to the validity of the research but also for the usefulness of the research. Underestimating the extent of the problem of sexual assault can have negative effects on sexual assault survivors. For instance, low prevalence rates in studies may lead to less funding for prevention and treatment of sexual assault.

Effects of Social Support for Sexual Assault Survivors

It is important that enough services are available to help sexual assault survivors because research demonstrates that social support can buffer the psychological effects of

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stressful life experiences (Cohen & Willis, 1985), including rape and sexual assault experiences (Golding et al., 1989; Popiel & Susskind, 1985). Research using both interview data and questionnaire data demonstrates a relationship between social support and decreased symptomatology in sexual assault survivors. For instance, Meyer and Taylor (1986) asked 58 rape survivors what they did that made them feel better and most survivors mentioned counseling, talking to friends and family, making life changes and taking precautions. Frazier and Burnett (1994) also asked sexual assault survivors what they did that made them feel better. They found that 46% of the sample reported that talking about the rape and expressing feelings helped them feel better and 45% of the women also indicated that getting support from friends and family was helpful.

Researchers have also examined the relationship between social support and symptomatology and physical health. For instance, Kimmerling and Calhoun (1994) studied 115 women between the ages of 15 and 71 who had received services at a rape crisis center. They found that social support was a moderating variable in the relationship between physical health and victimization, $F(4, 651)=2.48$, $p<.04$, with higher levels of social support being associated with better physical health following victimization. Overall, current research supports the hypothesis that women who receive help from others experience fewer problems associated with the sexual assault than women who do not receive support. Failure to receive any help may result in prolonged dysfunctional behavior and problems for the victim (Braswell, 1989) and therefore it is very important that the reasons for not reporting be examined. In addition, it is important to understand why women do not report sexual assault, since higher reporting rates may serve as a deterrent to some potential offenders because they may fear that their behavior would also

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be reported. However, if increased reporting occurs only to peers this may lead some potential offenders to believe their behavior is normal and/or common. If individuals believe they are likely to be punished for committing sexual assault, they may be less likely to commit acts of sexual assault. In fact, research has shown that men's inclination to engage in sexually assaultive behaviors decreased significantly by threat of formal sanctions through the university or the police (Bachman, 1993).

Reporting Sexual Assault

In assessing prevalence of sexual assault, researchers can not rely upon police and campus reports of sexual assault because many women do not report being sexually assaulted. The National Crime Victimization Study (1997) of more than 100,000 females aged 12 and older found that 32% of rape/sexual assault victimizations were reported to a law enforcement agency. Studies have also found that there are differential rates of reporting dependent upon type of person reported to (i.e. police versus family). For instance, Ullman and Siegel (1993) used a subsample from the Los Angeles Epidemiological Catchment Area (ECA) study to examine reporting behavior of sexually assaulted women in a community sample. They interviewed 1651 women and found that 240 (15%) of the women had been sexually assaulted as adults (age 18 or older). They asked women if they talked to either a friend/relative professional helper (religious person, physician, and police), or a mental health professional (mental health worker or rape crisis counselor), after the assault occurred. They found that 67% of women assaulted by someone they knew told a relative or friend, 30% told a professional helper, and 29% told a mental health professional. Eighty-four percent of women assaulted by a stranger told a friend or relative, 55% told a professional helper, and 29% told a mental

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health service worker. Chi square analyses revealed significant differences on reporting to friends/relatives and professional helper between women assaulted by a stranger and women assaulted by an acquaintance (chi square=.448 and 3.24 respectively, $p<.05$).

George, Winfield and Blazer (1992) also used data from the National Institute of Mental Health Epidemiological Catchment Area (ECA) Program to examine women from the North Carolina ECA site. They found lower rates of lifetime sexual assault than most samples previously discussed; they reported that only 6% of the sample had been sexually abused during their lifetime. The authors point out that 82% of these reports involved rape, in contrast to 50% of the Los Angeles sample (Sorenson et al., 1987). These differences suggest that women in the North Carolina sample may have restricted their definition of sexual assault to more serious forms of assault than did women in the Los Angeles sample. Despite differences in prevalence rates, they found similar reporting behaviors to other community samples. Using the anonymous responses, the researchers found that 31% of their sample told no one about being sexually assaulted, 69% told a friend or relative, 27% told a psychiatrist or mental health counselor, 20% told the police, 16% told a physician, medical professional, or emergency room staff, 5% told a religious leader, 5% told a rape crisis center. This study did not differentiate between stranger or acquaintance rape or between acknowledged or unacknowledged sexual assault survivors.

Research with college populations find that many women do not talk about their experience with others. One study that examined women's reporting/help-seeking behaviors after being sexually assaulted by their dating partners (Ogeltree, 1993) found that 42% (278) of the women had been survivors of sexual coercion in dating situations while in college. Of the women who had experienced sexual assault, 199 (72%) indicated

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that they did not seek help from anyone after the incident. Within the group of help seekers (N=79), 75% (59 women) went to a friend for help, 9% (7 women) went to a counselor or therapist, 6% (5 women) sought help from the police, 4% (3 women) sought help from a rape crisis center, 4% (3 women) sought help from a parent or other relative and 1% (1 woman) sought help from a physician or hospital. Results of this study indicate that most college women who have been survivors of sexual assault are not seeking potentially valuable help.

Koss (1985) also used a college sample to examine reporting rates and to look specifically at differences in reporting for acknowledged versus unacknowledged sexual assault survivors. For instance, Koss (1985) examined unacknowledged and acknowledged rape survivors using a university sample and found that none of the unacknowledged rape survivors reported their experience to the police, a rape crisis center, or a hospital emergency room. In fact, more than half of them did not reveal their assault to anyone, other than anonymously to the researchers. Eight percent of acknowledged rape survivors reported their experience to the police; 13% went to a rape crisis center or hospital emergency room, and 48% did not discuss their rape with anyone. Most of the rape survivors in this study knew their attacker; 59% of acknowledged survivors and 100% of unacknowledged survivors reported that at minimum they recognized the man. Thirty-one percent of acknowledged rape survivors and 76% of unacknowledged rape survivors were romantically involved with their attackers.

Overall, the literature suggests that in both community and college samples, and among both acknowledged and unacknowledged rape survivors, many women are not telling anyone about their experiences of sexual assault. Even fewer women are seeking

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valuable help from professionals (police, rape crisis centers, mental health workers, doctors, etc.). Most of the women who sought help turned to their friends. Although friends may be a valuable source of social support for these women, they may not be the most knowledgeable source of support. In conclusion, the high percentage of women sexually assaulted in combination with low reporting rates suggest the need for an understanding to whom survivors turn for support and why they rarely seek help so that barriers to seeking help can be addressed. Two main theoretical perspectives, feminist and social-cognitive, have been used to explain why women do not report sexual assault. This study will review each of these theories, the empirical evidence to support the theories, and evaluate the validity of a combination of these models in predicting women's help-seeking/reporting behaviors.

Factors' Contributing to Women's Reporting Behaviors Following Sexual Assault

Feminist Model of Sexual Assault

In order to understand why women do not tell anyone about being sexually assaulted, it is important to review the processes that contribute to the occurrence of sexual assault. Feminists view sexual assault as an integral part of a patriarchal society and as a social tradition of male domination and female exploitation (Brownmiller, 1975, Rose, 1977). Feminist theory postulates that social norms contribute to stereotyped attitudes about rape and create a rape-supportive environment (Rose, 1977). These norms contribute to acceptance of rape as a part of the continuum of normal sexual behavior. These lead to the assumption that sexual assault is not pathological in the individual sense but is a reflection of society's pathology. In addition to maladaptive norms, power differentials between men and women are seen as contributing to the occurrence of sexual assault.

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Sexual assault is understood as a way in which men as a class maintain control over women (Brownmiller, 1975). In fact research has found a negative correlation between economic and social gender inequality and sexual abuse: the less powerful women were, the higher the rates of rape (Baron, Straus and Jaffee,1987). These gender differences are promoted by cultural gender roles and expectations. Norms for sexual behavior, and the power differential between genders that promote a rape supportive environment also may contribute to women's hesitancy to report crimes of sexual assault.

Sexual assault is understood to be intrinsic to a system of male supremacy and in support of this theory, some feminist theorists have pointed to the social acceptance of many forms of sexual assault and the glorification of sexual violence in the dominant culture (Herman, 1990). Sexuality is often scene as involving the erotization of male dominance and female submission, therefore the use of coercion to achieve sex may be an exaggeration of, but not a departure from society's norms. (Herman, 1990; Russell, 1998).

Using feminist explanations of sexual assault, researchers have postulated that the low reporting of sexual assault results from two general processes (Gartner & Macmillan, 1995). The first process involves denial or minimization of the assaultive behavior. Factors such as stereotypical beliefs about assault, relationship between victim and offender, sex role socialization and attribution of blame can all contribute to the denial or minimization of the assault. The second process involves weighing the costs and benefits of telling anyone. The following section discusses the theory and research findings for each of these processes.

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Denial or Minimization of Sexual Assault

Feminist theory postulates that women tend to and are encouraged to minimize the violence that they experience from men (Hester, Kelly & Radford, 1996). Women are encouraged not to speak about their experiences of sexual abuse, coercion, and assault. This "silencing" is a complex process. In order to speak about and seek out social support, sexual assault survivors must first be able to name and define it. Research demonstrates a link between defining a sexual assault experience as abusive and reporting the sexual assault. A study at Kent State University found that unacknowledged sexual assault survivors (women who did not label their experience as an assault) were less likely to tell anyone (other than anonymously telling the researcher) about their experience than acknowledged survivors (Koss, 1985). Pirog-Good and Stets (1989) also found that unacknowledged sexual assault survivors were less likely to tell anyone about their experience.

Many women do not define their experiences as assaultive. Wiehe and Richards (1995) studied women who had experienced acquaintance rape. They asked participants whether or not they defined their own experience of being forced to engage in sexual activity without their consent with an acquaintance as rape at the time it happened. Sixty-one percent (143 women) of the sample reported that they did not define their own experience as rape. Another study found that fifty-eight percent of 206 women failed to label themselves as rape survivors, despite the fact that they had responded affirmatively to questions that gave behavioral descriptions of rape (Amick & Calhoun 1987).

One of the most significant aspects of feminist theory and practice has been to find words to define women's experiences so that these experiences can be discussed and

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women are not silenced. For instance, while words such as domestic violence and sexual harassment did not always exist, these behaviors have existed for a long time. Naming these behaviors helps bring into awareness and facilitate discussion of what was previously invisible and unspeakable (Kelly, 1988). Feminists not only created words but also expanded the definition of previously existing words. For instance, rape is no longer defined (at least not in all settings) as the brutal attack by a stranger but also includes rape by acquaintances and attacks not involving physical force.

Other paths by which women are silenced are the many ways in which women's experiential knowledge about sexual assault is denied and invalidated. Feminist theory postulates that men, who are the majority of perpetrators of sexual violence, have constructed "knowledge" about sexual violence through such mechanisms as law, medicine, and the media (Hester, Kelly & Radford, 1996). For instance, the media, through its depiction of women and sexual behavior, can teach society about what is acceptable and what is abnormal. The portrayal of an unwilling woman who is overpowered by a passionate man is a popular movie theme and teaches that this type of sexual interaction is acceptable (Gunn & Minch, 1988). Women may internalize this message and as a result may have difficulty labeling their own sexual assault experiences as abusive. Women are less likely to report acts of sexual violence if they do not perceive the experience as abusive or consider it a sexual assault. Research demonstrates that the general public (Burt, 1980), the police (Feldman-Summers & Palmer, 1980) and judges all hold stereotypical views about the crime of rape and sexual assault. Researchers demonstrate that the general public sees rape and sexual assault as involving an attack in a deserted public place by a stranger who uses physical force to commit the sexual assault

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(Estrich, 1987; Williams, 1984; Weis & Borges, 1973). Feminist theory postulates that women whose experiences do not meet this stereotypical definition will be less likely to define their experiences as assaultive (Orcutt & Faison, 1988; Williams, 1984). Specifically, when physical force is not used to force a woman to have rape, when no physical injuries occur and when the perpetrator is someone the woman knows, she will be less likely to define her experience as assaultive. In addition, the relationship between stereotypical rape and reporting is hypothesized to be stronger for women who hold traditional views of women and dating, since they will be more likely to believe stereotypes about sexual assault (Orcutt & Faison, 1988).

Type of Force. Stereotypical rape involves the use of physical force; however, a large percentage of women are forced to have sex through verbal coercion and by being given alcohol or drugs. Feminist theory postulates that women whose experiences do not meet the stereotypical definition will be less likely to define their experiences as assaultive (Orcutt & Faison, 1988; Williams, 1984). Using this hypothesis it makes sense to conjecture that women who are physically forced to have sexual contact with someone will be more likely than women who are given alcohol or drugs, or women who are verbally coerced to have unwanted sexual contact, to label their experience as an assault. Research supports a link between type of force and labeling experiences. For instance, Oros et al. (1980) found that the degree of physical force used by rapists was the main factor in determining how the women labeled their experience; women were more likely to label their experience as an assault if they had been subjected to a high degree of physical force. In addition, Koss (1985) found that acknowledged survivors and unacknowledged survivors of sexual assault differed in the number of different types of

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physical violence they experienced ($F(3,137)=118.27$, $p<.001$), with acknowledged survivors having experienced more types of violence.

While researchers have not specifically examined how the type of coercion used affects women's perceptions of their sexual assault experiences, research has demonstrated a correlation between type of force and blame. Specifically, research shows that people place more blame on the woman if she was drunk during the assault and less blame on the male if he was drunk during the assault (Richardson & Campbell, 1982). In addition, research demonstrates that women place more blame on themselves for the incident if they have been drinking (Abbey, 1991). This finding lends indirect support for the hypothesis that women who are forced to have sex while they are drunk or on drugs will be less likely to label their experience as a sexual assault because they believe they are responsible for what happened to them.

Although there is little research directly examining the relationship between type of coercion (physical, verbal, alcohol) and labeling of sexual assault experiences, research has demonstrated a link between physical force and labeling one's experience as an assault (Oros et al., 1980). This study hopes to address this flaw in the research by directly examining the relationship between type of force and labeling one's experience as assaultive.

Physical Injury. Since stereotypical rape involves physical injury, feminist theory would conjecture that the amount of physical injury incurred during an assault will be related to women's definitions of their experiences. Specifically, women who are not physically injured or are only mildly injured (small cuts or bruises) will be less likely

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Researchers have argued that women learn that violent crimes are associated with injuries and that sexual assault is a violent crime (Gunn & Minch, 1988). Therefore, if no injury is incurred women may believe that no crime could have occurred (Gunn & Minch, 1988; Skelton & Burkhart, 1980). Research has not examined survivors' perceptions of sexual assault and physical injury; however, studies have examined men's and women's definitions of sexual assault scenarios. Research shows that people are significantly more likely to label an incident as rape if the victim is injured (Bourque, 1990; Shotland & Goldstein, 1983). While studying how the general public labels sexual assault is useful, it does not imply that actual sexual assault survivors will respond in a similar manner. This study attempts to address this current flaw in the literature by directly examining sexual assault survivors' definitions of their experiences and their relationship to physical injury.

Researchers have examined reporting rates in relation to physical injury. Research demonstrates that physical injury is related to reporting a sexual assault. Women who sustain a visible injury are more likely to report (68%) than if they did not suffer visible injuries (32%) (Gunn & Minch, 1988). Bachman (1998) found that physical injuries significantly increased the likelihood of reporting rapes to the police. Other researchers have also found that women were more likely to report if they had been injured or if the offender had used force (Bachman, 1988; Feldman-Summers & Norris, 1984). These studies did not measure women's definition of their experiences. As a result, it is unclear if there is a direct link between reporting and injury or if this relationship is moderated by women's definitions of their experiences. Both links will be examined in this study.

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Relationship between Survivor and Offender. Feminist theory also postulates that with increasing intimacy, there will be decreasing acknowledgment of sexual assault experiences as an assault and consequently decreased reporting of these experiences (Gartner & MacMillan, 1995). One reason for this relationship may be because the traditional rape is believed to occur by a stranger and situations that do not fit the stereotype will make defining the experience as an assault more difficult. In addition, women who are assaulted by someone they know have a greater investment in not labeling the experience as rape (Weis & Borges, 1973) because this might lead to a breakdown in the relationships and the women may experience a sense of failure (Gartner & Macmillan, 1995). Women who are raped by strangers may be more able to label the experience as an assault and view their assaults as more random and less personal events than women sexually assaulted by people they know. Researchers have theorized that by labeling an experience as sexual assault, women assaulted by acquaintances may question if they are competent to function in relationships (Allison & Wrightsman, 1993).

Research supports the theory that women raped by acquaintances are less likely to label their experience as rape. For instance, Koss et al. (1988) found that the percentage of women describing their experience as rape decreased with increasing intimacy between victim and offender; 28% of women raped by a nonromantic partner, 18% of women raped by casual dates, and 18% of women raped by steady dates labeled their experiences as rape.

Norms for intimate relationships may also increase the likelihood that the women will not tell someone about sexual assault. In intimate relationships reporting is even more complex, since relationships are seen as private and therefore seeking help from others is

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seen as a violation of the privacy of relationships (Gartner & Macmillan, 1995). The responsibility for the success of the relationship is often seen as the women's job (Belenky, Clinchy, Goldberger & Tarule, 1986). As a result, women may be concerned that telling others will be a sign of failure and will be shameful and embarrassing.

Research demonstrates that women raped by acquaintances are less likely to report the incident to anyone. Gunn and Minch (1988) found that reporting decreased with increasing familiarity with the victim. They found that 75% of women assaulted by a stranger told the police, 47% of those assaulted by someone casually known, 43% of women assaulted by someone well-known, and 25% of women assaulted by a family member. Since research strongly supports a link between labeling an incident as an assault and reporting, this link will be used in the model for this study.

Sex Role Socialization. In addition to learning norms for intimate relationships, women are also socialized to learn general roles of women and men. This process of sex role socialization may be related to women's understanding of what constitutes sexual assault and consequently how women label their own experiences of sexual assault. Feminist theory postulates that women who have more narrow or traditional views of the roles of men and women (i.e. more traditional sex role expectations) will be less likely to define their experiences as a sexual assault (Check & Malamuth, 1983; Lloyd, 1991; Orcutt & Faison, 1988). Sex role socialization involves the process by which women learn about types of behaviors and responsibilities of men and women.

A number of researchers have suggested that rape is the logical extension of the sex-role socialization process and those assumptions about men, women, and sexuality account for the rape-supportive nature of American society (Burt, 1980; Koss, 1987;

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Sanday, 1981). Because traditional sex role expectations teach women norms regarding dating behavior, the process of sex role socialization may be more influential in dating situations. These norms may contribute to a rape supportive culture in which the use of coercion and force to obtain sexual contact is seen, not as deviant, but as within the realm of normal dating behavior (Check & Malamuth, 1983). In this culture, males are seen as the pursuers of sexual contact and women are responsible for limit setting. This implies that all strategies for avoiding sex are feminine and the responsibility of the female. In fact, research has found that college students stereotype strategies for having sex as masculine and strategies for avoiding sex as feminine (LaPlante, McCormick, & Brannigan, 1980). In addition, research has shown that people often hold women responsible for rape because it is their job to control the situation. Research has also suggested that men are more likely than women to have dating goals that are sexually oriented (Alksnis, Desmarais, & Wood, 1996).

Traditional dating norms (Check & Malamuth, 1983) teach men to persist in attempts of sexual contact, even if the woman resists, since women are supposed to initially resist sexual overtures (e.g., men may believe it is a token resistance). Theorists have argued that these traditional norms regarding token resistance contribute to misunderstandings in dating situations and may lead to the belief that rape is okay under certain conditions (Russell, 1975; Check & Malamuth, 1983; Koss, Leonard, Beexly & Oros 1985).

Traditional norms appear to teach men that using force to achieve their sexual goals is normal (Lloyd, 1991). One study supporting this hypothesis found that 35% of men report that they might force their partner to have sex if they "could get away with it" (Malamuth, 1981). The fact that approval of use of force to obtain sex is greater in the

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context of a dating situation (first date or long term dating partner) than it is in a stranger situation also supports the hypothesis that the use of force is part of dating norms (Bridges & McGrail, 1989; Margolin, Miller, & Moran, 1989). In addition, Bridges & McGrail (1989) found that men and women are more likely to label miscommunication as a reason for date rape than for stranger rape.

