EXAMINATION OF COVARIATES OF PREVIOUS SELF-REPORTED SEXUAL
ASSAULT.

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ABSTRACT

This study investigated the relationships of female college students' (N = 228) hypothesized high-risk personality and behavioral traits with self-reports of previous sexual aggression. Participants completed five scales: Women's Sexual Experiences Survey, (Noel & Ogle, unpublished 2006); Sexual Experiences Survey, (Koss & Oros, 1982); Marlow-Crowne Social Desirability Scale, (Crowne & Marlow, 1960); The Quantity-Frequency Index (QFI), adapted from Cahalan, Cisin and Crossley (1969); The Hyperfemininity Scale (HFS), (Murnen & Byrne, 1991); The Modified Auburn Differential Masculinity Index: adapted from the ADMI-60, (Burk, Burkhart, & Sikorski, 2004) and the NEO-FFI Personality Inventory (NEO FFI; Costa & McCrae, 1989). Their scores were examined using a series of regressions tested three hypotheses. H1: Each of the individual variables (alcohol consumption, hyperfemininity and attraction to hypermasculinity) would separately predict self-reports of sexual assault. H2: When viewed collectively the experimental variables would explain more of the variance of sexual assault than they would independently. H3: the Modified Auburn Differential Masculinity index and the Hyperfemininity Scale would be positively correlated. Only one of the variables from Woman's Sexual Experience Survey, which measured previous experiences of ambivalent sexual interactions, was able to be predicted. Individually, high scores on the Hyperfemininity Scale, the amount and the frequency of alcohol use predicted previous sexual aggression. Attraction to hypermasculine traits did not significantly predict previous sexual aggression. H2 was not supported; the predictor variables were not better at predicting previous aggression when investigated collectively. H3 was supported with a significant positive correlation between the scores on the Hyperfemininity Scale and the Modified version of the Auburn Differential Masculinity scale (r (201) =.435, p=.001).

Examination of Covariates of Previous Self-Reported Sexual Assault

INTRODUCTION

Sexual violence against women has, in the past, as well the present, been established as

being a predominant problem. The Centers for Disease Control and Prevention (CDC) found

that in 2004 11.9% of the high school seniors that they interviewed had reported that they had

experienced some sort of forced sexual contact. The CDC also reported that more than 300, 000

women were raped within the last 12 months. Women who reported being assaulted claimed that

it had occurred on an average of 2.9 times previously. It is all too evident that sexual as well as

non-sexual assault on women is an issue that must be addressed. In order to properly do this a

clear construct definition must be established, many people as well as researchers are still

unclear as to what exactly sexual aggression is. DeKeserdy and Schwartz (2001) describe two

different types of current definitions of sexual aggression, broad and narrow. A broad definition

will tend to inflate instances of aggression; conversely, a narrow definition will under represent

the actual instances of aggression. In the current study we will adopt a definition used by Abbey

and McAuslan (2004), which states that sexual aggression is any physically forced sexual

contact, verbally coerced intercourse and any other act that constitutes rape.

The current goals of many health psychologists are to attempt to identify the

characteristics, or risk factors, of a male who is likely to sexually aggress, as well as risk factors

of sexual victimization for females, in order to better educate women and enable them to make

informed decisions abut high and low risk social situations. The current aim is to identify

characteristics in that could affect a women's ability to identify potentially dangerous

characteristics in men. Traits of both males and females must be studied in order to fully

understand the risk factors that are associated with sexual aggression. In the present study male

risk factors are covered first, followed by female risk factors and finally the relationship between the two is explored. Current studies have found that male risk factors of sexual aggression can be separated into four major categories: 1) Male sex-role socialization, 2) Alcohol abuse, 3) Personality traits and 4) Child abuse and neglect (Carr & Van Deusen, 2004).

Male Sex-Role Socialization

Male sex-role socialization is the process where males are taught by the society in which they live to be masculine. In our western culture males tend to be taught to endorse attitudes of dominance and aggression (DeKeseredy & Schwartz, 2001). Carr and Van Deusen divided *male sex-role socialization* into four sources of influence, which include, peer support groups, hypermasculinity, development of rape myths, and adversarial sexual beliefs. Peer groups that create an environment where the male possess superior power and economic privilege increase the likelihood of aggression. This male peer support group within the social context of males being dominant and aggressive could foster beliefs and attitudes that have been shown to lead to sexual aggression, such as the belief that they are entitled to sex, seeing women as sexual conquests, endorsing rape myths, and viewing aggressive or violent pornography (Carr & Van Deusen, 2004). A rape myth is any attitude or false belief that is held by a particular person and justifies male sexual aggression towards a woman, (Lonsway & Fitzgerald, 1994). Dean and Malamuth (1997) along with many others provide evidence that support of rape myths, callous sexual beliefs, and/or a general negative view of women are associated with sexual aggression. A callous view of sexual encounters has been associated with the viewing of pornography that depicts abuse and violence of the woman. The Canadian National Survey found that the more likely a male is to endorse pornography as a realistic representation of sexual encounters the more likely he will sexually aggress (DeKeseredy & Schwartz, 2001).

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Alcohol Abuse

        A man who is a sexual aggressor, one who has previously committed a sexually

aggressive act, does not aggress every time he interacts with a woman. This could be a result of

situational factors constraining the action. Situational factors may constrain aggression. They

could also increase the likelihood of the man aggressing. The correlation of alcohol as a

situational factor and sexual aggression has been widely researched. Abbey, McAuslan, and

Ross (1998) found that nearly half of all sexual assaults involved the consumption of alcohol. It

seems that alcohol may play a significant role in increasing the likelihood of sexual aggression

but the exact mechanisms as to how alcohol does this are a hot debate in the current literature.

Theorizing about the link between alcohol and sexual aggression is represented by two

predominate models: expectancy and impairment (Fromme, D'Amico & Katz, 1999).

        The expectancy theory claims that alcohol provides a socially acceptable excuse to

engage in sexually risky behavior (Fromme et al., 1999, Marlatt & Rohsenow, 1980). On the

other hand, the impairment theory hypothesizes that alcohol, being the powerful psychoactive

drug that it is, can affect the drinker's ability to perceive a sexual risk (Fromme et al., 1999).

Fromme et al. (1999) conducted a study, which hypothesized that both cognitive impairment and

expectancies play a role in sexual behavior.

        Fromme et al. (1999) examined the effects of alcohol intoxication and pre-drinking

outcome expectancies on perceptions of risk, perceived benefits, and likelihood of practicing

unsafe sex. They had a sample of 161 subjects, 66% male, 75% white, 82% college students,

with a mean age of 23 and consumed an average of 16 alcoholic drinks per week. Subjects were

screened using The RAND depression scale, the Daily Drinking Questionnaire, and a revised

edition of the Profile of Moods State. Once accepted into the study, subjects were administered a

battery of questionnaires including: A sexual practices survey (in an open ended format) and a revised version of the Cognitive Appraisal of Risky Events (Fromme, Katz, & Rivet, 1997) in order to assess the subject's perceptions of unsafe sexual practices with both new and old sexual partners. Subjects were then randomly assigned to a beverage condition. Results found that perceptions of risk were influenced by consumption of alcohol, (a MANOVA found that there was a significant effect of beverage group on the ratings of sexual behavior with new partners). Pre-drinking expectancies were also found to influence the subject's perceptions of unsafe sexual behavior (both benefits and expected involvement). The subjects that were told that they were given alcohol but rather were given a placebo (alcohol expectancy condition) did not show the same decrease in the risk perception, as did the alcohol condition. This supports the cognitive impairment theory of sexual behavior.