Research has shown support for the link between definitions of the experience as an assault and sex-role expectations. Check and Malamuth (1983) found that observers with more traditional sex-role beliefs were less likely to perceive a favorable reaction of the date rape survivor than individuals with more egalitarian attitudes. Bridges (1991) also found a positive, significant relationship between sex-role beliefs and perceptions of sexual assault experiences, with observers with more traditional sex-roles being more likely to interpret date-rape situations more favorably . Research has shown that individuals with more egalitarian attitudes according to the Attitudes Toward Women Scale (Spence & Helmreich, 1972) were more likely to label the experience as violent (Muehlanhard, Friedman & Thomas, 1985; Shotland & Goldstein, 1983). The link between sex-role socialization and labeling the experience as an assault has been supported in the literature and therefore will be used in the model being examined in this study.

Attribution of Blame. Sex role socialization leads some women to feel responsible for being sexually assaulted (Bridges, 1991; Coller & Resick, 1987; Wilson, Faison & Britton, 1983). Unlike many other crimes, there is a stigma attached to being a victim of sexual assault because the victim is often considered responsible for the incident (Biaggio, Brownell, & Watts, 1991). Women have historically been given the

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responsibility of controlling men's sexual behavior, so unwanted sex is often seen as the women's failure to control the man's sexual behavior (Brownmiller, 1975). A woman may not label her experience as abusive if she blames herself because she views it as her fault and not the offender's fault. Feminist theory postulates that women are taught to feel responsible for sexual assaults and that feeling responsible decreases the likelihood the assault will be labeled as a crime (Brownmiller, 1975). If women feel responsible for what happened they may also believe that others will hold them responsible and therefore will refrain from telling anyone. Research has shown that individuals with more egalitarian sex-role attitudes were less likely to blame the victim (Muehlanhard, Friedman & Thomas, 1985; Shotland & Goldstein, 1983). Research also supports the hypothesis that women who believe they are partly or totally responsible for being sexually assaulted will be less likely to tell anyone about their experience. Gunn and Minch (1988) found that women who blame themselves for the assault (31%) are less likely to report the incident to the police than are women who felt they shared the blame with the offender (48%) or women who believe that the assailant was totally responsible (90%). Since research has suggested a link between blame and reporting and between blame and labeling the incident as an assault, the relationships between these variables will be examined in this study.

Costs and Benefits of Telling Someone.

If women do consider seeking help from others after sexual assault, a second process works to discourage this behavior. At this stage, the woman begins to make decisions about the costs and benefits of seeking help from others (Gartner & Macmillan, 1995). Survivors are affected by societal reactions to violence against women. A woman's

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decisions not to report sexual assault to the police or others may be a result of her knowledge that she may not be taken seriously, may be blamed for the attack, may anger the offender and increase her chances of being assaulted again, and/or may not be able to control the legal process (Dobash & Dobash, 1979; Hanmer, Radford, & Stanko, 1989). Women will examine not only how society in general will react but also how those close to them (in a sense still a reflection of society) will react. In addition, the reactions of the people they care about may influence their decision to tell anyone else. In fact, research has shown that women who received a supportive response from the first person they talked to about the attacks were more likely to report the assault than those who received a nonsupportive response (47 versus 21 percent) (Gunn & Minch, 1988).

Research has shown that women who believe that others (police, family, friends) will react negatively to their talking about their assault will be less likely to seek help from anyone (Gunn & Minch, 1988). Gunn and Minch (1988) found that women who had a negative(38% reported) or neutral view (30% reported) of the police were less likely to report than those who had a positive opinion of the police (59% reported). They noted that many of the women who did not report their assault to the police noted that "the police would not care" or "I did not think I would be believed." Factors that may affect women's feelings that they will be believed by others have been shown to influence their decision to report. Bachman (1993) examined reasons why women do not report sexual assault using data from the National Crime Victimization Study. He found that 39% of women felt the most important reason for not disclosing abuse was that it was a private matter, 20% felt that the police would not do anything about it, and 13% were afraid of reprisal from offender. Jensen and Gutek (1982) found that more than one third of sexual

assault survivors in their sample stated that they did not report the incident because they thought it would be held against them or they would be blamed.

Feminist theory predicts that labeling of sexual assault experiences, type of force, level of injury sustained during the assault, the relationship between the victim and offender, sex role socialization, attribution of blame and costs and benefits of telling others all contribute to women's decisions to seek help after being sexually assaulted. While the area is still new, the current research supports the contribution of these factors to reporting behavior. In addition to the above-described factors predicted by the feminist theory, social-cognitive theorists have hypothesized several other factors that may also contribute to reporting behavior. The following section will examine the theory and empirical evidence for the social-cognitive model.

Social-Cognitive Model of Factors Influencing Women's' Decisions to Report Sexual Assault

Researchers have used social cognitive explanations to examine factors contributing to low reporting rates of sexual assault. The main model used is based on Fishbein's model of behavioral intentions (See Figure 1). Fishbein (1963) hypothesizes that the intention to engage in a particular behavior is a function of two variables, an attitude component and a normative component. The first variable, the attitude component, consists of the person's attitude toward performing that behavior. This variable is hypothesized to be a function of the act's perceived consequences and the evaluation of these outcomes (Ajzen & Fishbein, 1972; Feldman-Summers & Ashworth, 1981) of the model. The second variable is the normative component and is comprised of the sum of the beliefs about what others expect the individual to do in that situation multiplied by the

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individual's motivation to comply with the norms (Ajzen & Fishbein, 1972; Feldman-Summers & Ashworth, 1981). Studies show that Fishbein's model has been able to predict behavioral intentions quite well (Davidson & Jaccard, 1975; Ajzen & Fishbein, 1977). Previous research has examined low reporting rates of women who have experienced sexual harassment and/or sexual assault using Fishbein's model of behavioral intentions (Feldman-Summers & Ashworth, 1981; Brooks & Perot, 1991; Feldman-Summers & Norris, 1984). The following section examines the empirical evidence of the validity of Fishbein's model as a method of explaining low reporting of sexual assaults by women.

Attitude Component. The attitude component is similar to the feminist rational-decision making explanation of low reporting rates; however, it offers a more detailed and empirically validated explanation of reporting behavior. Both theories postulate that women may decide not to report because they believe the outcomes of reporting would be unfavorable (Feldman-Summers & Ashworth, 1981; Gartner & Macmillan,1995). For example, women may think that others would react negatively to them, they would not be believed, police would not do anything about it, they would be blamed or feel ashamed, or the offender may retaliate against them. In fact, research has shown that women who expect negative outcomes such as not being believed or not being taken seriously are less likely to report (Gunn & Minch, 1988; Bachman, 1993).

Normative Component. Fishbein's model of behavioral intentions suggests that social pressure also contributes to low reporting rates of sexual assault. Women may be not reporting because they are doing what they believe others would want them to do. They

may believe that their friends, family or significant others would not want them to tell anyone about the incident (Feldman-Summers & Ashworth, 1981).

Empirical Evidence of Fishbein's Model. Two studies examined the validity of Fishbein's two factor model to predict women's decisions whether or not to report sexual assault to anyone (Feldman-Summers & Ashworth, 1981; Feldman-Summers & Norris, 1984). Feldman-Summers and Ashworth (1981) used a sample of non-assaulted women from the community and examined the effectiveness of the model in predicting women's intention to report or not to report being sexually assaulted. Women were asked what they would do if they were assaulted. Specifically, women reported their likelihood of reporting a rape to police, a rape crisis center, a hospital or health clinic, personal doctor, mental health professional, romantic partner, parents, sibling or other relative, closest female friend and a member of the clergy. They also responded to a set of 24 items of possible outcomes for each recipient and the evaluation of these outcomes. Women also reported their perceptions of the expectations of romantic partner, close family members, and close friends and how much they wanted to do what the person thought they should do.

To assess the validity of the model to predict intentions, behavioral intentions to report a rape were regressed onto the perceived outcomes and normative expectations, for all participants, yielding a regression coefficient for each report recipient. All regression coefficients were significant at $p<.01$, suggesting that that this model does account for some of the variance in expected reporting behavior. The mean R^2 was .27, suggesting a relatively good fit of the model. They found that overall normative expectations and perceived outcomes both predicted (with about the same weight) behavioral intentions to

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report a rape. They found that the fit of the model was weakest for reporting to a member of the clergy or mental health worker were primarily influenced by normative expectations, whereas intentions to report to a romantic partner or a rape crisis center were determined primarily by perceived outcomes. They also found that age affected behavioral intentions, older women were more likely to report to the police, clergy, and physicians than younger women and less likely to tell parents or female friends. In addition, intentions to report varied significantly by ethnicity for most of the potential report recipients. Caucasian women were significantly more likely to tell the police, a rape crisis center, or a romantic partner than Asian, African-American or Hispanic women. African-American women were significantly more likely to tell a female friend than were Asian, Hispanic, or Caucasian women. Hispanic women were more likely to tell a clergy member than the other women. Asian women were significantly less likely to tell a physician than the other women. Despite these differences, adding ethnicity and age to the model improved the predictive validity of the model very little (largest increase was .059 for female friend). They also examined the ability of the model to predict single subject behavioral intentions and found that overall the model worked quite well. In addition, they found that for 66% of the subjects the beta and r coefficients for the normative components were larger than those for the perceived outcomes.

Subject by subject analysis also indicated that the type of perceived outcomes that best predicted behavioral intentions varied according to ethnic group, while the normative expectations tended to be the same. All ethnic groups were more likely to report if they felt it "would result in my feeling calm, safe, and better having talked to someone about the rape". Other perceived outcomes that significantly predicted reporting varied by

ethnic group. For Caucasian women, the second best predictor was if they felt it would result in them being given a test for pregnancy, VD, etc. For Asian and Hispanic women, getting adequate medical attention was the second best predictor of reporting. For African-American women, no other perceived outcomes were consistently able to predict reporting.

While this study provided some evidence of the validity of Fishbein's model for predicting reporting behaviors, it had three major flaws. First, while research on predicted behavior is useful, it does not necessarily imply that similar factors contribute to actual reporting for real survivors. Therefore, it is important to examine the validity of the model for women who have been sexually assaulted. Second, the model was only tested for likelihood to report rape and failed to examine the validity of the model for a wider range of sexual assault experiences, such as unwanted fondling, or attempted rape. Finally, women were asked to respond to a generic question that directly asked if they were raped what they would do, without specifying any details about the rape and/or the rapist. Characteristics of the rapist and the offense have been shown to relate to people's attitudes about the reporting (e.g. Koss et. al, 1987). By failing to specify these characteristics, the authors can not control for these factors. Women may have been responding to very different questions. For instance, one woman may think of being raped by an acquaintance who intoxicated her and another may imagine being raped by a stranger at gunpoint. These different scenarios may affect the ability of the model to predict reporting and this study was unable to assess this.

One study has examined the validity of Fishbein's model in predicting reporting behavior of actual rape survivors (Feldman-Summers & Norris 1984). They recruited

subjects by means of public notices in community medical and mental health clinics, clinics established for rape survivors, local newspapers and public service announcements on radio and television in the Seattle metropolitan area. They examined factors contributing to reporting to a social service agency or the police. They found that the best predictor of group membership was the perceived outcome that reporting to a social service agency would result in "being given the necessary tests to detect pregnancy, VD, etc." Discriminant analyses indicated that women who told someone at a social service agency agreed more strongly with this statement than woman who did not tell someone ($F=11.06$, $r=.58$, $p<.001$). In addition, women who received help at a social service agency were more likely to believe that reporting would make them feel "calm, safe, and better after having talked to someone about the rape" ($F=5.66$, $r=.41$, $p<.02$) and reporters indicated that family, friends and romantic partner wanted them to report to a social service agency more than those for non-reporters did ($F=8.12$, $r=.50$, $P<.006$). For police reporting, the strongest predictor of group membership was the social expectation factor. Women who reported to the police indicated stronger social pressures to report than did women who did not report ($F=21.53$, $r=.69$, $p<.001$). Two perceived outcomes also differed significantly between reporters and non-reporters. Reporters were more likely to believe that reporting would result in being treated in a positive way ($F=10.05$, $r=-.47$, $p<.02$) and less likely to believe that it would result in a trial that the victim would have to testify at ($F=5.44$, $r=.34$, $p<.02$) than women who did not report. While this study did examine reporting in actual rape survivors, it also failed to examine reporting among other sexual assault survivors or control of characteristics of the assault and the rapist. These flaws make it difficult to assess the validity of the model for all types of sexual

assault survivors and to control for other factors that contribute to reporting. This study attempts to address all of these flaws by studying the efficacy of this model to predict reporting by actual sexual assault survivors, for a wide range of sexual assault and also assesses other factors related to the assault.

Combined Model of Reporting Behavior

To date, no study has examined or proposed a comprehensive model of reporting behaviors. This study used both feminist and social-cognitive theories to study a comprehensive model of reporting behaviors in sexual assault survivors (See Figure 2). The research and theoretical explanations of each factor in the combined model were extensively discussed earlier in this thesis. The following section will briefly review these findings and discuss the combined model.

Feminist theory postulates that low reporting rates result from two main processes; denial or minimization of the behavior and weighing the costs and benefits of telling anyone (Gartner & Macmillan, 1995). Most of the feminist theoretical explanations and empirical studies focus on the first process, the denial or minimization of the behavior. As discussed in this review, the inability to acknowledge the assault as a crime is related to stereotypical beliefs about rape, sex roles, and intimate relationships.

Researchers speculate that women whose experiences do not meet the stereotypical rape scenario will be less likely to define their experiences as assaultive (e.g. Orcutt & Faison, 1988). In fact, research demonstrates that when more force is used and when injuries are sustained, women and the general public are more likely to label the experience as abusive (e.g. Orcutt & Fiason, 1988; Gunn & Minch, 1988). Research has also supported a link between reporting and injuries, with more injuries related to a

greater likelihood of reporting. It is unclear if the relationship between injuries and reporting is direct or if this relationship is moderated by women's definitions of their experiences. As a result, this study examined both an indirect and direct path between injuries and reporting.

Research has not examined the relationship between type of force (physical, alcohol/drugs, or psychological) and acknowledgment of crime. However, because the stereotypical rape does not involve the use of alcohol or drugs, or psychological coercion it makes sense to conjecture that they would be associated with a decreased likelihood of labeling the experience as abusive. As a result, the combined model contained a link between type of force and injury and acknowledgment of the experience as an assault.

Stereotypical rape rarely occurs between intimates. This in addition to women's greater investment in not labeling the experience as abusive (Weis & Borges, 1973), led feminist theorists to postulate that level of intimacy would be negatively correlated with labeling sexual assault experiences as abusive (Gartner & Macmillan, 1995). Indeed, research demonstrates that women raped by acquaintances are less likely to label their experience as rape (e.g. Koss et al., 1988). Since current research supports the link between acknowledgment of sexual assault as abusive and the relationship between the women and the offender, this factor was tested in this study.

Feminist theory also hypothesizes that women's sex role socialization affects how women label their experiences of sexual assault because traditional sex role expectations teach rape-supportive beliefs (e.g. Check & Malamuth, 1983). Traditional dating norms teach that men are the pursuers of sexual contact and it is the woman's responsibility to avoid sexual contact (Check & Malamuth, 1983). Sexual assault may be seen as within

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the normal realm of dating behavior. In fact, research has demonstrated that traditional sex norms are related to acceptance of rape in certain conditions (Check & Malamuth, 1983). In addition, research has shown that individuals with more egalitarian attitudes were more likely to label sexual assault experiences as violent (Muehlanhard, Friedman, & Thomas, 1985). Both theoretical arguments and research suggest that there is a relationship between sex-role socialization and labeling the incident as an assault. Therefore, the combined model contained a link between sex role stereotypes and acknowledgment of crime.

Research with sex role socialization indicates that women with more egalitarian attitudes are less likely to blame the victim (Muehlanhard, Friedman & Thomas, 1985). Therefore, this model hypothesized a link between sex role socialization and attribution of blame. In addition to this relationship, research has demonstrated a relationship between attribution of blame and reporting the incident (Gunn & Minch, 1988). As a result, the combined model also contained a link between attribution of blame and telling anyone.

Feminist theory suggests that women do not report sexual assault when they do not define their experiences as assaultive. Research demonstrates that women who do not label their experiences as assaultive are less likely to tell anyone about their experiences (e.g. Koss, 1985). As a result, the combined model will also contain a link between definition of one's experiences (acknowledgment of crime) and reporting behavior.

The feminist theory and empirical evidence is less developed for the second half of the feminist model, the costs and benefits appraisal. However, the research reviewed previously suggests that this process may also be valid. Social-cognitive theorists have

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also explained low reporting rates as related to an appraisal of the costs and benefits of telling others. As discussed earlier, social-cognitive theorists believe that the expectations of outcomes (i.e., what would happen if they told) in addition to normative expectations (i.e., what women believe others would want them to do) relate to women's decisions to report sexual assault. Women who expect negative outcomes and/or believe others do not want them to tell are expected to be less likely to report sexual assault experiences. Research with rape survivors has found support for the validity of the social cognitive model (Feldman-Summers & Norris, 1984; Gunn & Minch, 1988; Bachman, 1998). Specifically, studies have found that women who expect negative outcomes are less likely to report sexual assaults (Gunn & Minch, 1988). In addition, studies have found a relationship between believing others want you to report and actual reporting (Feldman-Summers & Norris).

The social-cognitive explanation is a more detailed and elaborate explanation of the second process proposed by feminist researchers. As a result, the social-cognitive model of low reporting will be added to the feminist model, to result in a comprehensive model of reporting sexual assault. Specifically, a link between reporting and normative expectations and outcome expectations was maintained in the combined model.

In sum, the combined model examined all of the associations supported by the feminist and social-cognitive theories and research. While the literature has examined many of these factors separately it has failed to comprehensively study factors related to reporting sexual assault. An assessment of a comprehensive model of reporting behaviors would be a significant contribution to the field.

Conclusions

The problem of sexual assault among college women is a serious and pervasive problem. Sexual assault is a problem that affects 15 to 47 percent of college women and has serious mental health consequences (Muehlenhard & Linton, 1987; Ogeltree, 1993). Despite the fact that sexual assault survivors experience anxiety, depression, sexual dysfunction and a number of other serious problems (see Resick, 1993), many women do not seek out any help or tell others about their experiences. Not reporting sexual assault has many negative consequences. First, if women do not report an accurate understanding of the prevalence of sexual assault and the impacts of rape on women can not be obtained. Prevalence rates may affect funding for rape prevention programs and rape crisis centers. In addition, if women do not tell others they will not be able to get the support that they need to help them cope with their experience. Last, by not reporting the offender is not punished. In conclusion, not reporting sexual assault has many negative consequences for both the survivor and the larger community. Therefore, it is important to examine the reasons why women do not tell others about their experiences of sexual assault.

This literature review discussed two main models for reporting and indicated that three main issues needed further exploration. First, while the literature has examined many of these factors separately it has failed to comprehensively study factors related to reporting sexual assault. An assessment of a comprehensive model of reporting behaviors would be a significant contribution to the field. Second, much of the research on factors contributing to reporting have focused on the general public and have not thoroughly examined the relationships with actual assault survivors. Third, many of the

factors have been examined only in rape survivors and not with women who have experienced other types of sexual assault. Examining sexual assault survivors who have experienced varying levels of abuse will be an important addition to the current research on reporting behaviors.

HYPOTHESES

Hypotheses for Both Assaulted and Non-Assaulted Women

Hypothesis 1. It is hypothesized that blaming oneself for the experience will be associated with a decreased likelihood of reporting (or expecting to report) the incident to anyone.

Hypothesis 2. There will be a positive relationship between sex role stereotypes and reporting; specifically a more egalitarian attitude about women is expected to be related to an increased chance that the woman will discuss her experience with others.

Hypothesis 3. An association between sex role stereotypes and attribution of blame is expected; specifically a more egalitarian attitude toward women is hypothesized to be related to an increased chance that the woman will blame the man more than she blames herself.

Hypothesis 4. It is hypothesized that there will be an association between normative expectations and reporting behavior. Women who believe others want them to talk about their experiences (i.e., high normative belief scores) will be more likely to report the incident to someone.

Hypothesis 5. It is hypothesized that there is an association between outcome expectations and reporting behavior. More specifically, it is believed that increasingly positive expectations of reporting will be associated with greater likelihood of reporting.

Hypotheses for Assaulted Women

Hypothesis 6. It is expected that there will be an association between level of physical injury and reporting; specifically, the more severe the injury sustained during the assault, the greater likelihood the woman reported the incident. This relationship may be

direct or may be moderated by the relationship between level of injury and acknowledgment. Both relationships will be examined in this study.

Hypothesis 7. An association between type of force and the label of the incident is expected. Specifically, use of force will be associated with a increased likelihood of acknowledging the experience as assaultive.

Hypothesis 8. It is hypothesized that there will be an association between the type of relationship and labeling the experience as an assault. Increased intimacy is expected to be related to decreased likelihood of acknowledgment of the experience as assaultive.

Hypothesis 9. It is hypothesized that there will be an association between sex role stereotypes and the label of the incident. Women who have more egalitarian attitudes toward women are expected to be more likely to label their experiences as sexual assaults.

Hypothesis 10. It is hypothesized that there will be an association between blame and label of incident, with women who blame themselves being less likely to label their experience as an assault.

Hypothesis 11. It is hypothesized that acknowledgment of the experience as assaultive will be positively related to reporting the incident to someone.

Hypothesis 12. A reduced model (Figure 3) will be tested for both sexually assaulted women and non-assaulted women and it is hypothesized that the model fit will be better for actual assault victims than for women who have not been assaulted.

Overall Fit

Last, the overall fit of each model (reduced for A and B, total for A) will be examined. If model fit is not excellent, additional correlations may be added, or indirect links deleted to attempt to improve the overall fit of the model.

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METHODS

Participants

The sample consisted of 397 women, ages 17-23, of whom 195 reported a history of sexual assault (sample A, 49% of total sample), and 202 did not (sample B). Since different factors may contribute to reporting based on the age of the individual, this study focused on one age group. A college population was chosen for two main reasons. First, using a college sample to study a relatively new field can be beneficial because of financial and time constraints involved in assessing a large number of women. A college sample can be expected to be more readily accessible than other groups and can be easily compensated by non-financial means for their time. The second and more important reason is that prior research demonstrates that college is a high-risk period of sexual assault for women (Patton & Mannison; 1995; Sorenson, Stein, Siegel, Golding & Burnam, 1987, Warshaw, 1988). College women are at approximately three times greater risk for sexual assault than women in the general population (Koss, Gidycz, & Wisniewski, 1987). Research demonstrates that sexual assault on college campuses is a serious and pervasive problem (Gavey, 1991, Koss et. al., 1987; Ogeltree, 1993; Warshaw, 1988). Since this study examines a relatively new area of research, the ability to test a large number of women who have experienced sexual assault, while controlling for age, is important.

The mean age of the women was 19.3 years old (sd=1.2). The sample consisted mainly of students in the first two years of college: 44% of the women were in their first year of college, 27% were in their second year, 16% were in their third year, 11 % were in their fourth year, and 2% were in their fifth year or beyond. Eighty-three percent of the

sample was Caucasian, 11% were Hispanic, 9% were Biracial, 7% were African-American, 3% were Asian, and 1% were Native-American. Slightly more than half (55.4%) of the women were in sororities. The average income of the participants' parents was in the 60,000 to 69,999 range (sd=20,000). Analyses of differences between samples on demographic variables revealed one significant difference between the two samples, with sample A (assaulted women) having significantly fewer women in sororities (43.3%) than sample B (non-assaulted women) (56.8%, $t=2.72$, $p<.01$).

Procedures

Participants were recruited in one of two ways. First, women who were taking Introductory Psychology classes in the Fall of 1997 and Spring of 1998 were asked to participate in the study in order to receive research credits that are required for their class. A large percentage of introductory psychology students are first year students, so in order to get a more balanced percentage of female participants from each year in college, sororities were asked to participate. Research indicates that sorority women experience high levels of sexual victimization; although findings about whether their experiences are significantly different from nonsorority women are equivocal (Copenhaver & Grauerholz; Kalof, 1993; Kirpatrick & Kanin, 1957). Since the main purpose of this study was to study sexual assault victims, it was beneficial to use samples that may have high rates of sexual assault.

At a monthly sorority council meeting, all of the sororities were asked to consider participating and were offered a sexual assault workshop that was not contingent upon participation in this study. Ten sorority representatives agreed to consider participating, however only 6 sorority presidents agreed to participate.

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All participants answered questionnaires in small testing groups on the Michigan State University campus or at sorority houses. All participants were given a consent form prior to answering the questions (see Appendix C). The entire testing took approximately 30 minutes. On completing the assessment, all participants were given a handout that explained the study and listed resources for survivors of sexual assault (See Appendix D). In addition, participants enrolled in Introduction to Psychology received research credits. All participants were informed of times for workshops on Sexual Violence that they could attend. In addition, all participants were given the numbers of Sexual Assault Hotlines and Counseling Services in case they wanted to discuss any sexual assault experiences they may have had. Due to the sensitive nature of these questionnaires, the researcher was available and prepared to provide support and resources to women in need of help at the end of each testing session. Several women wanted to talk about sexual assault in general after completing the questionnaire, however only ten women spoke about their own experiences. Finally, all participants were instructed that they could contact the researcher at the Michigan State Psychological Clinic if they had any questions.

Measures

Demographic Questionnaire. This instrument was developed for this study and consisted of 5 items (See Appendix A, questions 1 through 5). It asked the women to identify their age, ethnicity, education level, if they were in a sorority, and their parents' income level. As noted earlier, the only difference in demographic variables between the samples was the percentage of women in sororities. There were no significant relationships between demographic variables and number of people told in either sample.

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Within Sample A (assaulted women), there were significant relationships between being in a sorority and acknowledgment of the incident as an assault and relationship to offender, with women in sororities more likely to be closer with the perpetrator ($t=2.75$, $p<.01$) and less likely to acknowledge the experience as an assault ($t=3.1$, $p<.05$).

Measure of Sexual Assault Experiences, Critical Incident, Label of Incident, and Type of Force. A modified version of the Sexual Experiences Survey (SES: Koss & Oros, 1982) was used to measure participants' experiences with sexual abuse (See Appendix A, questions 6 through 17). All of the questions were in a yes-no format, asked about different types of abuse and assessed the type of coercion used (i.e. threat of physical force, psychological coercion, or use of physical force). A 14-item adapted version of the SES was used in this study. Twelve of the items used in this study came from Patton & Mannison's (1995) adapted version of the SES. They adapted the original SES to assess a broader range of coercive behaviors within both the category of sexual intercourse and sex play (fondling, kissing, or petting). This study also used three additional items. The first item was in the original form and asked directly if the individual had been raped. This item was used to assess whether women who have experienced rape perceived their experience as rape. The second additional item asked women directly if they had been sexually assaulted by anyone. This item was used to assess if women who were sexually assaulted but not raped defined their experience as an assault. The third item asked women who had more than one sexual assault experience to identify which experience had been most upsetting for them (i.e., the critical incident). Each woman was asked to identify what experience she found most upsetting both as a way of empowering the woman and to help identify what types of experiences different

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women find most upsetting. This method was chosen so that actual woman's experiences could guide the research, instead of relying upon research or literature which may not accurately reflect these women's experiences. Women were asked to complete the rest of the items with this incident in mind, so that each women could answer detailed questions about a specific incident.

This study specifically examined sexual assault perpetrated by men and participants were informed of this. Women were told they could write about experiences of sexual assault by a women, however the formal questions referred only to sexual assault by males and no participants wrote about assault by females.

Patton & Mannison (1995) conducted reliability analysis (Cronbach alpha) on their 12-item version of the SES and found that sex play items had an alpha of 0.61 and intercourse items had an alpha of 0.71. No other additional reliability or validity studies have been conducted on the twelve-item version; however, studies have examined the validity and reliability of the original version (Gwartney-Gibbs, Stockard, & Bohner, 1987; Koss, 1985; Koss & Gidycz, 1985; Koss, Gidycz, & Wisnieski, 1987; Malamuth, 1986).

Koss and Gidycz (1985) conducted a study assessing the reliability and validity of the original version of the Sexual Experiences Survey. The internal consistency of the scale was tested using a sample of 305 women and 143 men enrolled in an introductory psychology course at a Midwestern university. The internal consistency of the items was .74 for females and .89 for men (Cronbach alpha). Test-retest reliability was assessed using a sample of 71 females and 67 males from the introductory psychology classes. Individuals completed the questionnaire in a group setting on two occasions that were one

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week apart. The mean item agreement for the two testing session was 93%. With regards to validity, the Sexual Experiences Survey has been found to be associated with a wide range of both attitudinal and behavioral measures in laboratory and naturalistic studies (Gwartney-Gibbs, Stockard, & Bohner, 1987; Koss, 1985; Koss, Gidycz, & Wisnieski, 1987; Malamuth, 1986).

Reporting Behavior, Level of Injury, Relationship with Assailant, Intimacy, and Attribution of Blame. These factors were assessed by additional items at the end of the SES developed for this study (See Appendix A, questions 18 through 23 and questions 66 through 68). Participants who reported any incident were asked to pick the most severe incident, tell their age at the time of the incident and answer additional questions about that experience. First, the relationship between the women and the offender was assessed by asking the women to identify the nature of their relationship with the person at the time of the incident (nonromantic friend, casually dating, exclusively dating this person, long term relationship). This was scored so that higher numbers reflected closer relationships. Second, attribution of blame was assessed by asking women how much they blamed themselves and the man for the incident (4 point Likert scales). Scores for self-blame were reverse scored, so higher numbers equaled less self-blame. In addition, reporting behavior was assessed by asking women to identify who they told [no one, friend, immediate family member, extended family member, resident assistant, mental health worker (counselor/therapist/rape crisis worker), doctor, police, clergy or other] about the incident (yes or no). Finally, women were asked the degree of physical injuries they suffered as a result of the incident, with higher scores equaling more injuries. The final item has been used by previous researchers (e.g. Parisian, 1990).

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Women who did not report the occurrence of an incident at either level (i.e. sex play or intercourse) were asked who they would tell, and how much they would blame themselves or someone else if they engaged in sex play or sexual intercourse because a man used physical force. Although the main focus of the study is on women who have been assaulted, women who did not report the occurrence of an incident at either level (sex play or intercourse) were asked questions for two main reasons. First, this data is necessary to test the difference in fit of the model for victims and non-victims. Second, women were filling out the questionnaires in small groups and in order to ensure confidentiality of their answers, women who have and have not been sexually assaulted should be completing similar numbers of questions. By asking all women similar numbers of questions, women who have been assaulted could not be identified by the length of time they spent answering the questions.

Normative Expectations and Motivations to Comply with these Expectations. This questionnaire was developed for this study using the Normative Expectation for Reporting Questionnaire (Espinosa & Cardoza, 1995) as a foundation. This version contains 27 questions (Appendix A, questions 24 through 50 and questions 69 to 86). All participants answered these questions regardless of whether or not they had been sexually assaulted. The original questionnaire asked women to estimate the level of support they expected to receive from parents, friends, and community if they were to report such a case. This study examined who people believed that others (i.e., immediate family, friends, and community) would want them to tell about an experience of sexual (i.e. parents, friends, and community). Women were asked the likelihood that each of three referents (immediate family, friends, and community) would want them to report their

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experience of sexual assault (or for non-victims, future assault) to each of eight report recipients [friend, immediate family member, extended family member, resident assistant, mental health worker (counselor/therapist/rape crisis worker), doctor, police, or clergy]. Women were asked to respond using a 4-point Likert scale, ranging from (1) not at all to (4) very much. In addition, they were asked how much they wanted to comply with each referent's opinion (4- point Likert Scale).

Exploratory factor analyses (EFA) suggested that there were three factors (normative beliefs for family, normative beliefs for friends, and normative beliefs for community). The analyses also suggested that items about whether or not friends and family members want you to tell a resident advisor, an extended family member, or a clergy member (items 26, 27, 31, 35, 36, 40) should be deleted as they loaded highly (i.e. above .40) on two factors. To maintain the consistency of the three factors similar items for the community referent were deleted (i.e., items 44, 45, and 49). Normative beliefs scores for family, friends and community were compiled by summing the remaining items multiplied by the individual's motivation to comply with the each referent. Cronbach's alpha reliability for the three normative belief factors (family, friend, community) were .92, .93, and .96, respectively.

Perceived Outcomes (Feldman-Summers and Ashworth (1981)). A modified version of the Perceived Outcomes scale was used (See Appendix A, questions 51 through 65 and questions 96-111) in this study. Feldman-Summers (personal communication, 1997) suggested using only the 7 items that were found to relate to intentions to report a rape in their original study and that have also been found to relate to intentions to report in other studies. These items include: "would result in my feeling calm, safe and better having

talked to someone about the experience", "would result in adequate medical attention", "would result in my being given the necessary tests to detect pregnancy, VD, etc.", "a trial in which I would have to testify", "gathering the necessary evidence that could be used in court", "nothing being done to help me", "my being treated as an immoral person", and "retaliation by the offender." Women were also asked if there was anything else they thought would happen if they told someone. Women were asked about their perceptions of these 8 outcomes of reporting to each of eight possible recipients [friend, immediate family member, extended family member, resident assistant, mental health worker (counselor/therapist/rape crisis worker), police, or clergy]. In addition, women were asked to rate how good or bad each of these outcomes is on a 6 point Likert scale (very bad to very good). The items were developed using open-ended interviews with about fifty women from four different ethnic groups (African-American, Asian, Caucasian and Hispanic) to identify possible outcomes women may associate with telling someone about sexual assault (Feldman-Summers & Ashworth, 1981). No validity or reliability studies have been done on these items, however using a sample of 400 women they were found to be related to potential victims intentions to report a rape (Feldman-Summers and Ashworth, 1981). A total perceived outcomes score for each report recipient was computed by multiplying each anticipated outcome response by the corresponding outcome evaluation response. Higher scores were reflective of more positive expectations for reporting.

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Sex Role Socialization.

The Attitudes Toward Women Scale (AWS; Spence & Helmreich, 1978) . This was one of two scales used to assess sex role socialization. It is a 15-item questionnaire used to assess gender-role beliefs (See Appendix A. questions 112-126 through 76). It was created to assess individual's beliefs about the responsibilities, privileges and behaviors in a variety of areas that have historically been classified as masculine or feminine (Spence & Hahn, 1997). Women are asked how much they agree or disagree (0 to 3 Likert scale) with 15 statements regarding women's rights and roles in society. Egalitarian items are reverse-scored and all scores are summed to obtain a total score. Scores can range from 0 to 45, with higher score indicating more egalitarian attitudes. The original version (Spence & Helmreich, 1972) contained 55 items, several of which were based on items from a measure of beliefs toward feminism created by Kirkpatrick (1936). Briefer versions of the scale were created so that the instrument could be completed in a shorter time (Spence & Hahn, 1997). The brief version consists of 15 items selected from the original version on the merit of their superior psychometric properties (Spence & Helmreich, 1978). The brief version is highly correlated with the original version and since its development most researchers in this area have preferred it (Spence & Hahn, 1997).

Some researchers have suggested that the content of gender-role attitudes might have changed in the last two decades, making the items on the AWS less useful in assessing current attitudes towards women's rights and roles. In order to address these concerns, Spence and Hahn (1997) examined the psychometric properties of the AWS using a sample from 1992. In addition, over 2000 men and women in four different

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cohorts (1972, 1976, 1980, and 1992) were compared. All students completed the fifteen-item form and were enrolled in introductory psychology at the University of Texas at Austin when they completed the form. They found that the means of the later cohorts were higher than the earlier cohorts with the exception of women in the 1980 sample, whose mean was slightly below the women in the 1976 sample. In addition, means for women were consistently higher than means for males in the same cohort. A 2 (gender) by 4(cohort) Analysis of variance (ANOVA) indicated that the mean differences associated with gender ($F(1, 2265)=228.40$) and with cohort ($F(3, 2265)=173.62$) were both significant at $p<.0001$. The interaction between cohort and gender was not significant ($F(3, 2265)=2.01$, $p<.10$). The mean of the 1992 ($x=36.34$, $sd=6.10$) was not significantly different from the mean of the combined sample used in this study ($x=36.54$, $sd=4.44$).

Earlier studies in the 1970's and 1980's had found that the 15 item version of the AWS was unifactorial (e.g. Smith & Bradley, 1980; Spence & Helmreich, 1978). Spence & Hahn (1997) found that for the 1992 sample the 15-item version also was unifactorial. Responses of men and women were analyzed separately using an unrotated principal factor analyses. For men and women only one factor had an eigenvalue greater than 1.00, indicating that a single factor solution was appropriate for both groups. For women the factor had an eigenvalue of 3.81 and for men an eigenvalue of 4.59. With men, the one factor accounted for 89% of the common variance and 31% of the total variance. For women, the factor accounted for 86% of the common variance and 25% of the total variance. Cronbach alphas for both men (.84) and women (.81) in the 1992 sample were substantial. These results suggest that the AWS is still a reliable and valid measure of

attitudes toward women. Reliability analyses for this sample generated a Cronbach's alpha of .69.

Sex Role Stereotyping Questionnaire (SRSQ;Burt, 1980). This is a nine-item questionnaire that was created to assess beliefs about the roles of women (See Appendix A, questions 126-133). Participants are asked to indicate how much they agree with each statement using a 7 point Likert Scale. Egalitarian items are reverse-scored and all scores are summed to obtain a total score. Scores can range from 0 to 63, with higher scores indicating more traditional attitudes. Burt (1980) studied the reliability of the scale using 598 adults aged 18 and older and found the internal consistency of the items was .80 (Cronbach alpha). Cronbach's alpha for this study was lower (.59). The mean for the 1980 sample was 37.6 (sd=10.5), while the mean for this sample was 40.25 (sd=6.9).

RESULTS

The following section is separated into four main areas. For each area, analyses will be presented separately for both assaulted and non-assaulted women (Samples A and B). The first area includes a discussion of the frequencies and means of the observed variables. This information is provided to inform the reader of the variances in each construct and the nature and type of sexual assault experiences reported in this sample. Second, correlations between the observed variables will be reported, as these correlations are the basis for structural equation modeling. Third, the measurement models will be reviewed. The results from the measurement model will be incorporated into the last section, which includes the results of the hypotheses, and the structural models.

Frequencies and Means of Variables

Frequencies of the types of assaults that women reported are in Table 1. Most of the women who were assaulted endorsed more than one type of assault. Specifically, in Sample A , 17% of the women endorsed one assault, 31.4% endorsed two types of assault, 16% endorsed three, 15% endorsed four, 6% endorsed 5, and 15% endorsed six or more types of assault. Women were asked to pick the assault that was most upsetting for them and to complete the rest of the questionnaire about that incident (see Table 1 for frequencies). Stereotypical views would suggest that rape using physical force would be the most upsetting experience; however, several women who were raped by physical force did not choose this as their most upsetting experience. To help identify characteristics of the different types of sexual assault experiences, cross-tabulations are presented in Tables 2 and 3. Table 2 reports the frequencies of different unwanted

Table 1. Types of Assaults Endorsed and Used as Critical Incidents.

	Type of Sexual Assault	
Type of Force	Unwanted sex play	Unwanted Sexual Intercourse
Verbal Coercion		
#of women endorsing this item	141	106
# used as critical incident	25	40
Alcohol or Drugs		
#of women endorsing this item	143	102
# used as critical incident	33	52
Threatening Physical Force		
#of women endorsing this item	27	16
# used as critical incident	3	2
Use of Physical Force		
#of women endorsing this item	45	36
# used as critical incident	12	28

* * Critical incident refers to the experience that women chose to answer questions 19-64 about.

sex play experiences. Notably, the most common occurrences included women who did not acknowledge their experiences of being sexual assaulted using verbal coercion or by alcohol and drugs. There were no modal experiences of type of relationship and type of sexual assault.

Table 3 focuses on experiences of rape Specifically, results indicate that these experiences occurred in at least 10% of the women. These include women who did not acknowledge their experiences of being forced to have sex through verbal coercion as rape; women who did not acknowledge their experience of being raped while under the influence of alcohol and drugs; and women who were raped while they were under the influence of alcohol or drugs by someone they were exclusively dating.