Alcohol and Sexual Aggression

Past studies have looked extensively at the relationship between alcohol and sexual aggression. Abbey (1991) stated that alcohol could increase sexual risk taking by acting as a disinhibitor. Also, alcohol could reduce a woman's ability to recognize or detect risky situations and or her ability to react to such situations. Testa, VanZile-Tamsen, Livingston and Buddie (2006) conducted two studies, which looked at both the women's perception of risk and their intentions of behavioral resistance. Both studies were based on the alcohol myopia theory. The studies used a vignette with two parts in order to attempt to measure perception and intention. The first part (time 1) of the vignette was the high conflict scenario. In this scenario there was a dating situation with some mild sexual aggression (breast fondling, and forced kissing), this was intended to be ambiguous. The second part (time 2) of vignette was the low conflict situation where the sexual aggression is heightened (the female is pinned down and her pants are

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forcefully unzipped), this was intended to be less ambiguous therefore having lower conflicting information.

Study one was a naturalistic study conducted in the local bars. High Breath Alcohol Content (BrAC), of .06 or higher were compared to women with a low BrAC, .059 or lower. They found that the consumption of alcohol, being in the high BrAC, seemed to produce a reduction in the women's behavioral intentions to resist in the hypothetical situation. The fact that the probability to resist sexual aggression effectively was increased in study one could be an indicator of lower perceptions of risky situations. These results were consistent with the alcohol myopia theory. This theory states that one of alcohol's effects is to narrow the user's ability to perceive cues in their environment that are not salient; in the context of this study the intoxicated individuals may not be able to perceive the peripheral danger cues (Steele & Josephs, 1990).

Study two found that women in all conditions showed appropriate sensitivity to each of the components of the scenarios: aggression, perceived risk, intentions of direst resistance, and intentions of approach behaviors. Independent of scenario risk level the women who were in the alcohol condition perceived less risk and anticipated less resistance than women who had not consumed alcohol. Across the beverage conditions there was a significant difference on all measures at time 2 (low-conflict). This was an unexpected result; it was hypothesizes that there would be a difference at time one (high-conflict) according to the alcohol myopia theory. In conclusion the exact effects of alcohol and the role they play on sexual aggression are still unclear.

In a study by Carr and VanDeusen (2004) it was found that of the sample of college aged men that 12% had used alcohol as a means to have sex, 15% being forceful or aggressive while drinking. They also found that the thirty-five percent of the subjects claimed that their peers

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accepted the use of alcohol as a means have sex with a woman. This identifies the consumption

of alcohol by both males and females as being correlated to the increased probability of risky

sexual behavior and in certain cases sexual assault. As seen in the study by Testa et al. (2006)

the results are mixed as to the exact relationship between alcohol and sexual aggression.

In order to further understand this relationship Testa and Livingston (1999) looked at the

different circumstances surrounding incidences of sexual aggression or coercion in high-risk

women, (women who had self-reported quantities and frequencies of alcohol and or drug use)

and the severity of each incidence. They found that the use of alcohol by the perpetrator had a

direct relationship to the severity of the act. The severity of the incident was not influenced by

the consumption of alcohol by the victim. Victim consumption did however affect how the

victim interpreted the aggression. 56.8% of the recorded interviews mentioned that their

drinking or drug use affected the behavior of the man. The women also believed that their

behaviors and or judgments allowed the occurrence of the aggression. But when explicitly asked

who was at fault most women reported that the man was responsible.

Child Abuse and Neglect

Lisak, Hopper, and Song (1996) found that 45% of their sample of 595 college male

students had previously been sexually or physically abused. Of the participants who had been

abused 38% reported either physically or sexually abusing someone, with a high overlap with the

type of abuse that they had received. They suggest this overlap suggests that the childhood

experiences of these participants played a role in increasing the likelihood of perpetration.

Malamuth, Stockloskie, Koss, and Tanaka (1991), proposed that early childhood experiences and

parent-child interactions lay the groundwork for cognitive, emotional, and behavioral responses

of coercion. These early experiences include abuse, parental violence, negative schemata of the

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interaction between male and female, shame and feelings of inadequacy. Children raised in such environments tend to associate with delinquent peers, which could inhibit the mastery of critical developmental skills. Malamuth et al. (1991) developed a theoretical model where a hostile youth results in the child associating with delinquent peers who affect both sexual and non-sexual coercion towards women on two pathways: 1.) Hostile attitudes and personality traits, and 2.) High levels of promiscuity and hostility.

Malamuth and colleagues (Malamuth et al., 1991) created and tested this model by sampling 2,972 men and measuring them on nine different variables: 1.) Home environment, 2.) Delinquency, 3.) Sexual promiscuity, 4.) Attitudes supporting aggression, 5.) Hostile masculinity, 6.) Social isolation, 7.) Coerciveness, 8.) Transformations and 9.) Control variables (e.g. age, race income, and geographical location). The previously discussed model was created on one half of the sample and was then successfully replicated on the second half. The hostile and promiscuity paths accounted for 78% of the total variance. The previously mentioned results suggest that a hostile home environment, as a youth, could affect delinquency and in turn influence hostile and sexual pathways toward aggression.

Malamuth, Linz, Heavey, Barns and Acker (1995) conducted a ten-year longitudinal study looking at a number of variables and their relationship to sexual aggression. This was a monumental study due to the fact that all previous research done on the characteristics of sexually aggressive men had been cross-sectional designs. Of the variables examined by Malamuth et al. (1995) hostile masculinity and promiscuous (impersonal) sex were found to explain most of the variance. A path analysis was conducted revealing a significant direct relationship between hostile masculinity and impersonal sex with sexual aggression. These findings support the results found by Malamuth et al. (1991).

Personality Traits

Historically research has looked at the different personality traits of individuals as contributing to the occurrence of alcohol use and abuse as well and various problem behaviors, such as physical and or sexual aggression (Ruiz, Pincus & Dickinson, 2003; Marshall, Fruyt, Rolland & Bagby, 2005). When assessing an individual's personality characteristics researchers generally use the Five Factor Model. This model consists of the following five broad categories: Neuroticism, Extraversion, Openness to Experience, Agreeableness and Conscientiousness. A revised version of the NEO-FFI Personality Inventory (NEO FFI; Costa & McCrae, 1989) was used to measure these categories. Within each of the five broad categories there are a number of lower-order facet traits. There is considerable debate as to which of the two facets does a better job at examining an individual's personality.

Ruiz, Pincus and Dickinson (2003) conducted a study looking at the correlations between the broad and lower-order facet with alcohol related problems and drinking; they also assessed which type of facet, broad or lower-order, exhibited a greater ability to provide an accurate and robust assessment of the individuals personality. A number of different facets both broad and lower-order were found to be related to alcohol related problems and drinking. They concluded that a greater number of the lower-order facets were correlated to the alcohol variables and were at times different than those provided by the broad facets.

Male Personality Traits

A number of personality traits have been related to male sexual aggression. When looking at the personality profiles of self-reported college aged rapists we find that the following traits are present repeatedly: they tend to have a lack of empathy, high impulsivity, hostile masculinity, dominant behavior which may be exhibited in macho or aggressive actions, a need

for domination and control, and a broad range of anger and power issues in relation to women (Berkowitz, 1992; Check, Malamuth, Elias, & Barton, 1985; Lisak, & Roth, 1990; Mehrabian & Epstein, 1972; Rapaport & Burkhart, 1984). Sexual aggression probably cannot be attributed to the presence or absence of just one or two traits. Rather, current research has presented compelling evidence suggesting that sexual aggression may follow a confluence model. The confluence model of sexual aggression suggests that there is a convergence of several traits when presented together increases the probability of sexual aggression (Malamuth, Linz, Heavey, Barnes & Acker, 1995). To further understand and develop the confluence model of sexual aggression, Malamuth et al. (1995) conducted a ten-year longitudinal study. The subjects were, at time one, 423 men who were predominantly white (80%). At time two there were a total of 267 subjects (176 males and 91 female counterparts). All participants were sampled from the University of Manitoba in Winnipeg, Manitoba, Canada. Analyses were conducted on 66 participants; these were the men who participated at both time one and at time two.

A number of traits/ factors were being assessed within the framework of the proposed, convergence model. They are: 1.) Early risk factors, which encompassed family violence, (to what extent were their parents aggressive toward each other and toward the participant), and child sexual abuse, 2.) Delinquency, 3.) Attitudes supporting violence against women, 4.) Hostile masculinity, 5.) Early sexual experiences, 6.) Sexual promiscuity, 7.) Impersonal sex, 8.) Sex drive, 9.) Coercive sexual fantasies, 10.) Proneness to general hostility, 11.) Masculine role stress, 12.) Sexual aggression, 13.) Non-sexual aggression, 14.) Relationship distress. Each of the traits was measured at trial one and again at trial two, ten years later.

The traits were analyzed as to their stability over the ten years as well as the predictive abilities of key traits from trial one on traits in trial two. The correlation of the sexual aggression

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scores at trial one and difficulties with women/ antisocial acts toward women was assessed. A series of path analysis were also conducted to further understand the confluence model and draw conclusions about the implications associated with it. After analysis it was found that the self-reported scores of sexual aggression were highly stable from trial one to trial two. Further analysis found that there was significant positive correlation between trial one sexual aggression score and trial two scores on sexual and non-sexual aggression as well as relationship distress.

After conducting a series of path analyses, Malamuth and colleagues found that the previously mentioned traits could be categorized into two pathways, which were labeled Hostile Masculinity and Impersonal Sex paths. The hostile masculinity path consists of the following traits, acceptance of interpersonal violence, rape myth acceptance, sexual dominance, and hostility towards women. The impersonal sex path consists of the following, family violence, nonconformity, and sexual experience. All of these peripheral variables converge to create two distinct pathways directly related to sexual aggression; this may be strong evidence that sexual aggression follows the convergence model.

Hypermasculinity

The traits that Malamuth et al. (1995) have correlated together forming the hostile masculinity pathway are the primary concepts that are used in the operational definition of hypermasculinity as stated by Burk, Burkhart, and Sikorski (2004), "Hypermasculinity is a construct describing men who exhibit an exaggeration of the traditional male gender role, including characteristics such as a super-valuation of competitive, aggressive activities and devaluation of cooperative, care-taking activities. Status and self-reliance are highly valued. Interpersonal violence, dominance of others, and sensation seeking behavior are perceived as necessary to maleness, and women are seen predominantly as sexual objects or conquests."

Mosher and Sirkin (1984) describe hypermasculinity as consisting of three distinct

characteristics; first, the men believe that danger is exciting; by surviving through dangerous

situations they are exhibiting their dominance over nature or that situation. The second

characteristic is the men tend to see violence as an acceptable expression of a man's power and

dominance and this violence is essential to being a man. Finally, these hypermasculine men hold

calloused attitudes regarding sexual interactions; an example of this is a general disregard for

women's feelings and rights. All of the traits that compose the construct of hypermasculinity

have already been discussed as being significant predictors of sexual aggression (Malamuth et

al., 1991; Malamuth et al., 1995; and Carr & Van Deusen, 2004).

The Auburn Differential Masculinity Scale

The Auburn Differential Masculinity Index (ADMI) was created by Burk et al. to

measure hypermasculinity as defined by their generated operational definition. The ADMI has,

so far, been proven to be the most validated measure of hypermasculinity, as compared to

previous measures of hypermasculinity. Recently, Levant et al. (2007) created the Male Role

Norms Inventory-Revised (MRNI-R). Although this scale does show some initial ability to

assess masculine traits, the research provided is at best cursory. To date, there is no research that

assessing the relationship between the MRNI-R and either the ADMI or the Hypermasculinity

Index. In previous years the Hypermasculinity Index (HMI; Mosher & Sirkin, 1984) was the

primary measurement tool use to measure the construct of hypermasculinity. With the creation

of the ADMI the HMI is practically obsolete. Burk et al. (2004) describe three categories of

problems associated the HMI: conceptual, methodological, and lexical.

Conceptual Problems

The HMI, according to Burk and colleagues (2004), has a narrow construct definition, which does not account for the numerous models suggesting that such traits are multifaceted (Malamuth et al. 1991, 1995). An attempt was made by Burk et al. (2004) to implement a broad construct definition for the ADMI. Additional item were added to the current measure to include the following traits: interpersonal dominance, hostility toward women, emotional constriction, and devaluation of cooperative interpersonal activities. These items were derived from study one, which will be covered momentarily.

Methodological Problems

The main methodological problem Burk and colleagues pointed out was the technique in which the HMI presents each item. For an example, the participant was to make a forced choice between one of two following statements: "It's natural for men to get into fights" and "Physical violence never solves an issue" (Mosher, & Sirkin, 1984). The use of a forced choice format forced the participant to endorse one of the two statements, one of which is a polarized "good" answer and the other is a polarized "bad" answer. Society places pressure on each and every person to do the right thing, in this case it could be interpreted that the participants bias selection of positive or "good" answer as being a result of social constraints (Holtgraves, 2004; Meston, Heiman, Trapnell & Paulhus, 1998; Mills & Kroner, 2005). This could result in an over represented response to the "good" answer. The ADMI used a five-point likert-style scale in order to measure how much the participant reported the statement as being like him. This allows the participant to avoid being forced to give a polarized good or bad response.

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Lexical Problems

Some examples that Burk and colleagues presented from the HMI are as follows: "Pick-ups should expect to put out" and "The only thing a lesbian needs is a good, stiff cock." Some of the language used, as in the first example, has been noted as being confusing and outdated. Where as the second example models language that is quite offensive to most people, and could invoke temperamental reactions. In order to avoid such problems the ADMI first created a list of 180 face-valid items of which the final 60 items were derived.

In order to create and validate the Auburn Differential Masculinity scale Burk et al. (2004) conducted two studies:

The purpose of study one was to generate a large sample of items, which reflects the construct definition of hypermasculinity. Out of this large sample the strongest items will be chosen. Generating the large sample of items began with research group of graduate students and faculty who created 180 items based on the face-validity of each. In order to create each item the research group used the current concepts and theories of hypermasculinity as the framework. This list of 180 potential items was then submitted to a group of 27 doctoral students who examined each. They were given the construct definition and were told to rate each item on how well it fit with the definition, ensuring adequate content validity for each item. A three-point scale was used, (1- very good, 2-good, 3-indifferent). One hundred potential items received a 50% or greater rating of very good or good and were retained. The next step in the validation process was to administer the prospective 100 ADMI items to a sample of undergraduates along with a number of other measurement scales. This test battery was compiled with the hopes of demonstrating convergent and divergent validity of the 100 potential items. The battery consisted of: The Antisocial Practices Scale (APS), Hostility towards Women

(HTW), Sensation Seeking Scale (SSS), The Hypermasculinity Index (HMI), The Rosenberg Self-Esteem Scale (RSES), Marlowe-Crowne Social Desirability Scale (MCSDS), and the Balanced Emotional Empathy Scale (BEES). Significant convergent and divergent was demonstrated. Finally, a frequency analysis was done on the 100 items to identify items that were not significantly discriminative, (either positively or negatively), and these items were eliminated. In the end 60 of the original 180 were retained and used to create the ADMI-60, which is currently the primary measurement scale for hypermasculinity.

The purpose of study two was to get a large enough sample to conduct a factor analysis to expose any underlying structure and also to assess any possible factor groupings related the construct. After conducting an exploratory factor analysis five distinct factors emerged. Factor 1: Hypermasculinity- exaggerated male traits and the devaluation of feminine traits, Factor 2: Sexual identity-sex is viewed as an act of power and aggression and intimacy is often devalued, Factor 3: Dominance and Aggression-the use of aggression to enforce dominance, Factor 4: Conservative Masculinity- exaggerated male attitudes, and Factor 5: Devaluation of Emotion-emotional expression is viewed as a weakness.

At the conclusion of study two, it is evident that the ADMI-60 has proven to be an up to date scale to measure hypermasculinity, and also demonstrated high internal reliability, and good content and construct validity. As compared to its predecessor, the HMI, the ADMI-60 provides a more extensive measurement of hypermasculinity as well as reducing response bias by incorporating a likert-style rating system.