Table 4 contains the mean, standard deviation and range of the observed variables in Sample A. Table 5 lists the mean, standard deviation, and range of the observed variables in Sample B. The following section reports on this information and includes a discussion of the frequencies of observed variables.

Reporting: Women who were not assaulted believed they would tell significantly more people than women who were assaulted actually told ($t = -15.84$, $p < .01$). Among women who were sexually assaulted (Sample A), 20 percent told no one, 69 percent told one person, 18 percent told two people, 2 percent told three people, 1 percent told four people and .5 percent told five people. Most women who did talk about their sexual assault chose to tell a friend (76%) and few women told anyone else. Only 7% told an immediate family member, 5% told a mental health worker, 2% told their doctor, 1% told the police, 1% told a clergy member, and 1% told an extended family member. In addition, 5% told someone with whom their relationship was left unspecified.

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Table 2. Cross-Tabulations of Frequencies of Unwanted Sex Play experiences and Characteristics of the Assault *

	Type of Force Used			
Variable	Verbal Coercion	Alcohol or Drugs	Threatening Physical Force	Use of Physical Force
Acknowledge				
No	10%	11%	1%	4%
Yes	3%	6%	1%	2%
Injury				
None	12%	15%	1%	3%
Mild	1%	2%	1%	3%
Moderate				1%
Intimacy				
None	2%			
Acquaintance	3%	1%	1%	1%
Non-romantic Friend	4%	4%		2%
Casually dating	2%	5%	1%	2%
Exclusively Dating	2%	5%		2%
Long-Term Relationship	2%	3%	1%	1%

*Numbers represent percentages of the entire sample of sexually assaulted women who responded yes to that cell.

Table 3. Cross-Tabulations of Frequencies of Unwanted Sexual Intercourse and Characteristics of the Assault *

	Type of Force Used			
Variable	Verbal Coercion	Alcohol or Drugs	Threatening Physical Force	Use of Physical Force
Acknowledge				
No	12%	19%	1%	3%
Yes	9%	8%	1%	11%
Injury				
None	17%	20%	1%	6%
Mild	4%	7%	1%	7%
Moderate		1%		1%
Intimacy				
None	5%	1%	1%	2%
Acquaintance	5%	2%		3%
Non-romantic Friend	6%	5%	1%	4%
Casually dating	1%	4%		1%
Exclusively Dating	4%	11%		5%
Long-term Relationship		5%		1%

*Numbers represent percentages of the entire sample of sexually assaulted women who responded yes to that cell.

Table 4. Means, standard deviations and range of observed variables in assaulted women (Sample A).

Observed Variable	Mean	Standard Deviation	Minimum	Maximum
Blame Self	2.60	0.86	1	4
Blame Him	3.43	0.79	1	4
AWS	50.76	4.27	35	59
SRSQ	39.26	6.89	24	56
Injury	1.27	0.49	1	3
Reporting	0.91	0.56	0	2
Norm Friend	51.94	1.45	16	80
Norm Family	52.24	17.31	14	80
Norm Community	40.12	19.94	5	80
Perceived Outcomes	218.32	75.80	58	384

Table 5. Means, standard deviations and range of observed variables in non-assaulted women (Sample B).

Observed Variable	Mean	Standard Deviation	Minimum	Maximum
Blame Self	2.58	0.85	1	4
Blame Him	3.43	0.78	1	4
AWS	52.33	4.49	22	38
SRSQ	41.19	6.86	22	56
Label of Incident	0.91	0.55	0	2
Norm Friend	44.88	25.10	8	128
Norm Family	40.99	23.16	8	128
Norm Community	36.01	23.62	8	123
Perceived Outcomes	121.88	60.76	24	343

In the non-assaulted sample (Sample B), 7% believed they would tell no one, 8% planned to tell one person, 27% believed they would tell two people, 16% three people, 15% four people, 15% five people, 8% six people, 2% seven people, 2% eight people, and 2% believed they would tell nine people. Most women (81%) believed they would tell a friend, 52% an immediate family member, 41.5% the police, 35% a doctor, 19.5% a mental health professional, 9% an extended family member, 7.5% a residential advisor, and 4% believed they would tell a clergy member. In sum, while most survivors of sexual assault only told a friend, women who were not assaulted believed they would tell a much larger variety of people.

Blame: Women were asked how much they were responsible for, and how much the man was responsible for the assault. In Sample A, 2% stated the man was not at all responsible, 13% stated the man was a little responsible, and 26% stated the man was somewhat responsible. However the majority of women (60%) stated that man was responsible a lot. Only 12% felt they were not all responsible for what happened, 47% felt hey were a little responsible, 29% felt they were somewhat responsible and 12% felt they were responsible a lot for what happened.

In Sample B, 1% believed the man would not be responsible for the rape, 5% believed he would be somewhat responsible, and unlike Sample A most women (94%) believed the man would be very responsible for the rape. Of the women in Sample B, 53% believed they would not be at all responsible, 33% believed they would be a little Responsible, 13% believed they would be somewhat responsible, and 1% believed they would be very responsible.

Expectations for Reporting: In Sample A (assaulted women), when asked about possible expectations for telling someone, 87% believed they would feel calm, safe and better, 37% felt they would get adequate medical attention, 42% felt they would be given the necessary tests needed to detect for pregnancy, VD, etc., 31% felt a trial would occur and they would have to testify, 24% felt the necessary evidence that could be used in court would be obtained, 57% felt they would be treated as an immoral person, 26% felt the man who did this to them would try to get back at them, and 19% felt other things would occur. Most women who endorsed the "Other" category wrote in that they were worried that the person would get mad or not believe them.

In Sample B (non-assaulted women), when asked about possible expectations for telling someone, 94% believed they would feel calm, safe and better, 93.0% felt they would get adequate medical attention, 90% felt they would be given the necessary tests needed to detect for pregnancy, VD, etc., 86% felt a trial would occur and they would have to testify, 82% believed that telling someone would result in the necessary evidence that could be used in being obtained, 26.0% felt they would be treated as an immoral person, 27% felt the man who did this to them would try to get back at them, and 7% felt other things (e.g., others would get angry and/or try to hurt the man) would occur. It is interesting to note the qualitative differences between expectations non-assaulted had and assaulted women had. Specifically, non-assaulted women appear to have stronger beliefs in the efficacy of their actions, as evidenced by a greater proportion of women believing telling others would result in the necessary evidence being obtained (82% versus 24) and they appear to be less likely to believe negative events, such as being treated as an immoral person will occur (26% versus 57%).

Label of Incident (Sample A only): One very interesting finding in this study is that 60% of women who reported behavioral descriptions of sexual assault or rape answered no when asked directly if they had experienced sexual assault or rape. Notably, several women wrote on the questionnaire and/or verbally noted that their experience was just "bad" or a "miscommunication" and not an assault.

Relationship between Survivor and Perpetrator (Sample A only): Ten percent of the abuse was perpetrated by a stranger, 28% by a causal acquaintances, 14% by a non-romantic friend, 26% by someone the women was casually dating, 13% by someone the women was exclusively dating and 10% by a partner in a long term relationship.

Level of Injuries (Sample A only): Most women (74%) reported that they were not physically injured during the assault; however, 24% of the women stated that were mildly injured and 2% noted that they were moderately injured. It is interesting to note that several women either wrote on the questionnaire or verbally discussed the emotional injuries they endured. Unfortunately, emotional distress of the sexual assault victims was not directly assessed in this study.

Relationships between Observed Variables

Table 6 contains the correlation matrix for the 12 observed variables that were analyzed for the assaulted women (Sample A), with significant alpha levels marked. Of particular interest are the correlations between label of incident and the observed variables found to correlate with perceived outcomes at the $p<.01$ level and with injury and normative beliefs about family members at $p<.05$. Significant correlations were also found between self-blame and blaming the man ($p<.05$) ; and between type of relationship and sex roles, and normative beliefs about the community ($p<.05$).

Table 6. Correlations of Observed Variables in assaulted women (Sample A).

Observed Variables	1	2	3	4	5	6	7	8	9	10	11	12
Blame Self (1)	1.0											
Blame Him (2)	.142*	1.0										
SRSQ (3)	-.045	.140	1.0									
AWS (4)	.033	.087	.464**	1.0								
Injury (5)	.009	.064	.006	-.065	1.0							
Type of Relationship (6)	-.034	-.079	.161*	-.007	-.011	1.0						
Label of Incident (7)	.187*	.282**	.112	.027	.364**	-.003	1.0					
Reporting (8)	.104	.045	.042	.049	.171*	.120	.177*	1.0				
Normative Beliefs-Friend (9)	.055	.061	.107	-.057	.062	.059	.121	.121	1.0			
Normative Beliefs-Family (10)	.069	.134	.016	.039	-.048	.078	.133	.133	.629**	1.0		
Normative Beliefs Community (11)	.013	-.016	.001	-.014	.098	.161*	.103	.103	.605**	.585**	1.0	
Perceived Outcomes (12)	.041	.037	.031	.087	.302**	.081	.177*	.322**	.267**	.282**	.188*	1.0

*=p<.05 **=p<.01

Significant, positive correlations were also found between all three normative belief variables (all $p<.01$). Perceived outcomes were found to be significantly correlated with injury, normative beliefs about family, normative beliefs about friends (all $p<.01$), and normative beliefs about community members ($p<.05$).

Chi-square analyses were used to assess the relationships between force and the other observed variables, since force is a categorical variable. Results of these analyses are summarized in Table 7. Due to the large variance in scores on the normative beliefs factors and outcome expectations factor, analyses between these variables and force were not valid. Test results indicated significant relationships between force and label of incident, with women who were physically assaulted more likely to acknowledge their assault and women whose assaults occurred with verbal coercion or the use of alcohol and drugs less likely to label their experience as an assault ($p<.01$). Chi-square analyses also revealed a significant relationship between force and number of people told. Specifically, women who told two people were more likely to have been physically assaulted ($p<.01$). Relationship and force were also found to be related, with most of the women whose sexual assault experiences involved alcohol and drugs knowing their assailant ($p<.01$). A relationship was also found between blame and force, with women who were physically assaulted placing less blame on themselves than women whose assaults were less stereotypical. A relationship was found between force and level of injury, with women who were physically assaulted more likely to be injured.

Table 8 contains the correlation matrix for the 9 observed variables that were analyzed for the non-assaulted women, with significant alpha levels indicated. It is interesting to note that reporting correlated strongly with perceived outcomes, normative

Table 7. Relationships between Force and the Other Observed Variables in Assaulted Women (Sample A).

Observed Variable	Degrees of Freedom	Pearson chi-square
Acknowledge	3	13.96**
AWS	66	80.88
Sex Roles	93	64.36
Blame Self	9	30.84**
Blame Him	9	9.74
Type of Relationship	15	39.24**
Violence	6	28.34**
Reporting	6	31.61**

**p<.01

Table 8. Correlations of Observed Variables

Table 8. Correlations of Observed Variables in Non-assaulted Women (Sample B).

Observed Variables	1	2	3	4	5	6	7	8	9
Blame Self (1)	1.0								
Blame Him (2)	.220**	1.0							
SRSQ(3)	.211**	.148*	1.0						
AWS (4)	.138	.213**	.551**	1.0					
Reporting (5)	.155*	.129	.101	.113	1.0				
Normative Beliefs-Friend (6)	.111	.047	.160*	.165*	.232**	1.0			
Normative Beliefs-Family (7)	.092	-.065	.024	-.067	.225**	.646**	1.0		
Normative-Beliefs Community (8)	.105	-.016	.099	-.007	.074	.585**	.657**	1.0	
Perceived Outcomes (9)	-.131	-.143*	.312**	.097	.479**	.339**	.389**	.358**	1.0

*=p<.05
**=p<.01

beliefs about family members, and normative beliefs about friends (all $p<.01$) and moderately with self-blame ($p<.05$). Additional significant correlations included self-blame and blame him and sex roles ($p<.01$); blame him and sex roles and perceived outcomes ($p<.01$); sex roles and perceived outcomes ($p<.01$); sex roles and normative beliefs about friends ($p<.05$); and normative beliefs about friends, family and community with expectations for reporting ($p<.01$). Similar to Sample A, significant, positive correlations were found between all three normative beliefs ($p<.01$).

Structural Equation Models

Structural equation modeling (SEM) was used to test the hypothesized relationships in the structural models for both assaulted and non-assaulted women. All SEM analyses were conducted using the statistical package AMOS. In all analyses, generalized least squares estimation was employed. Prior to the analyses of the structural model, decisions regarding missing data and the measurement properties of the scales for these two samples of data were conducted. The amount of missing data for the non-assaulted women was minimal (less than 1%). In the group of women who were assaulted, missing data was minimal for all variables (less than 1%) except for the expectation variable (16% missing). As a result, mean substitution was used to replace any missing data in both samples, excluding the expectations data in Sample A because those missing data appeared not to be random. Some women appeared only to rate how positive or negative outcomes were if they believed these outcomes would occur and as a result it was felt that mean substitution would not be suitable for the expectations variable. Overall, only the responses of 2 participants (both in non-assaulted sample) were excluded from the analysis because of their difficulty in accurately completing the

questionnaires. The final N for Sample A was reduced from 195 to 170 because of problems with the expectations variable. The final N for Sample B was 200.

A variety of Goodness of Fit indices can be examined in determining model fit. For the purpose of this study, the CMIN/DF index, Goodness of Fit Index (GFI), and the Root Mean Square error of approximation (RMSEA) were used. The CMIN/DF is a measure of the minimum discrepancy function divided by the degrees of freedom. Marsh & Hacevar (1985) reported that different researchers have recommended cut-off values for acceptable levels, as low as 2 and as high as 5. The GFI is based on a ratio of the sum of the squared differences between the reproduced and observed matrices to the observed variances (Schumacker and Lomax, 1996). It indicates the amount of variance accounted for by the model, with values from .90 to .99 reflecting an excellent fit, and values less than .85 reflecting a poor fit. The RMSEA is the ratio of the population discrepancy function to the degrees of freedom, with values from .00 to .05 reflecting an excellent fit, .05 to .08 reflecting a moderate fit, and values greater than .10 reflecting a poor fit. Prior to analyzing the model fit, the measurement properties of the scales used to assess the latent constructs in each of the models was necessary and are reported in the following section. As in previous sections, all analyses are presented first for non-assaulted women (Sample A) and then for assaulted women (Sample B). The first part of the section for each sample contains a description of the goodness of fit criteria for the factor structure for each construct. Second, for those measures that did not have an acceptable degree of fit, analyses conducted to improve the factor structure of these measures are reported. Improvements upon the factor structure of measures was made first for Sample B. Since the two models were going to be compared, the decision was

made to use the same factor structure in both samples if they were adequate. In fact, all measures, using the same items as Sample B, were found to have adequate fit in Sample A. These steps led to more accurate measurement models, which in turn were used to analyze the hypothesized relationships between the constructs in each of the models.

Review of Measurement Model

Measurement Model Specification for both Samples (Figures 4,5,6,7,8).

Sex Role Stereotypes:

Sex Role Stereotyping Questionnaire (Burt, 1980). The literature reported one composite scale for this measure (Burt, 1980). All items were coded so that higher numbers indicated more liberal views. For non-assaulted women (Sample B), when all items of the Sex-Role Questionnaire were included in the confirmatory factor analysis (CFA), the overall fit of the measure was good (x^2=36.78, df=20, p=.01, GFI=.954, CMIN/DF=1.84, RMSEA=.07). The CFA results suggest that similar to previous findings the Sex Role Stereotyping Questionnaire has one factor, which is labeled SRSQ in the measurement model (Figure 4).

In Sample A one factor (SRSQ) of the Sex Role Stereotyping Questionnaire (Burt, 1980) was used. Confirmatory factor analyses with the assaulted sample also demonstrated that the overall fit of the measure in Sample A was good (x^2=24.74, df=20, p=.21, GFI=.968, CMIN/DF=1.24, RMSEA=.035).

The Attitude Towards Women Scale (AWS, Spence & Helmreich, 1978). The AWS was found to have only one factor in previous studies (e.g., Spence & Helmreich, 1978, Spence & Hahn, 1997). All items are scored so that higher scores equal more

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egalitarian attitudes. The confirmatory factor analysis (CFA) for this sample (x^2=130.90, df=90, <.01, GFI=.912, CMIN/DF=1.45, RMSEA=.048) indicated a good fit for the data, therefore one combined score, referred to as AWS, was used for this measure (see Figure 4).

Results of the CFA for Sample A of The Attitude Towards Women Scale AWS, Spence & Helmreich, 1978) also demonstrated a good fit of the one factor model (labeled AWS in Figure 5) (x^2=109.56, df=77, p<.01, GFI=.919, CMIN/DF=1.42, RMSEA=.047). It is important to note that all items were scored so that higher scores were indicative of more liberal beliefs.

Normative Expectations

Normative Expectations for Reporting Questionnaire (revised from Espinso & Cardoza, 1995). The foundation of this questionnaire was Ajzen & Fishbein's (1972) theory that the normative factor was comprised of the sum of the beliefs about what others expect them to do multiplied by the individual's motivation to comply with the norms. Items are scored so that the higher the score, the more people the woman believes others would want her to tell. As discussed in the methods section, this revised questionnaire was used to assess the likelihood that each of three referents (family, friends, community) would want them to report their experience of sexual assault to each of nine report recipients (friend, immediate family member, extended family member, resident advisor, mental health worker, doctor, police, or clergy). It was expected that there would be three factors, normative beliefs about family, friends and community. The findings of the CFA for Sample B demonstrated a poor fit of this data to the hypothesized factor structure (x^2=592.62, df=249 <.01, GFI=.752, CMIN/DF=2.38, RMSEA=.083).

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As noted in the methods section, exploratory factor analyses (EFA) suggested three factors (family, friends, and community) with the elimination of 9 items. Items were deleted from exploratory factor analyses if items loaded highly on more than one factor and if item loadings were below .40. These factors are labeled norm-family, norm-friend, and norm-community in the measurement model (see Figure 4).

Confirmatory factor analyses for Sample A for this measure used the same three factors used in Sample B (normative beliefs for family, normative beliefs for friend, and normative beliefs for community). Results of the CFA for Sample A resulted in fit criteria that ranged from poor to adequate (x^2=222.2,df=85 p<.01, GFI=.85,CMIN/DF=2.6, RMSEA=.09). Exploratory factor analyses did not generate a better fitting model for this sample, therefore this factor structure was used. These factors are also labeled norm-family, norm-friend, and norm-community in the measurement model (see Figure 5).

Perceived Outcomes

Perceived Outcomes-revised (revised from Feldman-Summers & Ashworth, 1981). No previous validity, reliability or factor analyses have been conducted on this measure, however it was expected that there would be seven factors (expectations for friend, immediate family, extended family, clergy, police, resident advisor and mental health worker). Higher scores reflect more positive expectations. CFA analyses for this sample demonstrated a reasonable, although not entirely adequate fit for the data to this model (x^2=49.34, df=14 <.01, GFI=.929, CMIN/DF=3.53, RMSEA=.113). EFA analyses indicated that there was only one factor. Expectations for telling clergy, resident advisors and extended family members were deleted for theoretical reasons. Specifically,

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factors such as not living in a dorm, not having extended family members and not being religious may have contributed to responses and since these extraneous factors could not be controlled, the items affected by these factors were dropped. The resulting factors are labeled in the measurement model (Figure 4) as expfriend (expectations for friend), expmhw (expectations for mental health worker), exppolice (expectations for police), and expfamily (expectations for family). CFA analyses of the revised questionnaire revealed a good fit for the data to this structure (GFI=.994, CMIN/DF=1.172, RMSEA=.029).

To maintain consistency, CFA analyses for Sample A (assaulted women) for the perceived outcomes measure used the same items as Sample B. Results of the CFA demonstrated a reasonable, although not entirely adequate fit for the data to this model (x^2=49.34, df=14 <.01, GFI=.93, CMIN/DF=3.53, RMSEA=.113). EFA analyses indicated one factor and did not suggest that any items be deleted, therefore the factor structure was not changed (see Figure 5).

Blame

Blame Questions. The wording of the questions to assess blame was identical for both samples. Questions 20 and 21 were used to assess the extent to which women blamed the man and themselves for the assault and for Sample B these were questions 66 and 67. Higher scores on the question regarding blaming the man are indicative of more blame, while higher scores on blaming oneself are indicative of less self blame. These items were labeled Blame Self and Blame Him in the measurement model (Figure 4).