Risk factors in men in seem to be related to hypermasculine ideals. Men exhibiting such hypermasculine beliefs (previously discussed) will have a greater probability of sexually aggressing (Malamuth et al., 1991; Malamuth et al., 1995; Carr & VanDeusen, 2004). Some

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central characteristics of hypermasculinity are: aggression, defensive, hostile and distrustful of women, gain gratification from dominating women, and the view that a "real man" conforms to the traditional gender roles of males (Malamuth et al., 1995).

Risk Factors for Sexual Victimization in Females

Soler-Baillo, Marx and Sloan, (2005) discuss a number of factors that have been correlated with an increased risk of sexual aggression in females. The following are the primary factors that have been shown to increase a women's risk of sexual assault. First, women who have been previously sexually victimized have been shown to have a greater risk of re-victimization as shown by many contemporary investigators (Soler-Baillo et al. 2005). Personality characteristics like, the lack of assertiveness, low self-esteem, and attributional style have been shown to be correlated to an increased risk. Psychological distress, psychological adjustment, dissociation, and posttraumatic stress disorder symptoms as well as interpersonal and family dysfunction, risky sexual behavior and substance abuse have been correlated with an increased risk (Soler-Baillo et al. 2005).

Abbey and McAuslan (2004) found that alcohol could affect the women's physical ability to resist an unwanted sexual advance and could also increase the women's likelihood of engaging in risky sexual behavior, as a result of the physically intoxicating effects of alcohol. As covered in the alcohol section, the participant's expectancies and or the myopic effects of alcohol could also play a role in the increase in engaging in risky sexual situations.

Testa et al. (2006) found mixed results when looking at the role of women's alcohol consumption in managing sexual situations. They conducted two studies (discussed previously in detail) and concluded that consumption of alcohol seems to produce a reduction in the women's behavioral intentions to resist. The fact that the probability to resist sexual aggression

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effectively was increased could be an indicator of lower perceptions of risky situations. The results from study one was consistent with the alcohol Myopia theory where as the results from study two were consistent with the expectancy theory. These results provide sufficient evidence as to the complexity of the topic of study, demonstrating that conclusions cannot be made from single studies.

Finally, there are psychosocial factors that increase women's risk of being sexually assaulted. It is argued by Griffin (1971) that when women are socialized at a young age to accept traditional gender stereotypes there is an increased risk for sexual victimization. Murnen and Byrne, 1991 state that any number of previous experiences could affect a women's acceptance of traditional gender stereotypes. They go on to identify a personality dimension, hyperfemininity, as being representative of a women who endorses extreme gender roles and this dimension is composed of three components; 1) the women believe that their ability to succeed in life relies on their ability to have meaningful relationships with men, 2) the women view their physical features and sex as commodities and they use them as tools of manipulation within the relationship, 3) the women except that men will follow traditional male gender roles (men who exhibit a high quantity of hypermasculine traits). Murnen and Byrne (1991) have developed a validated measurement scale of hyperfemininity called the Hyperfemininity Scale (HMS). It poses many of the same limitations as the Hypermasculine Index but it is still the primary measurement tool for hyperfemininity.

The Hyperfemininity Scale (HFS)

Murnen and Byrne's (1991) study to develop and validate the HFS was composed of three studies. Study one was trying to determine which of the original 65 items most highly represents the construct of hyperfemininity. The 65 items were selected to fit into three

categories of behaviors and beliefs, which define the construct of hyperfemininity such as, relationships with men, are of primary importance, physical attractiveness and/or sexuality can be used to secure or preserve romantic relationships, and preference for traditional patterns of sexual behavior in men. One hundred and forty-five undergraduates were used to select the item pool. An item analysis was on a split sample to determine which items were significantly correlated. When done, twenty-six of the original sixty-five items were used to form the HFS. The measurement scale used in the HFS is arranged in a forced choice format, which has been shown to have limitations (Burk et al., 2004). Each item has two statements to choose from, one depicts an answer that hyperfeminine women would give.

After conducting a factor analysis, ten factors emerged and collectively accounted for 65% of the variance. As a result of the large amount of variance explained by the ten factors combined the test should be interpreted as a whole not item by item. The discriminative validity was also tested and it was concluded that the HFS was not significantly correlated with either masculinity or femininity as measured by the Bem Sex Role Inventory (Bem, 1974).

Study Two was looking at the perceptions of hyperfeminine women on sexual coercion through the use of a vignette and questionnaire. Murnen and Byren concluded that hyperfeminine women were more likely to advocate reactions to sexual coercion that would be perceived as less harsh. Women with a high score on the HFS also put more blame on the woman, which was accompanied by a negative view of women. These women also had a higher rate of reported sexual coercion as measured by the sexual experiences survey. Other traits were also exhibited, such as, marriage was put above their career also they would rather see their significant other succeed in their career than succeed themselves. It was also pointed out that there was an inverse relationship between hyperfemininity and social desirability, this could be

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an extraneous variable in many studies, if the hyperfeminine women is more likely to endorse ideas pertaining to being hyperfeminine, which are not socially desirable, than they are more likely to admit other things that are not socially desirable. In other words Hyperfeminine women will tend to report sexually aggressive acts more than women who do not score high on hyperfemininity, even though the prevalence could be the same for both groups (Murnen & Byrne, 1991).

Study Three was testing for significant correlates of hyperfemininity. A battery of questionnaires was administered to thirty women and the following conclusions were made about women who scored high on the HFS: there was a higher acceptance of adversarial sexual behavior, when coercion occurred they had a less harsh reaction, a willingness to endorse rape myths, they had indicated having more experience with adversarial sexual encounters. Maybach and Gold (1994) found that women, who scored high on the Hyperfemininity scale (HFS, Muren & Byrne, 1991), were more tolerant of sexual contact that was not consensual to by both parties.

Testa and Livingston (1999) found that most common type of aggression was one were the victim knew the perpetrator (current of former partner) and was coerced into having sex. In these situations there is rarely violence and or resistance, the women reported feeling sorry for the man or felt that it would be easier to just go along with it, "...these women appear to lack a sense that their own sexual needs are as important as the man's..."this could be viewed as the woman placing the needs of the man before her own needs; which is one of the characteristics of hyperfemininity. This is further evidence that women who endorse such hyperfeminine ideologies are more likely to experience sexual coercion or aggression.

Social Desirability

One of the primary concerns when using self-report research techniques is the possibility of the participant giving false information. In many cases it is impossible to ascertain if the information is false. One type of false responding that is able to be somewhat reliably measured is socially desirable responding. Social desirability refers to the tendency of a participant to respond in a particular way, which highlights socially desirable behaviors and underreports behaviors that are not desired by the society. In other words, people feel the need to provide responses based on what they perceive as being socially sanctioned correct responses in order to gain social approval and acceptance (Marlow & Crowne, 1961). Some researchers categorize this pattern of responding into two distinct forms: 1) Self-deceptive enhancement and 2) Impression Management (Meston, Heiman, Trapnell, & Paulhus, 1998). The most common measurement scale is the Marlow-Crowne Social Desirability Scale (MC-SDS) (Crowne & Marlow, 1960) which loads highly on both forms of socially desirable responding, self-deceptive enhancement and impression management (Meston et al. 1998).

Presenting ones self as being attracted to a hypermasculine male and or being hyperfeminine may not be socially desired responses. When doing research where the participant is asked to self-report traits that may be perceived as not being socially desirable, the researcher must take precautions in order to increase the probability that the given responses are not biased. In many cases this is done by administering the MC-SDS in order to partial out any effects of socially desirable responding. Some may interpret this as being excessive based on the research of Meston et al. (1998), which concluded that "...sexuality self-reports, when collected under anonymous testing conditions, do not appear to be particularly subject to social desirability biases." To err on the side of caution the MC-SDS should be considered as a supplementary

measurement scale.   Muren & Byrne (1991) found that there was an inverse relationship between score on the HFS and score on the MC-SDS, providing further evidence as to the importance of the MC-SDS.

CURRENT STUDY

After reviewing the literature a number of conclusions were able to be made. First, men who exhibit hypermasculine traits or endorse traditional male gender roles are at a higher risk of being sexual aggressors then men who do not exhibit such traits (Malamuth et al., 1991; Malamuth et al., 1995; and Carr & Van Deusen, 2004). Second, women who display hyperfeminine traits tend to be at a higher risk of sexual victimization (Maybach & Gold, 1994). The exact paths in which hyperfeminine traits led to an increased risk are not fully understood. Also, women's consumption of alcohol has been associated with higher risk of sexual aggression against women. This could be a result of either the woman's expectancies associated with alcohol and or the impairment properties of alcohol, both physical and cognitive (Abbey, McAuslan & Ross, 1998; Fromme, D'Amico & Katz, 2005; Marlatt & Rohsenow, 1980; Fromme et al., 2005; Steele & Josephs, 1990; Abbey, 1991) that could make her less likely to perceive the risk or to resist. Finally, the work has not yet been done examining the direct as well as indirect relationship of these variables in their ability to predict self-reports of previous sexual aggression. The aim of the current study was to evaluate a number of experimental variables as well as exploratory variables and their ability to predict self-reported accounts of previous sexual aggression.

Experimental variables consisted of the degree of hyperfeminine traits self-reported by a woman, (measured by the HFS), how attracted the woman is to hypermasculine traits, (measured by a modification of the ADMI-60), alcohol consumption, (measured by the Quantity and

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Frequency Index: adapted from Cahalan, Cisin & Crossley, 1969), the women's self report of

previous sexual aggression, (measured by the Women's Sexual Experiences Questionnaire, Noel

& Ogle, unpublished 2006; Sexual experiences survey, Koss & Oros, 1982), in order to get an

accurate measure of women's sexual experiences two different measures were used. The

Women's Sexual Experience Questionnaire (Noel & Ogle, 2006) provided a more robust and

relative assessment, specific to a woman's sexual experiences. One of the drawbacks to using

this scale is that is lacks validity. The Sexual Experiences Survey (SES) has been proven to

provide internally consistent responses and has high test-retest reliability (Koss & Gidycz, 1985).

The SES served as a validity check for the WSEQ, allowing us to acquire a more reliable

assessment of the women's experiences. In the event that we did not acquire accurate

assessments using the WSEQ than the SES would have been used as a supplement.

Exploratory variables consisted of the Big Five personality traits (measured by the NEO-

FFI, Costa & McCrae, 1989) and socially desirable responding (measured by the Marlow-

Crowne Social Desirability scale, Crowne & Marlow, 1960). These variables were expected to

supplement the assessment of the amount of variance not explained by the experimental

variables and as well as improve the ability to predict self-reported sexual aggression in

conjunction with the experimental variables.

In order to further understand the interaction and relationships between the experimental

variables a series of regressions were conducted testing the following hypotheses. The first

hypothesis stated that each of the independent experimental variables (alcohol consumption,

hyperfemininity and attraction to hypermasculinity) will separately predict self-reports of sexual

assault. The second hypothesis stated that there will be a positive correlation between the scores

on the Hyperfemininity Scale (HFS) and the scores on the modification of the ADMI-60, which

measures attraction to hypermasculine men. The third hypothesis examined the unique

predictive ability of each variable. It was expected that the experimental variables, when viewed

collectively, will explain more of the variance of self-reports of sexual aggression than they

would independent of each other.

METHODS

Participants

Participants were 234 undergraduate females from a mid-sized South-Eastern university,

six participants were withheld from all data analysis due to their sexual orientation resulting in

N=228. The mean age was 19.6 and ranged from 17-47 years, with a standard deviation of 3.6

years. Approximately 95% of the sample fell between 17-25 years of age. The sample was

comprised of 53.8% college freshmen, 19.2% sophomores, 16.2% juniors, 10.3% seniors and

less than 1% was a college graduate but not graduate students. More than half of the participants

(54.3%) were single, 41.5% were in a steady dating situation, 3% were married and 1.3%

reported being either divorced/separated or other. The student's status was assessed and 36.8%

of the sample reported being full time students, 31.2% also reported being full time students but

were employed part-time, 1.7% reported full-time employment, 12.8% reported part-time

employment and 17.5% reported being unemployed or other. Ethnicity was assessed and 86.3%

of the females were White/Caucasian, 6.4% were African-American, 2.6% were Hispanic, 1.7%

were Asian/ Pacific Island, 1.3% were Biracial, 1.3% were other and less than 1% were

American Indian/ Alaskan native. Sexual preference was assessed and 96.2% of the women

were heterosexual, 2.6% were homosexual and 1.3% was bisexual. Living situations and

affiliations to campus Greek or athletic organizations were not assessed.

Materials

Participants were given a packet containing an informed consent form, a demographics sheet and a battery of measurement scales. The Quantity-Frequency Index (QFI; adapted from Cahalan, Cisin, & Crossley, 1969) measured drinking frequency within the past 3 months. Women's Sexual Experiences Questionnaire (Noel & Ogle, unpublished 2006) and the Sexual Experience Survey (Koss & Oros, 1982) measured the women's self-report of previous sexual experiences, both non-aggressive and aggressive. The Hyperfemininity Scale (Murnen & Byrne, 1991) measured the extent to which the women endorse traditional gender roles. The Modified Auburn Differential Masculinity Index, adapted from the ADMI-60 (Burk, Burkhart & Sikorski, 2004) measured how important hypermasculine traits are to the woman within the relationship. The Big Five personality traits, measured by the NEO-FFI (Costa & McCrae, 1989) and socially desirable responding, measured by the Marlow-Crowne Social Desirability scale (MC-SDS), (Crowne & Marlow, 1960) was also assessed. Each measurement scale has been presented with further detail in the following section. The informed consent and the demographic sheet have been included in appendix H and I consecutively.

Measures

The Quantity-Frequency Index (QFI; adapted from Cahalan, Cisin & Crossley, 1969) measured the frequency, varieties, and quantity of alcohol use in the last 3 months. Frequency questions asked for information about how often "at least one" alcoholic beverage was consumed or if any changes occurred in drinking habits. Variety questions inquired at how often hard liquor, wine or beer had been consumed per week or day in the last 3 months. Drinking frequency will be measured by Days Drinking the other alternative would be to also use the Drinking Frequency item. We decide against this due to the ordinal nature of the Drinking

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Frequency item, categorizing the participants was avoided when at all possible. It was not possible to avoid this categorization for the quantity questions. These questions looked at the participant's estimated average drinking on a "typical weekday or weekend" or the "largest amount" consumed in a 24-hour period (see Appendix A). Rather than argue the ability of these items to accurately assess the participants' quantity of alcohol use we felt that using a formula where the mid point of each category was used to represent the actual number of drinks per occasion. This is not an exact score but due to the ordinal nature of the items this was deemed to be the best way to represent the data. In the end the Days Drinking item and the Amount of Drinks Per Occasion were used to represent the participants drinking.

The Hyperfemininity Scale (Murnen & Byrne (1991) is composed of 26 items which were intended to measure the three main components of hyperfemininity; 1) the women believe that their ability to succeed in life relies on their ability to have meaningful relationships with men, 2) the women view their physical features and sex as commodities and they use them as tools of manipulation within the relationship and 3) the women except that men will follow traditional male gender roles (men who exhibit a high quantity of hypermasculine traits). Each item had a forced choice between a hyperfeminine statement and a non-hyperfeminine statement. For every hyperfeminine statement chosen the participant received one point, the higher the score the greater hyperfemininity. This scale was observed as a whole, with scores ranging from 1 to 26. If a woman were to score a 1 she would be not at all hyperfeminine; a women who scored 26 would be extremely hyperfeminine (see Appendix B).