Report

Reporting. In Figure 4, reporting was measured by how many people a women would tell (labeled in Figure 4 as tellhow). The score was equal to the number of people

the women expected to tell An additional model (Figure 5) examined relationships between the variables and reporting (labeled tellwho) as measured by who they specifically reported to. Items were scored as zero if they would not tell that person and one if they would tell that person. Similar to the expectations and normative factors, factors regarding telling an extended family member, clergy, and resident advisor were not examined as individual factors for theoretical reasons, however they were kept as a part of the total number of people told. CFA analyses of the report variable, as measured by who they reported to, revealed an adequate fit for the data to this structure (Chi square=11.66, df=4, $p<.05$, GFI=.977, CMIN/DF=2.9, RMSEA=.08).

For assaulted women, reporting was also measured by both how many people a women did tell (labeled as tellhow in Figure 6) and by whom they did tell (labeled tellwho in Figure 7). Since the measurement of how many people a women did tell consisted of one item confirmatory factor analyses was not necessary. To maintain consistency, the CFA of the reportwho factor for assaulted women used the same reporting referents as used in Sample B (i.e., friend, immediate family member, mental health worker, police, and doctor). Results of these analyses revealed a very good fit for the data to this structure (Chi square=5.09, df=5, $p>.10$, GFI=.990, CMIN/DF=1.02, RMSEA=.01).

Type of Force, Relationship, Violence and Label of Incident

Type of Force, Relationship, Violence, and Label of Incident were only measured in assaulted women. They were used in the total model of factors contributing to reporting in survivors of sexual assault (see Figure 8). All of these variables were measured by one item, therefore CFA analysis were not conducted. Type of force is a

categorical variable and label of incident was scored as yes or no. Higher relationship scores represent a more intimate relationship and higher scores on the violence variable reflect more violence.

The following section reports the results of the overall model fit of the model separately for assaulted women and non-assaulted women and includes a discussion of attempts made to improve the model fit in both samples. These analyses also were conducted using AMOS and the same criterion for goodness of fit, as discussed earlier, are used. For the non-assaulted women, the model is considered twice, once using the how many people the person told (i.e.,tellhow) as the reporting variable (Figure 4) and once using who the person told (i.e., reportwho) as the reporting variable (Figure 5). For the assaulted women, the model is only considered once using who the women told (i.e., reportwho) as the reporting variable (Figure 7) because the extremely limited variance in number of people actually told, prohibited the model from successfully being analyzed (i.e., resulted in negative goodness of fit or resulted in error messages because of negative error variances).

Results of the Overall Model Fit

Model for Non-Assaulted Women

Model for Sample B Using How Many People a Woman Expected to Tell as the Reporting Variable

The chi-square statistic for this model was 107.34 (df=51, p<.001; Figure 4). The goodness of fit indices suggested that the fit of the model, or how well the observed variables fit the latent variables, was good, but could be improved (CMIN/DF=2.1, GFI=.91, RMSEA=.08). One method of attempting to improve the fit of the model is to

examine the residuals and to consider adding additional links in the model, particularly using variables with large residuals (Tabachnick & Fidell, 1996). Since both the expectations and normative factors had large residuals, a correlation between these two items was added. In fact, analyses yielded a significant, positive relationship between normative beliefs and expectations (correlation estimate=.428, z=4.403, p<.01, two tailed test, see Figure 9). This link suggests that there is a positive relationship believing that others want you to talk about sexual assault experiences and believing that talking would have positive outcomes. Correlations between other variables were also examined, however no additional significant correlations were found. The addition of the expectations for reporting and normative beliefs correlation did improve the overall fit of the model (x^2=87.86, df=50, p<.01, CMIN/DF=1.76, GF0I=.926, RMSEA=.062). Analyses comparing the revised model with the original model suggested the revised model was superior (x^2 difference=19.48, df=1, p<.01) and should be used.

Model for Sample B Using Whom the Woman Expected to Tell as the Reporting Variable

For this model, the chi-square statistic was 174.574 (df=100, p<.001; Figure 5) and the goodness of fit indices suggested that the fit of the model was adequate but needed improvement (CMIN/DF=1.75, GFI=.89, RMSEA=.06). Similar to the previous model (Figure 4), initial results yielded high residuals for both the expectations for reporting and normative beliefs factors, so a correlation between normative beliefs and expectations for reporting was added to the model. Subsequent analyses revealed a significant, positive relationship between normative beliefs and expectations for reporting (correlation estimate=.39, z=3.85, p<.01, two tailed test, see Figure 10). This link

suggests that there is a positive relationship believing that others want you to talk about sexual assault experiences and believing that talking would have positive outcomes. The addition of the expectations-norms correlation improved the overall fit of the model (x^2=161.153, df=99, p<.01, CMIN/DF=1.63, GFI=.90, RMSEA=.06. Analyses comparing the revised model with the original model suggested the revised model was superior (x^2 difference=13.42, df=1, p<.01) and should be accepted.

Model for Survivors of Sexual Assault

Reduced Models for Sample A (Figures 6 and 7)

The fit of the reduced model (i.e. Figure 6) using the reporting factor as measured by how many people were told (i.e. tellhow) was not able to be obtained, although it is most likely very poor since the model would not run. More specifically, due to limited variance in the number of people told and negative variances in the model, SEM analyses could not be conducted. SEM analyses were able to be conducted on the reduced model using who the person told as the reporting variable (i.e., reportwho factor, Figure 7) and the chi-square statistic was 149.603 (df=100, p<.01). Goodness of fit indices suggested that the fit of the model was good (CMIN/DF=1.50, GFI=.89, RMSEA=.05).

Total Model for Reporting Factors in Survivors of Sexual Assault (Figures 8 & 11)

Due to an extremely poor fit of the data to the model, as evidenced by difficulty minimizing and a negative error variances, SEM analyses could not be conducted for this model. The preliminary analyses indicated that the label of incident variable had a negative error variance and was contributing to the difficulty running the model. Since this factor was measured as 0 or 1 and had little variability, it appeared to not be able to serve as a moderator between other factors and reporting, therefore an additional model

(Figure 11) was constructed to examine direct relationships between all variables and reporting. This model was also unable to minimize. To increase power, additional analyses attempted to examine the model after deleting the expectations for reporting factor (since only 170 subjects had complete expectations data), however this model fit was also too poor to be formally examined. An additional step was taken to try to examine other factors in relation to reporting. More specifically, all variables in the reduced model were deleted and that model with only force, relationship, violence, label of incident and reporting variables was run and generated a non-positive definite covariance matrix. Unfortunately examination of each of the previous factors alone with reporting (i.e., force with reporting, violence with reporting, etc.) did not yield any positive definite covariance matrixes or models that could be analyzed using SEM. The inability of the additional factors to work appeared to be directly related to the lack of variance in the main report variable, both who they told and how many people they told.

The following section will discuss the results for the hypotheses for the non-assaulted women and then for the assaulted women. These analyses were conducted using the scales discussed previously and represented in Figure 4 and Figure 5. All SEM analyses were conducted using the statistical package, AMOS. In all analyses the generalized lease squares method was used. For every hypotheses in the model, results are presented for the relationship between that variable and number of people told (tellhow) and who the person told (tellwho).

Results of the Hypotheses

Structural Model for Non-Assaulted Women

Hypothesis 1

A significant relationship between blame and how many people were expected to be told (i.e., reporthow) was not supported (standardized regression weight=.228 , z= 1.082 , p>.10 , one-tailed test, see Figure 4). In addition, a direct positive relationship between blame and who the person would tell (i.e., reportwho) was not supported (standardized regression weight=.130, z=.271, p>.10, see Figure 5)

Hypothesis 2

Significant relationships between sex-roles and how many people were expected to be told (i.e., reporthow, standardized regression weight=.011 , z= .118 , p>.10 , one-tailed test, see Figure 4) or who would be told (i.e., reportwho, standardized regression weight=.041 , z= .476, p>.10 , one-tailed test, see Figure 5) variable were not found.

Hypothesis 3

A significant correlation between sex-roles and blame was not supported in either model (Figure 4, correlation estimate=.153, z=.994, p>10: Figure 5, correlation estimate=.023, z=.282, p>.10).

Hypothesis 4

Significant relationships between the normative beliefs variable and the reporting variable as measured as how many people a woman thought she would tell (reporthow; standardized regression weight=.029 , z= .27 , p>.10 , one-tailed test, see Figure 4) or who participants thought they would tell (i.e., reportwho, standardized regression weight=.020 , z= .204, p>.10 , one-tailed test, see Figure 5) variable were not found.

Hypothesis 5

As predicted, expectations had a direct, significant, positive, relationship with whom women believed they would tell about a sexual assault. The relationship was slightly stronger with how many people a woman planned to tell (i.e., reporthow, standardized regression weight=.492, z=4.39, p<.01, one-tailed test, see Figure 4), then with who the woman planned to tell (i.e., tellwho variable, standardized regression weight=.458, z=2.02, p<.03, one tailed test, see Figure 5). This finding suggests that individuals who believe that telling others will have positive effects are more likely to tell someone about their experiences.

Structural Model for Survivors of Sexual Assault

Hypothesis 1

A relationship between blame and who was told (i.e., reportwho) was not supported (standardized regression weight=.116, z=.064, p>.10, one-tailed test, see Figure 7) in Sample A.

Hypothesis 2

No significant relationship between sex-roles and who was told (i.e., reportwho) was found in this sample (standardized regression weight=.066 , z= .063 , p>.10 , one-tailed test, see Figure 7).

Hypothesis 3

Similar to Sample B, a significant correlation between sex-roles and blame was not supported (correlation estimate=.171, z=.192, p>10).

Hypothesis 4

SEM analyses did not support this hypothesis (standardized regression weight= -.062 , $\underline{z}$= -.065 , p>.10 , one-tailed test, see Figure 7), suggesting that in this sample there was not a direct relationship between normative beliefs about reporting and who people reported to.

Hypothesis 5

Unlike with non-assaulted women, a direct, positive relationship between expectations and telling others about sexual assault experiences was not supported (standardized regression weight=.036, $\underline{z}$=.060, p>.10, one-tailed test, see Figure 7).

Hypotheses 6,7, 8, 9, 10, 11

Due to negative error variances and an extremely poor fit of the data to this model (Figure 8), these hypotheses could not be examined as the model was unable to be analyzed (e.g., would not minimize and/or had non-positive definite covariance matrix's). Further details regarding models attempted is presented in a future section (i.e., results from overall models).

Hypothesis 12

Since the model of factors related to number of people told in the assaulted sample had negative variances and was unable to minimize, it suggests that non-assaulted women's responses, which revealed an adequate fit, was the better fitting model of the two groups. Analyses comparing the models of factors related to who people tell about sexual assault in both samples, suggested that Sample A was a better fit for the model (x^2 difference=24.97, p<.01), however Sample A did not have any direct, significant paths.

DISCUSSION

This study examined a comprehensive model of factors that contribute to women's decisions whether or not to tell other people about their experience of sexual assault. This study expanded upon previous research by examining a model using both feminist and social-cognitive theories. The model examined the relationships between blame, sex-role stereotypes, type of relationship between perpetrator and survivor, physical injury, type of force, beliefs about what others would want you to do and how they would react, women's definitions of their experiences and reporting behavior. In addition to individual links between variables, this study also assessed overall frequency of sexual assault and reporting behavior.

Characteristics of Sample and Frequencies of Observed Variables

Differences between Demographic Variables. In addition to using women in psychology undergraduate classes, this study also consisted of women in sororities. Although some research has found higher rates of sexual assault in women in sororities, in general research in this area has not been conclusive (Kalof, 1993). In this study, analyses of differences between samples on demographic variables indicated that women in sororities were less likely to be in the assaulted sample. Many of the sororities in this study reported that they had participated in educational workshops about sexual assault and that their national chapters stressed the importance of continuing education in this area. It may be possible that the differences in sorority membership between samples was related to the sororities having more information about sexual assault, however the relationship between sexual assault prevention programs and risk for future assault is inconclusive (see Lonsway, 1996). An additional explanation could be that the

differences are related to the relationship between sororities and fraternities. Specifically, some researchers have suggested that sorority membership might provide some protection against sexual assault, with the sorority-fraternity relationship guided by norms that limit the amount of sexual coercion inflicted and may provide a shelter against sexual assault (Garrett-Gooding & Senter, 1987; O'Sullivan, 1991).

Sorority membership was also the only demographic variable that was significantly correlated with the observed variables. Specifically, for assaulted women there were significant relationships between being in a sorority and labeling the incident as an assault and relationship to offender, with women in sororities more likely to be closer with the perpetrator and less likely to acknowledge the experience as an assault. The relationship between sorority membership and knowing the offender may be related to the fact that sorority women are more likely to know and date fraternity men (Copenhaver & Grauerholz). Studies have found that compared to other male students who non-sorority women may be more likely to date, fraternity men are more sexually aggressive (Garrett-Gooding & Senter, 1987). The relationship between sorority membership and label of the incident may be mediated by acceptance of rape myths. Acceptance of rape myths was not assessed in this study, however previous research suggests that this might be a possible link. Specifically, while Kalof (1993) did not find a relationship between sorority membership and sex-role stereotypes, she did find that women in sororities were more likely to accept interpersonal violence and rape myths. Fisher (1986) found that the acceptance of rape myths and interpersonal violence were related to acknowledging the experience as an assault. Therefore, it is possible that the

relationship between sororities and the label of the incident is not direct and instead is an indirect relationship involving rape myths.

Prevalence of Sexual Assault. This study found a high prevalence of sexual assault, with almost half of the total sample (49%) endorsing experiences of sexual assault or rape. Previous studies have found ranges between 29% to 76% (e.g., Himmelein, 1995; Koss et.al, 1987; Muehlenhard & Linton, 1987). Notably, this study was very similar to Koss et.al's (1987) multi-site study of colleges and universities that found a rate of 54%. This study's finding that many of the assaulted women (83%) reported experiencing more than one type of assault is also consistent with Koss et al.'s 1987 study. Most cases of assault reported in this study differed greatly from the stereotypical view of sexual assault that has been promoted by the media. Specifically, most of the women knew their attacker (90%) and were not physically injured in the assault (74%). The findings are consistent with previous studies which suggest that most sexual assaults victims do know their attacker and do not involve extreme physical violence (e.g., Koss et.al, 1987; Muehlenhard & Linton, 1987). It is also important to note that cross-tabulations did not generate one modal sexual assault scenario and instead found that women experienced many different types of sexual assault scenarios. These findings emphasize the importance of asking women about many aspects of their experiences (i.e., how well they knew the person, level of injury, type of force, etc.) since these different variables are not consistent and may affect their perception of their experience and their recovery.

It is also important to note that several women who were raped by physical violence or the threat of physical violence did not choose this as their most upsetting

experience. Unfortunately women were not asked to identify why they found a particular experience most upsetting; however such variables as how well they knew the person, their perceptions of their ability to prevent or to have stopped the attack may affect their decisions. These findings suggest that researchers studying sexual assault need to consider and explore how women experience during different sexual assault experiences affects their decisions.

Consistent with previous studies (e.g., Koss et.al, 1987; Wiehe & Richards, 1995), many women in this study who had experiences that contain the legal elements of sexual assault did not believe that their experience constituted sexual assault (60%). This does not mean that their experience was not aversive or even neutral, only that they did not believe that their experience met their own definition of the crime of sexual assault. Women may minimize their experiences to protect themselves, since it has been suggested that the perception of oneself as a victim is aversive to both oneself and others (Rabinowitz, 1990). Minimization of the experience is a common coping mechanisms in victims (Janoff-Bulman & Frieze, 1983), so sexual assault victims may not label their experience as such in an attempt to protect themselves from the aversiveness associated with being a victim. In addition, not labeling an experience as an assault may be related to differences in definitions of assault. The media often teaches that sexual aggression is normal (Gunn & Minch, 1988). The media often portrays sexual assault and rape stereotypically, which may lead many people to construe a narrow definition for assault. Many women appear to be internalizing society's message and consequently have difficulty labeling their own sexual assault experiences as assaults.

Notably the results indicated that most women who were sexually assaulted told one person (69%),usually a friend, or they told nobody (20%). This finding is important because talking about the experience may be the single most important therapeutic behavior that a victim can do afterward (Davis & Friedman, 1985; Koss, 1988b). Research has demonstrated that social support can serve as a buffer for the psychological effects of the experience of sexual assault (Golding et.al., 1989; Popiel & Susskind, 1985) and it is related to better health and fewer psychological symptoms (Kimerling & Calhoun, 1994). Social support appears to have both short and long term effects. Specifically, Burgess & Holmstrom (1978) reported that 45% of sexual assault survivors with social support felt recovered within months after the incident; whereas none of those without social support felt recovered in that time frame. They also found that within 4 to 6 years after the assault, 80% of survivors with social support felt they had recovered; whereas only 47% of those without social support did. Despite the advantages of telling others, the current study suggests that many women do not tell others and therefore do not receive the support they need.

Interestingly, the mean number of people told between the two samples was significantly different, with women who were not assaulted expecting to tell more people than the average women actually does. This is an important finding as much research on sexual assault is based on hypothetical situations and this study suggests that there is a discrepancy between what women believe they would do and what they actually do. Current theories may not accurately account for changes caused by the trauma of sexual assault. The trauma of rape is difficult to assimilate and may have a significant impact on women's views of themselves and others because it violates basic human assumptions of

personal integrity and control and beliefs in a just and safe world (Roth and Lebowitz, 1988). This suggests that more research is needed with actual survivors of sexual assault, rather than using hypothetical situations, so that a more accurate understanding of women's responses to sexual assault can be obtained.

Other differences between the two samples included their expectations about what would happen if they told someone. Women who were not assaulted were more likely to believe that telling others would result in getting adequate medical attention, being given the necessary tests to detect pregnancy, VD, etc., a trial would occur and they would have to testify, and the necessary evidence that could be used in court would be obtained. This finding indicates that the non-assaulted women as a group had a stronger belief in the efficacy of their actions while the assaulted group did not. This could be related to both a feeling of helplessness and inadequacy engendered by the assault and to actual negative experiences of reporting. The helplessness many women feel after an assault may alter their schemas or worldviews and make them less likely to believe in the efficacy of their actions. In fact, Allison & Wrightsman (1993) reported that a common reaction to sexual assault is a feeling of lack of control over one's life. In addition, women who are actually assaulted may not believe in the efficacy of reporting because of actual negative experiences of reporting. In this study, several subjects wrote about negative experiences of reporting, such as not being believed, and how this stopped them from telling anyone else. Previous research (Biaggio, Brownell, & Watts, 1991) also found that some support providers respond in a negative way, such as blaming the woman or making her feel ashamed.

Most women in both groups believed telling someone would result in feeling calm, safe and not result in the man trying to get back at them. These findings are surprising given the number of women who told nobody (20%), suggesting that despite a positive expectation of telling others some women still do not tell others. Perhaps some women feel that the negative outcomes of reporting outweigh the benefits. Women in this study were not directly asked whether the negative aspects of reporting outweighed any possible benefits, therefore this theory can not be tested in this study.

This study also found differences between the samples regarding who women blame, with women who were not assaulted more likely to place more blame on the man and less blame on themselves than the women who were assaulted. Notably, differences among the samples may be confounded by the fact that the hypothetical situation involved rape using physical force which is more consistent with the stereotype of rape. This is important to note because previous studies have found a relationship between blame and force, with women less likely to attribute blame to themselves, and in hypothetical situations less likely to blame the portrayed victim, if the situation involved physical force (Koss, 1985; Shotland & Goodstein, 1983). To assess the effects of force in relation to blame, a post-hoc analysis of differences in blame for women who were physically forced to have sex and women who answered questions about a hypothetical rape using physical force was conducted. Notably, there were no significant differences in self-blame between these groups, however there was a significant difference in blaming the man ($p<.01$). Specifically, women who were actually assaulted blamed the man less. This suggests that the difference between the samples on blaming the man is

related in part to a true difference between how women believe they would feel and how most women actually feel.