The Women's Sexual Experiences Questionnaire (Noel & Ogle, unpublished 2006) measured the women's self-report of previous sexual experiences. The WSEQ provided more information about the reasons why women had or had not engaged in sexual behavior. It is

composed of fifteen items, which rated participant's previous sexual experiences using a likert-style scale as well as open-ended questions. The survey collected data on the type and frequency of sexual behaviors in the past 12 months as well as in their lifetime. Unlike previous sexual experience questionnaires the WSEQ asked participants to report ambivalent sexual interactions and intercourse during the last 12 months and through out their lifetime. The WSEQ also assessed instances of rape using four items rather than just one, as does the SES. The first two rape items asked if the participant had ever had a sexual interaction (item #11) or sexual intercourse (item #12) with a man when they definitely did not want to. The second set of rape items asked the participant if they have ever been forced to have sexual interactions or intercourse through verbal threats (item #13) and if they have ever been forced to have sexual interactions or intercourse through the use of physical force (item #14). Increasing the number of items used to measure previous sexual aggression gave a more robust representation of previous sexual experiences and increased the validity of the measure. The number of sexual partners in the last year and during their lifetime was also assessed (see Appendix C).

The Sexual Experience Survey (Koss & Oros, 1982) measured self-reports of previous sexual experiences. It included 13 yes/ no items assessing sexual experiences from a dimensional viewpoint. In the current study the SES had been slightly modified, item number 13 previously read, "Have you ever been raped?" We felt that this could be an insensitive and abrupt way to end a survey about sexual experiences. As a supplement we added item 13a, which reads, "(if yes to 13) have you received counseling for this? (If you would like a referral, please feel free to contact {the primary investigator}, whose phone number is on the Informed consent for a referral.)", (see Appendix D).

A Modification of the Auburn Differential Masculinity Index (MADMI-60): Adapted from the ADMI-60 (Burk, Burkhart & Sikorski, 2004) measured how important in a relationship, hypermasculine traits are for each women. All of the original items were used on the MADMI-60; the only modifications were done to the instructions and the anchors of the likert-scale. The instruction and likert scale of the ADMI-60 were, "The following statements describe certain beliefs. Please read each item carefully and decide how well it describes you. Rate each item on the following 5-point scale: A _very much like me, B _ like me, C _ a little like me, D_not much like me, E _ not at all like me" (ADMI-60). We modified them slightly, "Every woman has an image of the ideal man for them. It is probably different for everyone. Please think of your image of an ideal man for YOU.   The following statements describe certain beliefs. Please read each item carefully and decide how well it describes what your ideal man would believe. Rate each item on the following 5-point scale: A _*very much like him,* B _ *like him,* C _ *a little like him,* D _*not much like him,* E _ *not at all like him"(MADMI-60),* (see Appendix E).

The Social Desirability Scale (MC-SDS) (Crowne & Marlow, 1982) assessed the participants responding style. In particular it provided insight as to the likelihood of the participant providing socially biased self-report data. The measure consisted of 33 true/ false questions; 18 of which the socially desirable response is true and the remaining 15 items are false. The MC-SDS was interpreted as a whole, with scores ranging from 1-33 (see Appendix F).

The NEO-FFI (Costa & McCrae, 1989) was administered in order to assess the Big Five personality traits. It consisted of 60 statements where the participant is asked to read and circle the response that best represented their opinion about the statement. There were five possible

responses ranging from "strongly disagree" to "strongly agree". The use of five choices gave the participants an option of a "neutral" response. The NEO-FFI was scored as total scores for each of the five factors (see Appendix G).

Procedure

All researchers who interacted with the women were of the same sex in order to reduce any of the possible implications of having women participants report sensitive information in the presence of a male researcher. The experimenter had reserved a classroom where the participants were able to participate in the study. There was between five and ten participants in the experimental room during each session. Upon entering the participants were asked to sit so that there was adequate spacing between all participants to ensure privacy during the duration of the experiment. Prior to beginning, the experimenter passed out the informed consents and the demographic sheet. The instructions for each were read to the participants by the researcher. After all of the participants had finished the informed consent and the demographic sheet the experimenter administered the questionnaire packet. The experimenter covered the instructions for each individual scale. After each participant completed her packet she was asked to place it into an envelope that was collected by the researcher at the conclusion of the experiment.

Upon completion of the questionnaires and surveys, the experimenter explained the intent of the study and answered any questions that may have been asked. All of the students that complete all of the required tasks were given a voucher for one credit in their introduction to Psychology class. Each participant had been given the experimenter's contact information in case they would like to know the final results of the data.

RESULTS

The results have been broken down into four sections. The first section, Response summary, gives a summary of all the responses given for each scale, giving a robust and complete description of the sample. The second section, Preliminary Analyses, describes any transformations made as well as any inter-correlations found either with-in or between scales. The third section, Primary Analyses, tests each of the three hypotheses using a series of regressions. The fourth section, Exploratory Analyses, takes the results from the primary analyses and integrates each of the exploratory variables in order to further understand the role of each variable.

Response Summaries

Marlow-Crowne Social Desirability Scale

The SDS was scored as a total score ranging from 0 (participant did not provide any socially desirable answers) to 33 (participant provided socially desirable answers to all items). The current sample had a mean score of 17.10 (SD=5.35) and a range of 2-29. The distribution can be described as normal.

Hyperfemininity Scale

The HFS was scored as a total score ranging from 0 (participant did not provide any hyperfeminine responses) to 26 (participant provided hyperfeminine responses to all of the items). The current sample had a mean of 7.87 (SD=3.48) and a range of 0-17. The distribution was reviewed and the skewness value was within acceptable limits and no transformation was needed.

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NEO-FFI

The NEO-FFI was broken down into five different factors: Neuroticism, Extraversion, Openness to new experiences, Agreeableness and Contentiousness. Results for Neuroticism; mean=21.84 (SD=7.20 and range 5-41); Extraversion; mean=32.55 (SD=5.42 and range 17-43); Openness; mean=26.52 (SD=6.25 and range 12-41); Agreeableness; mean=32.67 (SD=5.36 and range16-47); Contentiousness; mean=32.35 (SD=6.3 and range 12-47). . The distributions were reviewed for each factor and the skewness values were within acceptable limits and no transformations were needed.

MADMI-60

Internal consistency of the MADMI-60 was measured using Cronbach's alpha for both the instrument as a whole as well as each of the five individual factors. The alpha coefficient for all 60 items on the scale was 0.898. Alpha coefficients for the five factors were as follows: factor 1 (α = 0.787, N of items = 16), factor 2 (α = 0.704, N of items = 14), factor 3 (α = 0.833, N of items = 17), factor 4 (α = 0.674, N of items = 14) and factor 5 (α = 0.732, N of items = 5). The MADMI was scored both as a cumulative total and as five different factor totals. The cumulative total ranged from 0 (participant provided no hypermasculine responses) to 240 (participant provided all hypermasculine responses) and the sample mean was 54.34 (SD=18.1 and range 8-134). Overall, participant's responses clustered on the low side of all five factors. Factor one, Hypermasculininity, had a mean of 7.40 (SD=4.98 and range 0-22); the greatest score achievable was 68. Factor two, Sexual Identity, had a mean of 10.18 (SD=4.92 and range 0-32); the greatest score achievable was 58. Factor three, Dominance and Aggression, had a mean of 22.59 (SD=8.5 and range 2-59); the greatest score achievable was 72. Factor four, Conservative Masculinity, had a mean of 13.05 (SD=4.83 and range 2-30); the greatest score

achievable was 58. Factor five, Devaluation of Emotions, had a mean of 5.37 (SD=3.05 and

range 0-16). The distributions were reviewed and the skewness values were within acceptable

limits and no transformations were needed.

Quantity and Frequency Index

Alcohol was not consumed by 21.2% of the sample in the last 90 days. 8.4% had never

consumed an alcoholic beverage in their lifetime. Reasons for not drinking were rated as follows:

not old enough (55.3%), religious or moral disapproval of alcohol use (31.9%), other (6.4%),

health reasons (4.3%) and concern that you might have (or develop) an alcohol problem (2.1%).

The remaining 78.4% of the sample reported a mean of 14.95 days drinking (SD=16.97)

with a range of 1-75 days out of the last 90 days. Drinking had remained the same as usual over

the past 90 days in 68.2% of the drinkers, 13.5% reported drinking much more than they used to,

9.4% reported drinking much less than they used to, 2.2% reported that they had quit drinking

altogether and 2.2% reported that they had started drinking for the first time. Self-reported

drinking over the last 90 days seems to be stable and consistent with overall drinking history in

the majority of drinkers.

Drinking patterns were assessed among the drinkers by self-reported averages. Self-

reported average numbers of drinks on a weekday were as follow: 42.6% reported never drinking

on a weekday, 25.6% report 1- 3 drinks, 21.1% report 4-6 drinks, 8.1% reported 7-9 drinks, 1.3%

reported 10-12 drinks and 0.4% reported 15 or more drinks. Self-reported average number of

drinks on the weekend are as follow: 20.7% reported never drinking on the weekend, 18.4%

reported 1-3 drinks, 25.6% reported 4-6 drinks, 22.9% reported 7-9 drinks, 9.9% reported 10-12

drinks, 0.9% reported 13-15 drinks and 0.9% also reported 15 or more drinks. The largest

amount consumed in a 24-hour period was assessed. The largest amount consumed by 18.4% of

the sample was 0-2 drinks, 18% reported 3-5 drinks, 26.6% reported 6-8 drinks, 14.4% reported 9-11 drinks, 13.1% reported 12-14 drinks, 4.1% reported 15-17 drinks and 5% reported 17 or more drinks. Self-reported drinking patterns of the drinkers can be viewed as light to moderate.

Frequency and amount of the different types of alcohol were assessed. The average frequency of hard liquor consumption was 1-3 days per month and the average amount consumed per occasion was 3-4 shots or drinks. The average frequency of wine consumption was 1-3 days per month and the average amount consumed per occasion was 8 oz (1-2 wine glasses). The average frequency of beer consumption was 1-3 days per month and the average amount consumed per occasion was 3-7 12oz cans or bottles. All three types of alcohol were reported being consumed at the same frequency, however, the amount of beer consumed per occasion was slightly more than wine or hard liquor.

The participants drinking histories were assessed. Only 0.9% of the sample self-reported that they currently have an alcohol problem, 3.1% self-reported that they have had a drinking problem, been dependent on alcohol, in the past, 4.0% reported needing a drink first thing in the morning, 38.6% reported experiencing a state of blackout from drinking, 3.1% reported experiencing withdraw symptoms from alcohol, 1.8% reported attending a self-help group for their alcohol use, 1.8% received treatment for an alcohol problem, and 26.5% reported that they have family member who either currently or in the past have had an alcohol problem. A low percent of the participants reported having been diagnosed as having an alcohol problem. A larger percent of participants reported experiencing alcohol related problems such as needing a hit first thing in the morning, experiencing withdraw symptoms and experiencing a blackout state. Further more, the percent of participants that received treatment is much less than the

percent that reported having a problem. In summary, we see a population that is under-reporting alcohol related problems and not seeking treatment.

Frequency of psychoactive drug use was assessed. Reported drug use was most prevalent for caffeine, nicotine, and marijuana. For caffeine, 48.6% of the sample reported using almost everyday, 22.4% reported using 2-4 times per week, 10.8% reported using once per week, 3.6% reported once every two weeks, 2.7% reported once per month, 4.5% reported 1 or 2 times in the last three months and 7.2% reported never using caffeine. Over half of the sample, (73.0%), reported never using nicotine, 9.5% reported using 1 or 2 times in the last three months, 7.7% reported using almost everyday. For marijuana 70.7% of the sample reported never using, 8.6% reported using 1 to 2 times in the last three months, 5.0% reported using once per month, 5.4% reported using once every two weeks, 2.7% reported using once per week, 2.3% reported 2-4 times per week and 5.4% reported almost everyday.

The following drugs were all non-prescribed and were much less prevalent then the previously stated drugs, 94.6% of the sample reported that they never use cocaine, 3.6% reported using 1 or 2 times in the last three months, 1.4% reported once per month and 0.5% reported using once every two weeks. For non-prescribed amphetamines 92.3% of the sample reported no use, 4.1% reported using 1 or 2 times in the last three months, 1.4% reported using once per month, 0.9% reported once every two weeks and 0.9% also reported using 2-4 times per week. For non-prescribed barbiturates 97.3% reported no use, 97.7% reported that they have never used non-prescribed benzodiazepines, 97.3% reported that they never use non-prescribed tranquilizers, 99.6% reported that they never use heroin, 95.9% reported never using non-prescribed opiates, 95% reported that they never used hallucinogens, 98.2% reported never using

inhalants and 99.5% reported that they have never used any drugs by injection ever. Half of the sample reported being on some sort of birth control. Nobody reported using hashish and crack cocaine.

Illegal drug use was assessed further to determine the number of participants who were poly-substance users. There were 26 participants who were using multiple substances. Of these, 9 were in two drug classes, 5 were in three drug classes, 4 were in four drug classes, 3 were in five drug classes, 4 were in six drug classes, and 1 participant was in seven drug classes.

The following drugs were prescribed medications. For prescribed amphetamines 96.4% of the sample reported no use, nobody reported using prescribed barbiturates, 98.2% reported never using prescribed benzodiazepines, 99.1% reported never using prescribed tranquilizers, 99.5% reported never using prescribed opiates, 5.9% of the sample reported using prescribed antidepressants almost everyday, 99.5% reported never using prescribed anti-psychotic drugs, 98.2% reported never taking any other psychoactive medication and nobody reported ever using prescribed anti-manic drugs.

The participant's drug history was assessed and 4% of the sample reported that they had a drug problem in the past, 0.4% reported currently having a problem. Black outs dues to drug use were reported by 4% of the sample, 0.4 reported that they have needed a hit first thing in the morning and 0.9% reported feeling withdraw symptoms from a drug. Treatment for a drug related problem was received by 1.8% of the sample and 3.1% of the sample reported having a family member who either has or has had a drug problem.

Not all of the items in the QFI were relevant to the current study. Items from the QFI were used to derive two variables that were of particular interest to the current study. The first was the total number of day out of the past 90 that participants had consumed an alcohol

beverage (M=15.04, SD=17.51). The second variable was the amount of alcohol that was consumed on each occasion (M=3.3, Mode = 0 and Median = 3.4). This variable was derived by summing the scores on each of the three items on the QFI that asked how much alcohol was consumed each time the participant drank. Amount per occasion was scored on a scale ranging from 1-7 where 1 represented the largest quantity and 7 represented never. The mid-points of each category were used to provide the most accurate representation of the actual number of drinks per occasion. The drinking frequency item was ordinal and we felt that it might take away from the days drinking item. All remaining statistical analyses will use the days drinking and the amount per occasion items as the drinking independent variables.

WSEQ

The items that are relevant to the current study cover ambivalent and forced sexual interaction and intercourse over the past year and over the course of the participant's lifetime. The number of sexual partners in the last 12 months and throughout the participant's lifetime was also assessed. For the sake of clarity the 12 month and lifetime items were analyzed separately. On each of these items the participant's were asked to indicate the number of times they had the particular sexual experience on a scale of 0 (never) - 4 (31 or more times). For the current study it was deemed unnecessary to specify the exact number of instances for each item. Therefore, each of the participant's responses was dichotomized as either the participant has experienced or has never experienced the interaction described in that particular item. The following values represent the number of participants who have experienced the interaction described in the particular item. During initial analysis there was one extreme outlier (participant #196) who was withheld from the following analyses.

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Self-reported number of lifetime sexual partners (item # 15) had a mean of 4.10 and a SD = 4.571. The total number of participants that responded positively to item # 14, which asked if the participant had ever been physically forced into a sexual interaction or sexual intercourse (have been raped), was 21 (N=227). The second item that assessed the actual experience of rape was item # 13. The total number of participants that responded positively to item # 13 was 15 (N=227). The total number of participants that responded positively to item # 11, which assessed the instances when the participant had a sexual interaction with a man that she definitely did not want to, was 65 (N=227), of them 18 had also responded positively to one or both of the rape items (#13 and or #14). The total number of participants that responded to item #12, which assessed the instances when the participant had sexual intercourse with a man that she definitely did not want to, was 36 (N=227), of them 18 had also responded positively to one or both of the rape items (#13 and or #14).