Relationships between Variables in Assaulted Women

This study found significant correlations between acknowledgment of assault and several of the observed variables. Previous research using scenarios found that people are significantly more likely to label an incident as rape if the victim is injured (Bourque; Shotland & Goldstein). This study suggests that victim's perceptions of their own experiences are also related to level of injury, with women who were injured being more likely to acknowledge their experience as an assault. This finding is consistent with feminist theory that suggests that women whose experiences do not meet the stereotypical definition of assault will be less likely to define their experience as an assault. Researchers (O'Toole & Shiffman, 1997) have suggested that despite recent educational and public efforts to debunk the myths that surround sexual assault, it is still commonly believed that women should be able to resist a man successfully unless he uses physical force. Notably, chi-square tests revealed that women whose sexual assault experience involved physical force are more likely to acknowledge their experience as an assault compared with women whose assaults involved alcohol/drugs or verbal coercion.

This study also found support for feminist theory that argues that attribution of responsibility is related to women's definition of their experiences. Defining the experience as an assault was correlated with whom the women blamed, with less self-blame and higher levels of blame on the man related to defining the experience as an assault in this study.

It was also hypothesized that there would be a relationship between labeling the experience as an assault and reporting, since women most likely would not tell others about an experience that they do not yet perceive as an assault. Similar to previous studies (Koss, 1985) this study did find that labeling the experience as an assault was positively correlated with reporting the incident, suggesting that one barrier to reporting an assault is not defining the experience as an assault. Another barrier to reporting appears to be people's expectations about reporting. This study found a positive relationship between expectations and reporting, with women who expect more positive outcomes being more likely to report the incident. Notably, a relationship between the label of the incident and expectations for reporting was also found, with positive expectations for reporting related to being more likely to label the incident as an assault. Initially, it was unclear if this relationship was direct or was an indirect relationship involving reporting. Post-hoc analysis revealed that the relationship between acknowledgment and expectations was indirect. Specifically, after partialling out the effects of reporting, the relationship between acknowledgment and expectations was not significant ($p>.10$).

Significant, positive correlations were also found between reporting and perceived outcomes, injury, and normative beliefs about family members. These results are consistent with previous findings (e.g., Feldman-Summer & Norris, 1984; Feldman-Summers & Ashworth, 1981) and suggest that women who perceive positive outcomes will occur from reporting and believe others want them to tell are more likely to share their experience with people. In addition, the results suggest that when the experience is more stereotypical (i.e., results in injury and uses physical force) women are more likely to tell more people. This may be related in part to actual differences in reactions when

women report sexual assault. Specifically, societal institutions such as hospitals and the legal system may be more likely to believe women who have physical evidence of a sexual assault. In regards to the legal system, when there is physical evidence the case is stronger, which may make the entire process of reporting less aversive. Estrich (1987) noted that when the accused was a stranger, or armed, or otherwise fit the definition of what society assumed to be the typical rapist, the victim was usually given the benefit of the doubt regarding nonconsent and women who were severely injured were usually believed to be credible.

For women whose experiences are more stereotypical they may perceive that others are likely to be more understanding and/or less judgmental, perhaps because they are more likely to define their own experience as an assault or place less blame on themselves. In fact, consistent with previous studies (Check and Malamuth, 1983) this study found a relationship between type of force used and blaming oneself less, with more traditional and visible signs of force (i.e., physical instead of verbal coercion) related to less self-blame. This is consistent with the theory that women are expected to be able to prevent assault, unless it involves physical force (Calhoun & Atkeson, 1991), therefore when force or injury do not occur women may blame themselves for "failing" to stop the assault from occurring. A significant relationship was found between injury and type of force, with more traditional/visible signs of force related to more injury.

Previous literature (e.g., Bridges, 1991; Friedman & Thomas, 1985, Fisher., 1986) suggested a relationship between blame and sex-roles, however this study did not confirm this finding. This may be in part related to the generally limited variance of the sex-role measures. Notably, in this study the mean of both sex-role measures was higher than the

means of previous studies of the measures (e.g., Spence & Hahn, 1997; Burt, 1980), which suggests a change in sex-role attitudes or at least an understanding of what is socially acceptable. The current measures may not be able to accurately assess the more subtle differences in sex-role stereotypes that are relevant for women today. Finally, unlike previous studies (e.g., Coller & Resick, 1987) a relationship between type of relationship and acknowledgment and report were not found. Additional analyses re-coded relationship as known versus stranger and this was also not related to reporting. This may be related to limited variance, with 90% percent of women knowing their attacker. Notably, relationship to attacker was correlated with normative beliefs about friends and normative beliefs about the community.

Correlations between Variables in Non-assaulted Women

Consistent with previous studies (e.g., Gunn & Minch, 1988, Feldman-Summers & Ashworth, 1981) a significant and positive relationship between reporting and perceived positive outcomes was found for women who were not assaulted. In addition, similar to previous research (Gunn & Minch, 1988) this study found a relationship between reporting and blame. Specifically, less self-blame was associated with increased reporting. This relationship may be related to how they believe others will view them. Specifically, if women feel less responsible they may be more likely to believe others will place less blame on them and be more supportive. Similar to Sample A (non-assaulted women) in this study there was a significant correlation between self-blame and blaming the man, with blaming oneself more associated with blaming the man less. Both high self-blame and low blaming the man scores were associated with more traditional sex role stereotypes. Women with less traditional stereotypes would be expected to be less likely

to have traditional definitions of sexual assault and would be expected to not believe that sexual assault is caused by women's failure to stop the man's advances. Therefore, one would expect as this study and previous research (e.g., Muehlanhard, Freidman & Thomas, 1985; Shotland & Goodstein, 1983) has found that less traditional sex-roles would be associated with higher other blame and less self blame.

Women with more egalitarian attitudes appear to have broader definitions of sexual assault and may be less likely to accept traditional roles of sexual relationships. More specifically, women with more egalitarian attitudes may be less likely to believe the women's role is to stop sexual advances. Therefore they are less likely to blame the women for "failing to stop the man" when they are assaulted and are more likely to blame the man who is actually responsible.

Positive perceived outcomes were associated with less traditional sex roles. Ajzen & Fishbein (1972) stated that the likelihood of reporting is related in part to an individuals perceived consequences and evaluation of these consequences. Women with less traditional sex-roles may be more likely to have more accurate/wider definitions of sexual assault and may therefore believe their experience is an assault and should be reported. Women's own reactions most likely are related to how they believe others would react and therefore if they are less traditional they may be more likely to expect others to be more interesting in hearing about sexual assault and in general expect more positive outcomes. Notably, sex-role stereotypes were also found to be related to normative beliefs about friends and family members, with more egalitarian views associated with stronger beliefs that others would want you to tell. This suggests that

women may believe that others share their beliefs about gender roles, so that women who have less stereotypical beliefs might expect others to hold similar values.

Structural Model of Factors Affecting Women's Decisions Whether or not to Report Sexual Assault (Sample B, non-Assaulted Women)

This study hypothesized that there would be significant relationships between reporting and norms and between reporting and sex-roles, neither of which were supported by this study. Although the relationship between blame and reporting was also not significant in the model it appears to be trend the expected direction. The hypothesis that there would be a significant correlation between sex-roles and blame was not supported using either report variable. This may be related in part to the limited variance in the blame variable in this sample. The one hypothesis for non-assaulted women that was supported was the significant, positive, relationship between expectations and reporting. This finding suggests that women who believe that telling others will have positive effects are more likely to tell someone about their experiences.

The models for this sample (Figures 4 and 5) both had goodness of fit indices that suggested that the fit of the models were good but could be improved. For both models, adding a correlation between the expectations and normative factors significantly improved the fit of the models, suggesting that this relationship should be included in future models. This finding suggests that there is a positive relationship between believing that others want you to talk about sexual assault experiences and believing that talking would have positive outcomes.

Although the goodness of fit of the model was strong, several of the expected relationships were not supported by the data. This may be related in part to difficulty

with the sensitivity of some measures, such as the sex-role stereotype measures. In addition, limited variance within some of the measures may also contribute to non-significant findings. These problems are more pronounced with assaulted women and are discussed in more depth in the following section.

Structural Model of Factors Affecting Women's Decisions Whether or not to Report Sexual Assault (Sample A, Assaulted Women). None of the hypothesized relationships were supported in this sample. Caution must be taken in interpreting this finding, as the reporting variable had limited variance, therefore these findings are not reliable. Structural equation modeling assumes that variables are distributed normally and violation of this assumption imposes limitations and creates problems in the analyses of results. In this study, the reporting variable in assaulted women was not normally distributed and had very little variance. Nonnormality often creates higher Type I error rates and analyses that fail to converge or result in a solution that is incorrect. In the sample of assaulted women this occurred because the reporting variable had extremely little variance which resulted in negative error variances and an inability for the full model to converge. The fit of the reduced model (i.e., Figure 6) using the reporting factor (i.e., tellhow) was also not able to be obtained, although it is most likely very poor since the model would not run. More specifically, due to limited variance in the tellhow factor and negative variances in the model, SEM analyses could not be conducted. Although obtaining additional subjects might have enabled the model to run, if similar frequencies were found in other women, the reporting variable would have been very skewed.

Since the model of factors related to number of people told in the assaulted sample had negative variances and was unable to minimize, it suggests that non-assaulted

women's responses, which revealed an adequate fit, was the better fitting model of the two groups. In addition, although analyses comparing the models of factors related to whom people tell about sexual assault in both samples, suggested that Sample A was a better fit for the model, this finding has little empirical validity since there were no direct, significant paths in Sample A.

This study was unable to examine the fit of the total model (Figure 8) because the model would not minimize. The problem appears to be related to the lack of variance in the main report variable, both whom they told and how many people they told. Since the complete model could not minimize, the validity of the theory postulated in this study could not be assessed. Correlational findings discussed earlier lend support for the validity of the basic tenants of the theory. It is important to note that these findings do not suggest the theory is invalid only that it can not be tested using traditional data collection and statistical procedures.

Limitations of this Study

As noted earlier, structural equation modeling assumes that variables are distributed normally. Violations of this assumption in this study, in regards to the reporting variable resulted in a model that can not be validly interpreted and at times would not converge. Since reporting was a central focus of this study, the limited variance had a significant impact on the interpretation of the models. Correlations are not as affected by limited variance as SEM. Thus, in interpreting the data it is helpful to examine the correlations (Table 6) as several of the expected relations that were not significant in the models were supported by significant correlations.

It is also important to consider the concept of measurement error in understanding some of the results, in particular, the measurement of sex-role stereotypes. There were not any recently developed measures of sex-role stereotypes and this issue was not able to be successfully resolved. Notably, in this study there was not a relationship between sex-role attitudes and reporting, in contrast to many previous studies. The fact that this study did not find a relationship may be an artifact of the weaknesses of the sex-role measures used. The mean scores of those measures in this study were significantly different than the means of the measures from previous studies (e.g., Burt, 1980; Spence & Helmreich, 1978). Given these differences in means on sex-role measures, perhaps future research should examine the usefulness of these tools and work on creating measures that more accurately depict the subtle sex-role stereotypes that are still pervasive in today's society.

An additional limitation is that this study only assessed heterosexual assault of women by men. Waterman, Dawson and Bologna (1989) found that sexual assault is a problem for a considerable number of homosexuals, with lesbians having higher rates of sexual assault experience than gay men (e.g., Waterman, Dawson, & Bologna, 1989). There is no published research on factors affecting reporting same-sex sexual assaults. There may be additional factors related to reporting in this group, particularly related to the widespread homophobia in many areas of society. In addition, it is unclear how sexual orientation may relate to reporting, as factors such as blame have been found to be related to sexual orientation. Ford, Liwag-McLamb & Foley (1998) found that women were perceived to be more at fault if they were heterosexual.

The generalizability of the sample is also limited in that it examined only college women, and therefore important factors such as age and educational level were not

assessed. A college sample was chosen because of the reported high rates of sexual assault in this age group (e.g., Koss et.al, 1987; Muehlenhard & Linton, 1987), however future studies should examine reporting in other samples because college campuses are distinctly different than many aspects of society. For instance, variables such as the influence of Greek life and generally high rates of alcohol use on college campuses need to be considered before these findings should be generalized. However, since 67 % of female high school graduates in America attend at least one year of college, this study has significance for a large part of society for a certain point in their lives (U.S. Department of Commerce, 1998).

In addition, due to methodological problems this study was unable to accurately examine the relationships between these variables and the time since the assault. Future studies may wish to examine how women's perceptions of the experience change over time. Some women may consider themselves assaulted immediately after the event and later decide they were not assaulted, given societal pressures and others' opinions to the contrary. On the other hand, some women may not initially define the experience as an assault but may do so later. Future studies may wish to examine how women's perceptions of the experience change over time.

Directions for Future Research

This study showed that despite the devastating effects of sexual assault, few women tell anyone other than a friend and therefore do not receive services for sexual assault related distress from mental health professionals. Although the model for survivors of sexual assault did not minimize, examination of the correlations suggest a relationship between reporting and acknowledging the experience as an assault and type

of force and injury. These findings suggest that many women still define sexual assault more narrowly than the legal term and still feel uncomfortable discussing non-stereotypical assaults with others. Studies that examine the process by which women come to explain and define their experiences of sexual assault are needed. In addition, it appears that one way of intervening is by helping women to believe that sexual assault can take many different forms and to increase their comfort in talking about it. In addition to continuing to provide counseling services and anonymous hotlines for women, resources may also be wisely spent on sexual assault educational programs that focus on helping females understand what constitutes sexual assault and to be more comfortable talking about it. Furthermore given this study's finding that most women only tell a friend, it is important that through programs (i.e., lectures, workshops) or books that women and men learn how to respond to someone's disclosure to sexual assault in a supportive way. Books about how to support someone who is sexually assaulted should be more readily available and discussed. Given that most women in this study only told a friend, it is important that friends have the information available to them about how to support a survivor of sexual assault. To help students understand rape and how to help survivors of rape colleges should consider implementing campus wide psychoeducational programs about rape and survivors of rape.

Results from this study point to several possible directions for future research, including expanding upon the existing models. Much of the research on sexual assault examines hypothetical situations and as this study suggests there is a large discrepancy between what women believe they would do and what most women actually do. Longitudinal studies to examine how sexual assault experiences change women's

perceptions and schemas would be useful. It seems that current theories that focus on reporting are not accurately assessing the traumatic effects of sexual assault on women's schemas about how they feel and how others will behave.

This study suggests that traditional data collection and statistical procedures are not able to assess models of reporting behavior. It is important for researchers to consider that reporting may often be a dichotomous variable when they are considering different methodological and statistical procedures. In addition, the wide variety of sexual assault scenarios women experienced suggest that close-ended questions may lead to the omission of important variables. Close-ended questions do not allow the researcher or clinician to gain an accurate understanding of an individual woman's experience. Research using interviews and other types of narrative reports may be more useful.

Exploratory research using interviews with survivors of sexual assault is needed to learn about what variables they believe contributed to their decisions whether or not to share their experience with others. Several of the women in this study wrote about or spoke about other variables such as level of psychological trauma and how the first person they told reacted. Several women in this study noted that although they had not been physically injured, they had been psychologically injured and future studies should examine how that relates to reporting. Given that many women only told a friend, it might be helpful to examine how their friend reacted. Perhaps women only tell their best friends because their friends are very supportive and after receiving support they do not feel they need to tell anyone else. Another hypothesis is that women are discouraged by their friends from telling others which may be related to how well the perpetrator is known by their friend. While this study did examine the relationship between the women

and the perpetrator, it did not examine how much the man was a part of their social circle and how peer pressure/peer influence could affect their decision whether or not to report the experience.

An additional variable that could be examined is shame, as shame may make it difficult to report sexual assault. Women may view the assault as a sign of failure and a source of embarrassment and shame. In fact, one study found that women often list shame and embarrassment as one reason they did not report the assault (Gartner & Macmillan, 1995).

This study was conducted not only to assess relationships between the observed variables but also to identify possible areas of intervention for survivors of sexual assault and to develop additional ideas about how to help improve the likelihood that women will seek help for sexual assault. Since correlations were found between reporting and acknowledging the experience, physical injury and force, providing information to women about sexual assault through educational programs discussed earlier would be one way of increasing reporting.

This study suggests that many women blame themselves to some extent for the assault. For some women self-blame may serve a purpose, in that it allows women to make sense of what happened to them (i.e., it was their fault), despite the fact that blame is not associated with good adjustment (Abbey, 1987; Meyer & Taylor, 1986). Future studies should examine how blame may be used to meet a need (i.e., maintain belief in a "just world") and how support providers can help women meet these needs in a less destructive manner. In sum, not only can future research expand upon the models tested

in this study, but the results can also be interpreted so that they can be utilized in applied settings, helping with prevention and in intervening with survivors of sexual assault.

In addition to examining why assaulted women do not report their experiences, it is also imperative for future studies to examine what types of help and/or responses sexual assault survivors want. Perhaps one reason why women are not seeking support is that their initial attempt (i.e., telling a friend) was not successful or they feel the type of support they need is not available. Studies that examine what types of support women desire are needed because in order to increase the likelihood that women will report, it is important to ensure that the types of support they desire are available.

In conclusion, this study examined a model of factors affecting women's decisions to talk about sexual assault. Although the results of this study should be considered preliminary, they do provide suggestions for future research in the prevention of sexual assault and intervention with survivors of sexual assault. Specifically, this study suggests that additional research on factors related to reporting for actual survivors of sexual assault and an examination of attempts to increase reporting are needed and would be a valuable area for future research.

Figure 1. Fishbein's Model of Behavioral Intentions.

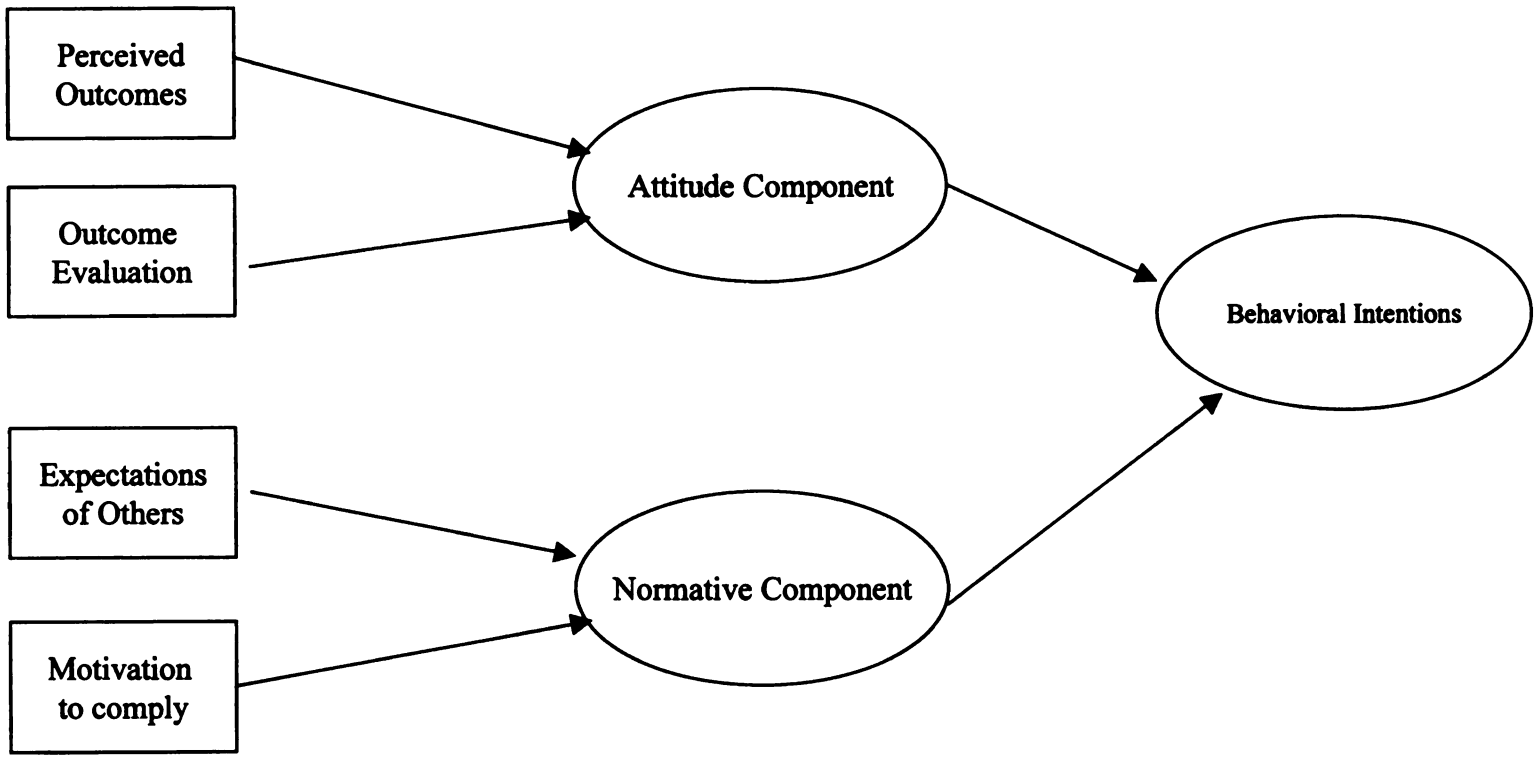


Figure 2. Reduced model of factors contributing to women's decisions whether or not to report sexual assault.

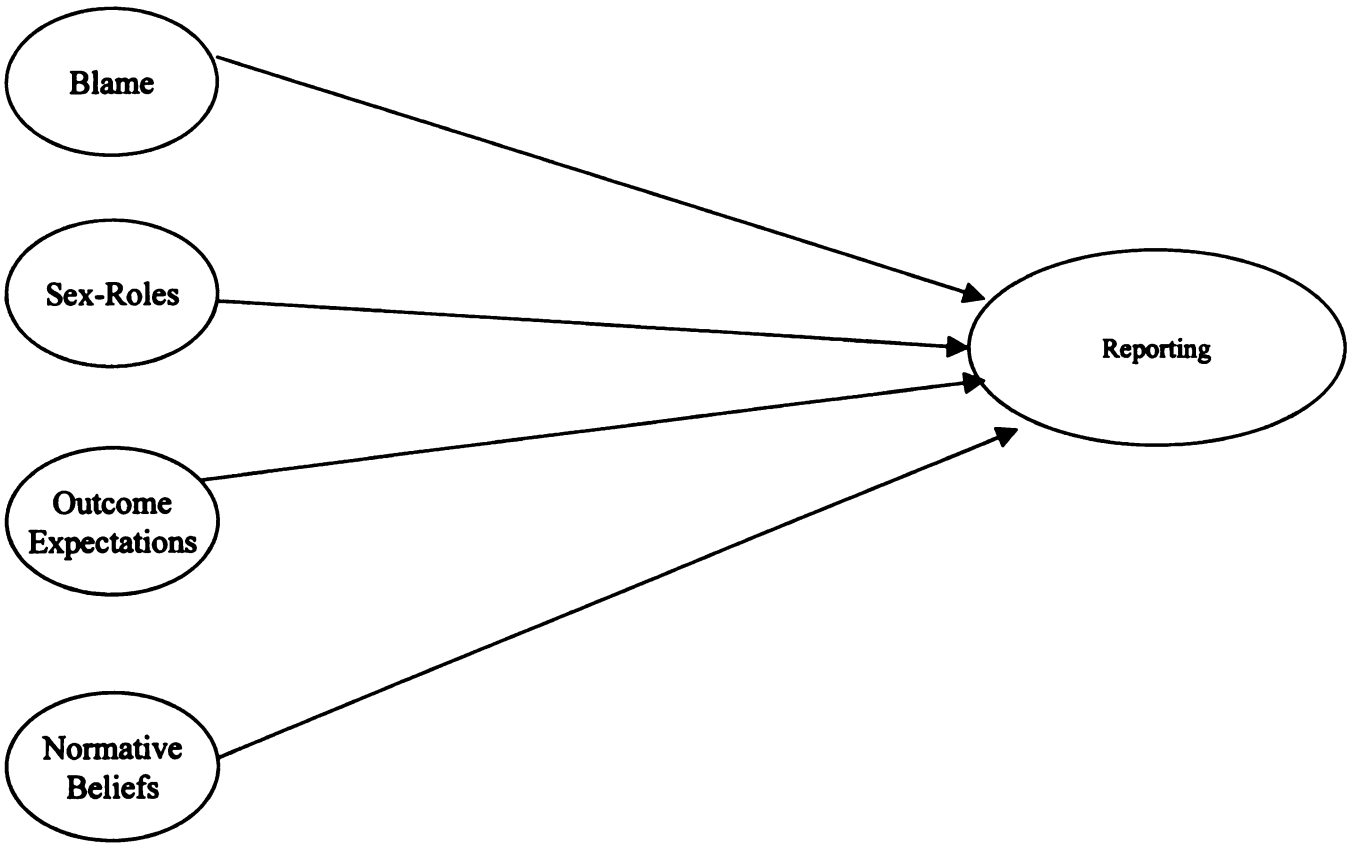


Figure 3. Total model of factors contributing to women's decisions about who they would report sexual assault to.

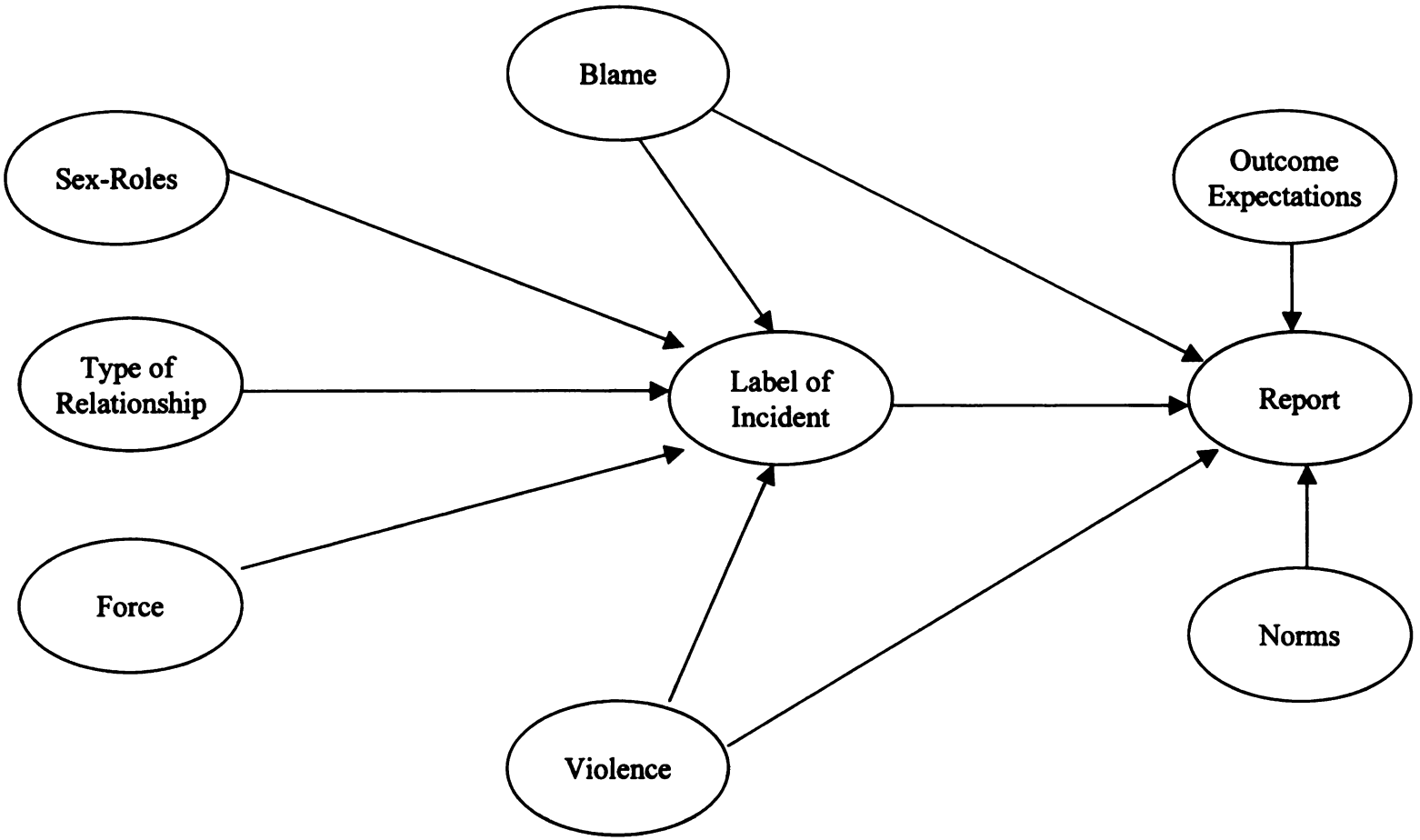


Figure 4. Model of factors contributing to women's decisions about how many people they would tell about a hypothetical sexual assault (Sample B, abbreviation code is in Appendix A).

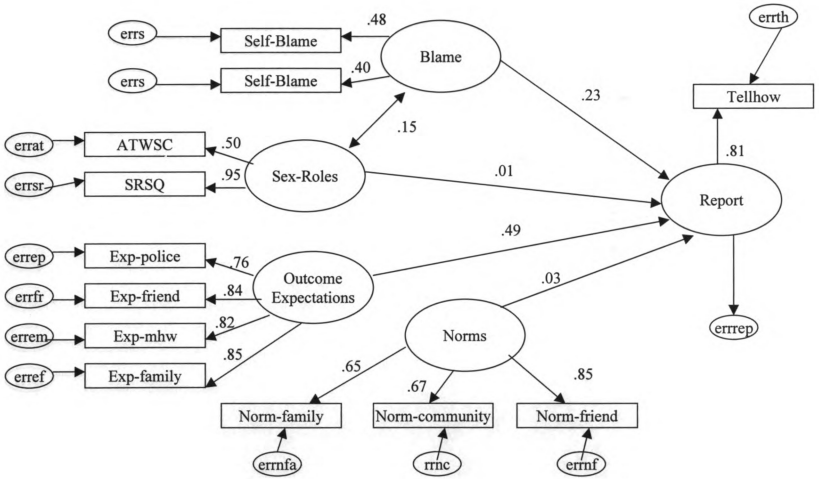


Figure 5. Model of factors contributing to women's decisions about whom they would report a hypothetical sexual assault to (Sample B,abbreviation code is in Appendix A).

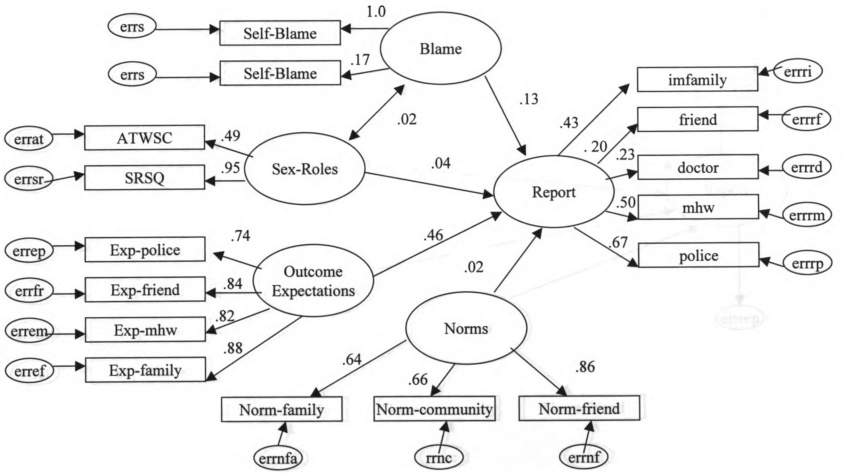


Figure 6. Model of factors contributing to women's decisions about how many people they told about their experience of sexual assault (Sample A, unable to minimize)..

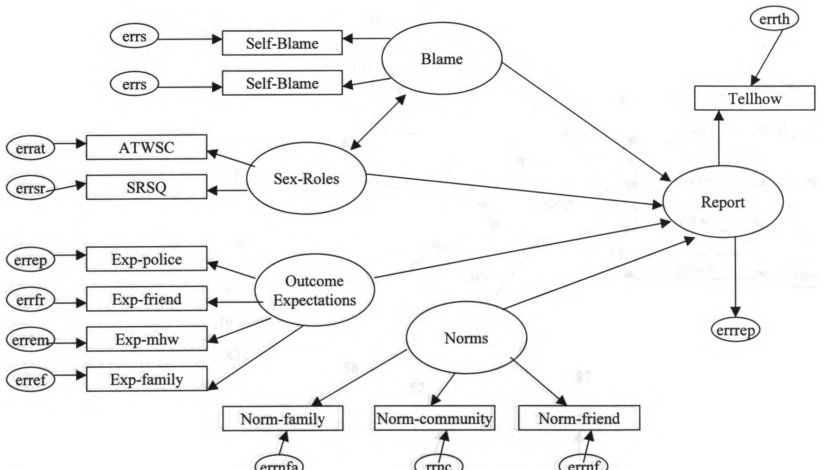


Figure 7. Model of factors contributing to women's decisions about whom they would report a hypothetical sexual assault to (Sample A,final model).

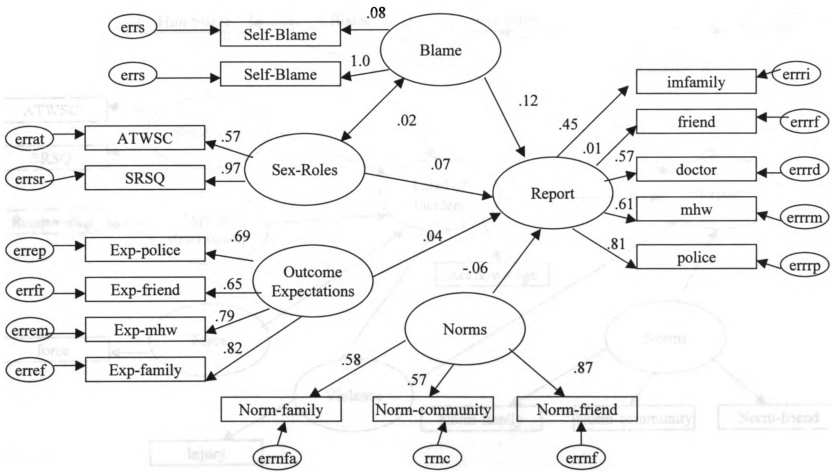


Figure 8:. Total model of factors contributing to women's decisions about who they did report their experience of sexual assault to (Sample A, abbreviation code is in Appendix A).

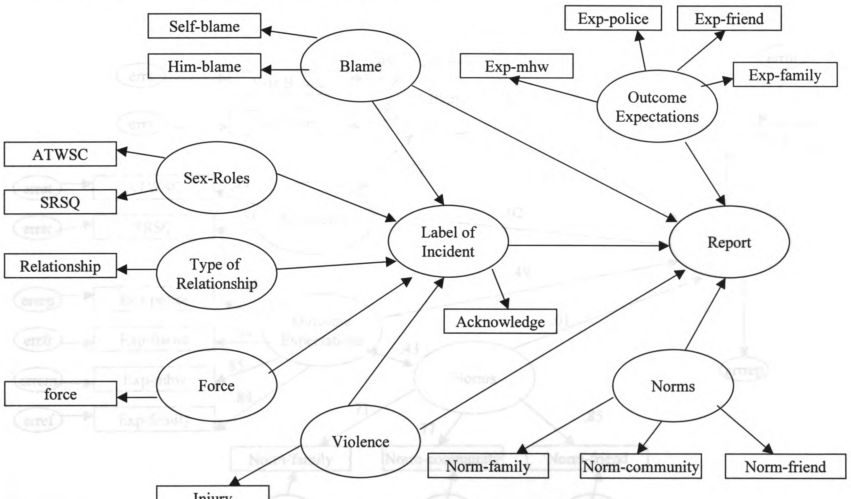


Figure 9. Model of factors contributing to women's decisions about how many people they would tell about a hypothetical sexual assault (Sample B, Final Model).

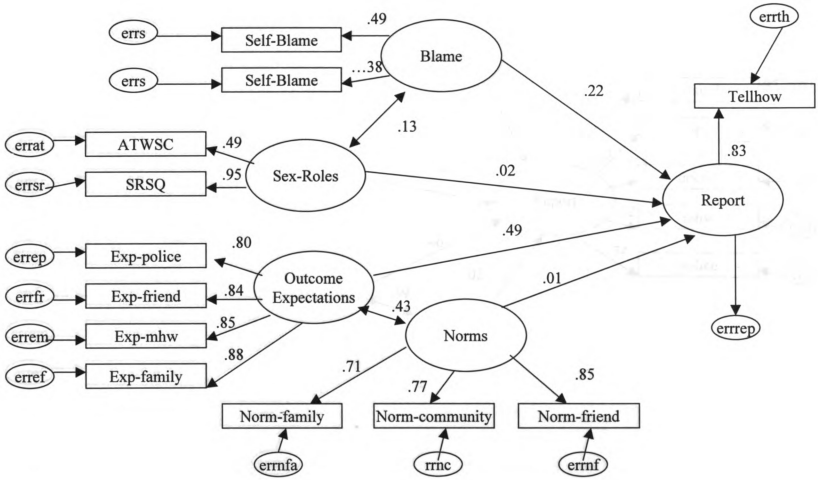


Figure 10. Model of factors contributing to women's decisions about whom they would report a hypothetical sexual assault to (Sample B, final model).

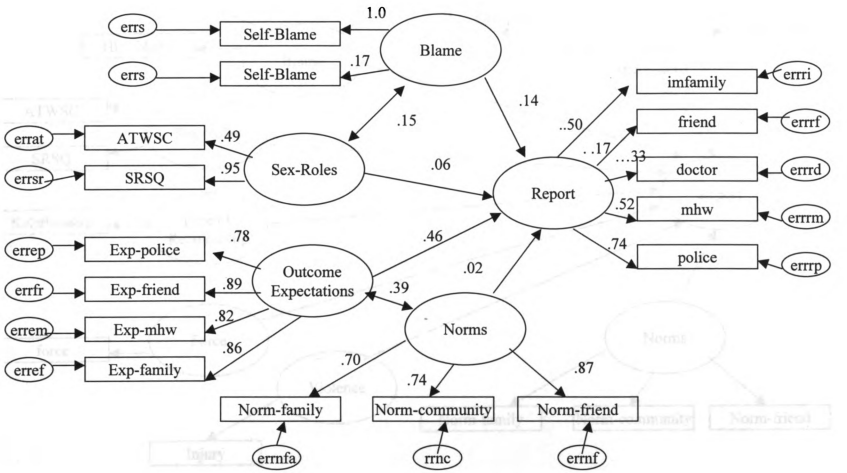
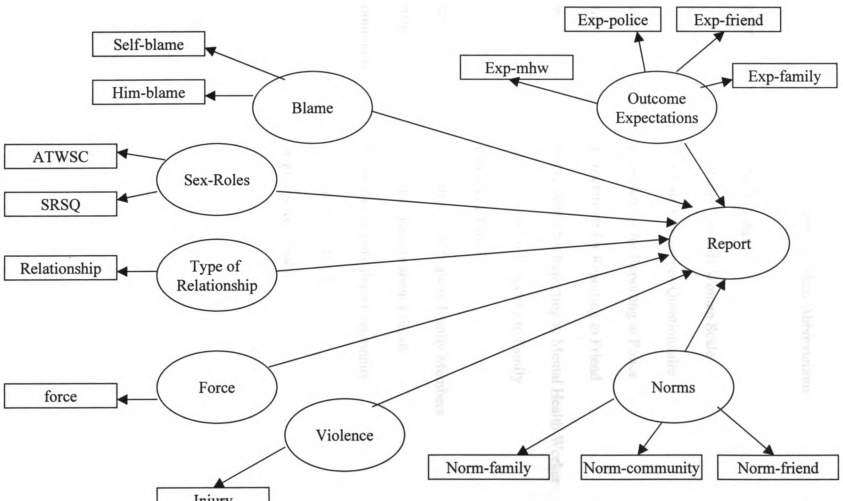


Figure 11: Modified model of factors contributing to women's decisions about who they would report sexual assault to (Sample A, abbreviation code is in Appendix A)



APPENDIX A

List of Variable Names and their Abbreviations

Abbreviation	Variable Name
AWS	Attitudes Towards Women Scale
SRSQ	Sex Role Stereotypes Questionnaire
Exp-police	Expectations for Reporting to Police
Exp-friend	Expectations for Reporting to Friend
Exp-mhw	Expectations for Reporting to Mental Health Worker
Exp-family	Expectations for Reporting to Family
Imfamily	Immediate Family
Norm-Family	Normative Beliefs about Family Members
Norm-Friend	Normative Beliefs about Friends
Norm-Community	Normative Beliefs about Community
Tellhow	Number of People Told
Tellwho	Who was Reported to

APPENDIX B

Demographic Information: Below are a few questions about your background. For each question, please identify the correct answer on the scantron sheet.

1. How old are you?
   A. 17 years old or younger
   B. 18 years old
   C. 19 years old
   D. 20 years old
   E. 21 years old
   F. 22 years old
   G. 23 years old or older

2. What is your ethnicity?
   A. African-American
   B. Asian
   C. Caucasian
   D. Hispanic
   E. Native American
   F. Other (please specify)_____

3. What year are you in college?
   A. First year
   B. Second year
   C. Third year
   D. Fourth Year
   E. Fifth Year
   F. Sixth year or beyond

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

5. What is your parents combined income level?
   A. Less than 10,000
   B. 10,000 to 19,999
   C. 20,000 to 29,999
   D. 30,000 to 39,999
   E. 40,000 to 49,999
   F. 50,000 to 59,999
   G. 60,000 to 69,999
   H. 70,000 to 79,999
   I. 80,000 or higher

Sexual Experiences Questionnaire--

Directions: Below are questions about your sexual experiences with men. Since this study is specifically examining heterosexual experiences, please answer the following questions about your experiences with men only. If you have had similar experiences with women, please feel free to write in on the questionnaire or on the blank pages provided about these experiences.

In these questions the legal definition of sexual intercourse should be used. That is, sexual intercourse is defined as "penetration, no matter how slight, of one person by another, ejaculation is not required". In addition, it includes contact between the sex organs of one person and the mouth or anus of another. Penetration of the vagina or anus may occur with any object. At this time, I would like to remind you that your participation is voluntary and any of the questions that are objectionable to you can be skipped. I would also like to remind you that all questions are confidential and there is no way that anyone can link your answers to your name.

Please indicate whether you have experienced any of the following by circling the appropriate answer.

6. Have you ever been sexually assaulted by a man?
   A. No B. Yes

7. Have you ever been raped by a man?
   A. No B. Yes

Did you ever engage in sex play (fondling, kissing, or petting but NOT intercourse) when you didn't want to because:

8. You were overwhelmed by his continual arguments and pressure?
   A. No B. Yes

9. He threatened to end the relationship?
   A. No B. Yes

10. You were under the influence of drugs or alcohol?
    A. No B. Yes

11. He threatened to use physical force (twisting your arm, holding you down, etc.)?
    A. No B. Yes

12. He used physical force (twisting your arm, holding you down, etc.)?
    A. No B. Yes

Did you ever engage in intercourse (oral, vaginal or anal) when you didn't want to because:

13. You were overwhelmed by his continual arguments and pressure?
A. No B. Yes

14. He threatened to end the relationship?
A. No B. Yes

15. You were under the influence of drugs or alcohol?
A. No B. Yes

16. He threatened to use physical force (twisting your arm, holding you down, etc.)?
A. No B. Yes

17. He used physical force (twisting your arm, holding you down, etc.)?
A. No B. Yes

** Now I would like you to review your answers to the previous questions (questions 6 though 17). If you answered yes to ANY of questions, please answer questions 18 to 65. If you answered no to ALL of the questions, please skip questions 18 to 65 and go to question 66.

18. Questions 19 through 65 ask about more questions about feelings, thoughts and reactions your sexual experiences previously asked about. The questions ask you about only one incident. Please pick the incident from questions 8 through 15 that was most upsetting for you and answer questions 19 through 65 with that incident in mind. Please identify below which incident was most upsetting for you.
A. Question 8 or 9
B. Question 10
C. Question 11
D. Question 12
E. Question 13 or 14
F. Question 15
G. Question 16
H. Question 17

*** How old where you when this happened? _____ (please write in your answer)

19. What was your relationship like with this person?
    A. Did not know the person
    B. Causal Acquaintance
    C. Nonromantic friend
    D. Casually dating
    E. Exclusively dating this person
    F. Long term relationship

20. How much was the man responsible for what happened?
    A. Not at all
    B. A little
    C. Somewhat
    D. A lot

21. How much were you responsible for what happened?
    A. Not at all
    B. A little
    C. Somewhat
    D. A lot

22. Who did you tell about the incident (check all that apply)?
    A. No one
    B. A friend
    C. An immediate family member (sibling or parent)
    D. An extended family member (aunt, uncle, grandparent, etc.)
    E. A resident advisor or sorority house advisor
    F. A mental health worker (counselor/therapist/rape crisis worker)
    G. A doctor or nurse
    H. The police
    I. Clergy
    J. Other

23. Indicate below how severe the injuries you sustained as a result of the experience reported above (question 13) were.
    A. No injury or pain sustained
    B. Mild injury (includes redness, lingering pain or soreness, small cuts, lumps or bruises, etc.)
    C. Moderate injury (includes cuts requiring stitches, black eye, extensive bruising and swelling, fractured nose or finger, strained muscles or joints, visit to emergency room or doctor, etc.)
    D. Severe injury (includes required hospitalization, broken arm or leg, permanent disability, unconsciousness, required surgery, termination of a pregnancy, knife or gunshot wound, etc.)

Questions 24-67 ask about who you think other people would want you to tell your experience to and your expectations of what would happen if you told other people about your experience. If you have told someone about your experience, please try to think about how you felt before you told someone and what at that time you thought people wanted you to do and what you thought might happen.

If you did tell someone and would like to share what their response(s) was (were), please do so below in the space below. However, you would prefer not to write about how others responded, just skip to the next page.

***How much do you think your parents or other family members would want you to report your experience to: (answer each question using the following scale):

A. Not at all
B. A little bit
C. Somewhat
D. A lot

24. a Friend
25. an immediate family member
26. an extended family member
27. a resident assistant
28. A mental health worker (counselor/therapist/rape crisis worker)
29. A doctor or nurse
30. The police
31. The clergy

32. How much do you want to comply with your family's wishes about who you should tell about your experience.

A. Not at all C. Somewhat
B. A little bit D. A lot

***How much do you think your friends would want you to report your experience to: (answer each question using the following scale):

A. Not at all
B. A little bit
C. Somewhat
D. A lot

33. a Friend
34. an immediate family member
35. an extended family member
36. a resident assistant
37. A mental health worker (counselor/therapist/rape crisis worker)
38. A doctor or nurse
39. The police
40. The clergy

41. How much do you want to comply with your friends wishes about who you should tell about your experience.

A. Not at all C. Somewhat
B. A little bit D. A lot

***How much do you think the community you live in would want you to report your experience to: (answer each question using the following scale):

A. Not at all
B. A little bit
C. Somewhat
D. A lot

42. a Friend
43. an immediate family member
44. an extended family member
45. a resident assistant
46. A mental health worker (counselor/therapist/rape crisis worker)
47. A doctor or nurse
48. The police
49. The clergy

50. How much do you want to comply with your community's wishes about who you should tell about your experience.

A. Not at all C. Somewhat
B. A little bit D. A lot

**The following questions are also referring to the incident you discussed in question .

51. What did you think would happen if you told a friend about what happened to you? Please check all that apply:

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

52. What did you think would happen if you told an immediate family member (sibling, parent) about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

53. What did you think would happen if you told an extended family member (aunt, uncle, grandparent, etc.) about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

54. What did you think would happen if you told a resident advisor about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

55. What did you think would happen if you told a mental health worker (counselor, therapist, rape crisis worker) about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

56. What did you think would happen if you told the police about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

57. What did you think would happen if you told a clergy member about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

** Please indicate how good or bad you think the following possible outcomes of telling someone about your experience are. Please use the following scale:

A. Very bad
B. Somewhat bad
C. A little bad
D. A little good
E. Somewhat good
F. Very good

59. I would feel calm, safe and better
60. I would get adequate medical attention
61. I would be given the necessary tests to detect pregnancy, VD, etc.
62. A trial would occur and I would have to testify
63. The necessary evidence that could be used in court would be obtained.
64. I would be treated as an immoral person
65. The man who did this to me would try to get back at me

**** If you answered questions 18 through 65 skip to Question 112** If you did not answer questions 18 through 65 please answer questions 66 to the end.**

These questions ask about how you would feel and what you would do if you had sex with a man even though you did not want to because he used physical force (holding you down, twisting your arm, etc.).

66. How much would you think the man was responsible for what happened?
    A. Not at all
    B. A little
    C. Somewhat
    D. A lot

67. How much would you think you were responsible for what happened?
    A. Not at all
    B. A little
    C. Somewhat
    D. A lot

68. Who would you tell about the incident (check all that apply)?
    A. No one
    B. A friend
    C. An immediate family member (sibling or parent)
    D. An extended family member (aunt, uncle, grandparent, etc.)
    E. A resident advisor or sorority house advisor
    F. A mental health worker (counselor/therapist/rape crisis worker)
    G. A doctor or nurse
    H. The police
    I. Clergy
    J. Other

***How much do you think your parents or other family members would want you to report this experience to: (answer each question using the following scale-

A. Not at all
B. A little bit
C. Somewhat
D. A lot

69. a friend
70. an immediate family member
71. an extended family member
72. a resident assistant
73. A mental health worker (counselor/therapist/rape crisis worker)
74. A doctor or nurse
75. The police
76. The clergy

77. How much do you want to comply with your family's wishes about who you should tell about your experience.

A. Not at all C. Somewhat
B. A little bit D. A lot

***How much do you think your friends would want you to report your experience to: (answer each question using the following scale):

A. Not at all
B. A little bit
C. Somewhat
D. A lot

78. a Friend
79. an immediate family member
80. an extended family member
81. a resident assistant
82. A mental health worker (counselor/therapist/rape crisis worker)
83. A doctor or nurse
84. The police
85. The clergy

86. How much do you want to comply with your friends wishes about who you should tell about your experience.

A. Not at all C. Somewhat
B. A little bit D. A lot

***How much do you think the community you live in would want you to report your experience to: (answer each question using the following scale):

A. Not at all
B. A little bit
C. Somewhat
D. A lot

87. a Friend
88. an immediate family member
89. an extended family member
90. a resident assistant
91. A mental health worker (counselor/therapist/rape crisis worker)
92. A doctor or nurse
93. The police
94. The clergy

95. How much do you want to comply with your community's wishes about who you should tell about your experience.

A. Not at all C. Somewhat
B. A little bit D. A lot

The following questions also ask you to think about what would you would do if you had sex with a man, even though you did not want to, because he used physical force.

96. What did you think would happen if you told a friend about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

97. How much do you want to comply with your families wishes about who you would tell about this experience to.

A. Not at all C. Somewhat
B. A little bit D. A lot

98. What did you think would happen if you told a friend about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

99. What did you think would happen if you told an immediate family member (sibling, parent) about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

100. What did you think would happen if you told an extended family member (aunt, uncle, grandparent, etc.) about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

101. What did you think would happen if you told a resident advisor about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

102. What did you think would happen if you told a mental health worker (counselor, therapist, rape crisis worker) about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

103. What did you think would happen if you told the police about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

104. What did you think would happen if you told a clergy member about what happened to you? Please check all that apply

A. I would feel calm, safe and better
B. I would get adequate medical attention
C. I would be given the necessary tests to detect pregnancy, VD, etc.,
D. A trial would occur and I would have to testify
E. The necessary evidence that could be used in court would be obtained.
F. I would be treated as an immoral person
G. The man who did this to me would try to get back at me
H. Any other reasons_____

** Please indicate how good or bad you think the following possible outcomes of telling someone about having sex when you did not want to because a man used physical force. Please use the following scale:

A. Very bad
B. Somewhat bad
C. A little bad
D. A little good
E. Somewhat good
F. Very good

105. I would feel calm, safe and better
106. I would get adequate medical attention
107. I would be given the necessary tests to detect pregnancy, VD, etc.,
108. A trial would occur and I would have to testify
109. The necessary evidence that could be used in court would be obtained.
110. I would be treated as an immoral person
111. The man who did this to me would try to get back at me

Please go to the next page

Please answer the following questions about some of your attitudes. Please check whether you agree strongly, agree mildly, disagree mildly, disagree strongly.

112. Swearing and obscenity are more repulsive in the speech of a woman than a man.
A. Agree Strongly C. Disagree Mildly
B. Agree Mildly D. Disagree Strongly

113. Under modern economic conditions, with women active outside the home, men should share in household tasks such as washing dishes and doing laundry.
A. Agree Strongly C. Disagree Mildly
B. Agree Mildly D. Disagree Strongly

114. It is insulting to women to have the "obey" clause still in the marriage service.
A. Agree Strongly C. Disagree Mildly
B. Agree Mildly D. Disagree Strongly

115. A woman should be as free as a man to propose marriage.
A. Agree Strongly C. Disagree Mildly
B. Agree Mildly D. Disagree Strongly

116. Women should worry less about their rights and more about becoming good wives and mothers.
A. Agree Strongly C. Disagree Mildly
B. Agree Mildly D. Disagree Strongly

117. Women earning as much as their dates should bear equally the expense when they go out together.
A. Agree Strongly C. Disagree Mildly
B. Agree Mildly D. Disagree Strongly

118. Women should assume their rightful place in business and all the professions along with men.
A. Agree Strongly C. Disagree Mildly
B. Agree Mildly D. Disagree Strongly

119. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.
A. Agree Strongly C. Disagree Mildly
B. Agree Mildly D. Disagree Strongly

120. Sons in a family should be given more encouragement to go to college than daughters.

A. Agree Strongly
B. Agree Mildly
C. Disagree Mildly
D. Disagree Strongly

121. It is ridiculous for a woman to run a locomotive and for a man to darn socks.

A. Agree Strongly
B. Agree Mildly
C. Disagree Mildly
D. Disagree Strongly

122. In general, the father should have greater authority than the mother in the bringing up of children.

A. Agree Strongly
B. Agree Mildly
C. Disagree Mildly
D. Disagree Strongly

123. The intellectual leadership of a community should be largely in the hands of men

A. Agree Strongly
B. Agree Mildly
C. Disagree Mildly
D. Disagree Strongly

124. Economic and social freedom is worth far more to women than acceptance of the ideal femininity, which has been set up by men.

A. Agree Strongly
B. Agree Mildly
C. Disagree Mildly
D. Disagree Strongly

125. There are may jobs in which men should be given preference over women in being hired or promoted.

A. Agree Strongly
B. Agree Mildly
C. Disagree Mildly
D. Disagree Strongly

126. Women should be given equal opportunity with men for apprenticeship in the various trades.

A. Agree Strongly
B. Agree Mildly
C. Disagree Mildly
D. Disagree Strongly

127. A man should fight when the woman he's with is insulted by another man.

A. Agree A lot
B. Agree Somewhat
C. Agree A little
D. Neither Agree nor Disagree
E. Disagree A little
F. Disagree Somewhat
G. Disagree A lot

128. It is acceptable for the woman to pay for the date.

A. Agree A lot
B. Agree Somewhat
C. Agree A little
D. Neither Agree nor Disagree
E. Disagree A little
F. Disagree Somewhat
G. Disagree A lot

129. A woman should be a virgin when she marries.

A. Agree A lot
B. Agree Somewhat
C. Agree A little
D. Neither Agree nor Disagree
E. Disagree A little
F. Disagree Somewhat
G. Disagree A lot

130. There is something wrong with a woman who doesn't want to marry and raise a family.

A. Agree A lot
B. Agree Somewhat
C. Agree A little
D. Neither Agree nor Disagree
E. Disagree A little
F. Disagree Somewhat
G. Disagree A lot

131. A wife should never contradict her husband in public.

A. Agree A lot
B. Agree Somewhat
C. Agree A little
D. Neither Agree nor Disagree
E. Disagree A little
F. Disagree Somewhat
G. Disagree A lot

132. It is better for a woman to use her feminine charm to get what she wants rather than ask for it outright.

A. Agree A lot
B. Agree Somewhat
C. Agree A little
D. Neither Agree nor Disagree
E. Disagree A little
F. Disagree Somewhat
G. Disagree A lot

133. It looks worse for a woman to be drunk than for a man to be drunk.

A. Agree A lot
B. Agree Somewhat
C. Agree A little
D. Neither Agree nor Disagree
E. Disagree A little
F. Disagree Somewhat
G. Disagree A lot

134. There is nothing wrong with a woman going to a bar alone.

A. Agree A lot
B. Agree Somewhat
C. Agree A little
D. Neither Agree nor Disagree
E. Disagree A little
F. Disagree Somewhat
G. Disagree A lot

APPENDIX C

DEPARTMENTAL RESEARCH CONSENT FORM
Michigan State University

You are invited to participate in a study of college women's sexual experiences. This study examines what types of experiences women have had and who, if anyone, they tell about their experiences. Participation involves filling out an anonymous questionnaire. It includes questions about your sexual experiences, who you have talked to about these experiences and your views toward women and men. All of your answers to these questions will be kept completely anonymous and confidential. Neither your name nor any other identifying information appears on the questionnaire to ensure anonymity. No one will ever be able to identify which questionnaire you completed.

Participation in this study is completely voluntary. Some of the questions are personal, and perhaps, upsetting events that have occurred in your life. If you decide to participate, you are free to skip any question that you would rather not answer without being penalized. Also, if you want to stop at any time, you may do so without being penalized. If you are enrolled in a Psychology class that accepts research credits, you will receive 1 research credit for participating in this study.

If you have any questions about this study, or if you want to discuss any feelings or reactions that you have related to the questionnaire or specific experiences it focuses on, you can reach me, Jennifer Paul, at the Michigan State University Psychological Clinic, 355-9564. You can also reach me through email at pauljenn@pilot.msu.edu.

If you are willing to participate in this study, please read the rest of this page and then begin the questionnaires. Thank you.

1. I have freely consented to take part in a scientific study being conducted by: Jennifer Paul, M.A. Under the supervision of : Altyia Levendosky, Ph.D.

2. I have read and understood the information explaining this study in the above paragraph.

3. I understand that my participation in this study is completely voluntary and that I am free to skip any questions that I do not wish to answer or discontinue my participation at any time without being penalized.

4. My participation in the study will take approximately 30 minutes.

5. I understand that my answers to the questions will be confidential and no one, including the researcher, will be able to link my responses to my name or any other identifiable information.

6. I understand that there may be no direct benefits to me as a result of my participation in this study.

7. I understand that I can request additional information about this study or finding from this study after my participation is completed.

8. I am at least 18 years old.

9. I understand that by completing these questionnaires and returning them to the investigator that I have consented to participate in this research study.

APPENDIX D

ABOUT THIS STUDY...

You have participated in a research study that is examining factors that may contribute to women's decision wether or not to report being sexually assaulted. Research has shown that many women do not tell others about their experiences of sexual assault. This study examined how women's definition of sexual assault, their views about roles of men and women, their expectations of telling someone about sexual assault, and what they believe other people would want them to do all contribute to their decision to tell or not tell anyone about being sexually assaulted. Research has shown that for many victims, seeking support can help them cope with some of the psychological symptoms they may be experiencing as a result of being sexually assaulted. I am interested in why women decide whether they will talk to someone about being sexually assaulted so that barriers to telling others can be decreased. This research may also be helpful in identifying both preventive programs and more effective ways of helping sexual assault victims. If you are interested in the findings of this study, please feel free to contact the principal investigator (Jennifer Paul, M.A.,phone 355-9564; email: pauljenn@pilot.msu.edu). The results should be available in May or June of 1998. Please do not share this information with anyone who has not completed the study, as it may affect future participant's responses.

At the beginning of the study, you were invited to attend a workshop on women's issues. The workshop will focus specifically on how to prevent sexual assault and what you can do if you are sexually assaulted.

If you have been sexually assaulted and would like to talk to someone about your experience, here are some resources that are available:

MSU Counseling Center	
Student Services Building	355-8270
Olin Health Center	355-2310
MSU Sexual Assault Program	355-8270 (Business Hours)
24 hours	372-8460 (Crisis Line)
The Listening Ear	337-1717
24 hours (telephone only)	
Community Mental Health	346-8300
Emergency Services	372-8460

If you have any questions or comments regarding this research, please feel free to contact me at any time. Thank you for participating.

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