Item # 9 assessed the number of sexual partners each participant has had in the last 12 months (M=2.28 and SD=2.22). The first set of items looked at ambivalent sexual interaction (item # 3) and sexual intercourse (item # 4) in the last 12 months. The total number of participants that responded positively to item # 3, which assessed the instances when the participant had a sexual interaction with a man when she was ambivalent, was 71 (N=227), of them 14 had also responded positively to one or both of the rape items (#13 and or #14). The total number of participants that responded positively to item # 4, which assessed the instances when the participant had sexual intercourse with a man when she was ambivalent, was 61 (N=227), of them 17 had also responded positively to one or both of the rape items (#13 and or #14). Items 5 and 6 assessed instances where the participant had either a sexual interaction (item #5) or sexual intercourse (item #6) with a man that they definitely did not want to.

The total number of participants that responded positively to item # 5, which assessed the instances where the participant had a sexual interaction with a man that she definitely did not want to, was 17 (N=227), of them 11 had also responded positively to one or both of the rape items (#13 and or #14). The total number of participants that responded positively to item # 6, which assessed the instances when the participant had sexual intercourse with a man that she definitely did not want to, was 14 (N=227), of them 9 had also responded positively to one or both of the rape items (#13 and or #14).

Pearson's correlation and Cronbach's alpha were used to determine is any of the relevant items (#3,4,5,6,11,12,13 and 14) could be clustered together for the sake of increasing power. Items were first conceptually clustered and then statistical tests were conducted on each cluster. All but one of the conceptually created clusters held true: items 3 and 4 (ambivalent interaction/intercourse in the past year) (r (225)=0.661, p=0.001; α=0.796 and N=227), items 5 and 6 (sexual interaction/intercourse when the participant definitely did not want to in the past year) (r (225)=0.623, p=0.001; α=0.766 and N=227), items 11 and 12 (sexual interaction/intercourse when the participant definitely did not want to in their lifetime) (r (224)=0.385, p=0.001; α=0.473 and N=226) and items 13 and 14 (forced verbally or physically to have a sexual intercourse) (r(226)=0.650, p=0.001; α=0.768 and N=228). All but one of the conceptually created clusters held true after conducting statistical tests, items 11 and 12. Further analysis will be conducted using the composite scores (3 and 4; 5 and 6; 13 and 14) and the two individual items (11 and 12).

Preliminary analyses

Prior to analysis, all scores were standardized as z-scores. Each score was derived from individual scales and was standardized with a mean of zero and a standard deviation of 1. This

transformation does not effect the distribution in any way, it simply allows for the comparison of numerous scores derived from separate scales. As previously stated the relationship between the HFS and the MADMI was assessed. There was a significant positive correlation between the HFS and the MADMI (r (201) =.435, p=.001). Furthermore, there was a significant positive correlation between the HFS and all five of the factors within the MADMI (Factor 1: r (201) =.359, p=.001; Factor 2: r (202) =.411, p=.001; Factor 3: r (202) =.375, p=.001; Factor 4: r (202) =.391, p=.001; Factor 5: r (202) =.307, p=.001). In lieu of the high correlation between the HFS and MADMI scores they will remain independent throughout all analyses. Using a combination score was originally proposed as a solution to the possibility of highly correlated scales but using the scales independently will allow us to give a more robust interpretation of our model by including the different factors in the MADMI.

The relationship between the WSEQ and the SES was assessed in order to determine the validity and utility of the WSEQ as a measure of sexual experiences in the past 90 days as well as lifetime experiences. There was a significant positive correlation between all of the items on the WSEQ that cover ambiguous or forced (verbally or physically) sexual interaction and/or sexual intercourse during the participant's lifetime and/or the past 90 days and item number 13 on the SES which asked, have you ever been raped.

HFS and WSEQ

There was a significant positive correlation between the HFS total score and both the self-reported number of sexual partners in the past 90 days (r (202) =.294, p=.001) and the number of lifetime partners (r (201) =.279, p=.001). There was also a significant positive correlation between the HFS and self-reported lifetime incidences of sexual interactions (but not

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actual intercourse) with a man when the participant definitely did not want to engage in such interactions (r (206) =.206, p=.003). Women who endorse a greater number of hyperfeminine traits have also experienced a greater number of sexual interactions with a man that they did not want to.

HFS and QFI

There was a significant positive correlation between HFS total scores and both the number of day drinking in the last 90 days, (r (200) =.199, p=.001) and the self-reported frequency of alcohol consumption, (r (201) =.243, p=.001). On the other hand the total score on the HFS was significantly negatively correlated with the self-reported average amount consumed per drinking occasion, (r (196) =-.222, p=.002).

HFS and SDS

The relationship between the HFS total score and the MC-SDS was assessed. A significant negative correlation was reveled (r (198) =-.423, p=.001). This is consistent with the previous research conducted by Murnen and Byrne (1991).

MADMI and WSEQ

There was a significant positive correlation between MADMI total score and both number of sexual partners in the last 90 days (r (218) =.281, p=.001) and lifetime number of sexual partners (r (216) =.147, p=.030). Ambivalent sexual interactions in the last year, excluding actual intercourse, were significantly correlated with MADMI total scores (r (223) =.151, p=.023). Women who endorse hypermasculine traits as being attractive also have a greater likelihood of having experienced an ambivalent sexual interaction in the last year.

MADMI and QFI

There was a positive correlation between MADMI and both the number of days drinking in the past 90 days (r (214) =.152, p=.025) and the self-reported drinking frequency (r (217) =.187, p=.006). While the frequency and number of days drinking was positively correlated there was a significant negative correlation between the self-reported average amounts consumed per drinking occasion (r (212) =-.188, p=.006). The more hypermasculine traits that are represented in the participant's image of their ideal man the more frequent their consumption of alcohol but the average amount consumed will likely be less than a participant who had a low MADMI score.

MADMI-SDS

Burke et al. (2004) use the MC-SDS to demonstrate divergent validity within the logic that the MC-SDS represents traits that are not similar to the traits that are represented in the ADMI. Following the same logic, there was a significant negative correlation between the total score on the MADMI and the MC-SDS (r (212) =-.250, p=.001).

QFI and SDS

There was a significant negative correlation between the SDS and all three relevant QFI variables: Amount per Occasion (r (214) =-0.338, p=0.001), Days Drinking (r (216) =-0.178, p=0.001) and Drinking Frequency (r (219) =-0.315, p=0.001). The SDS demonstrated a consistent relationship with the composite variable, Estimated Drinking Frequency (r (216) =-0.196, p=0.001).

WSEQ, SDS and QFI

There were significant negative correlations between the total score on the SDS and item 3 (r (222) =-0.240, p=0.01), item 4 (r (221) =-0.167, p=0.05) and item 11 (r (222) =-0.257,

p=0.01). When items 3 and 4 were combined, the SDS maintained a significant negative relationship (r (221) =-0.222, p=0.01). The higher a woman scores on the social desirability the more likely she is to have reported less instances of ambivalent sexual interactions/intercourse during the last 12 months as well as unwanted sexual interactions in her lifetime. The number of sexual partners in the last year was positively correlated with both Drinking Frequency (r (224) =0.372, p= 0.01) and the average amount per occasion (r (222) =0.359, p=0.01). Higher scores on the Drinking frequency and the amount consumed per occasion items may result in an increase the self-reported number of sexual partners in the last year.

Primary Analyses

Primary analyses used a series of regressions, which tested each of the previously stated hypotheses. The first hypothesis stated that each of the predictor variables would independently predict previous instances of sexual aggression. There was only one criterion variable, item 11, which was able to be predicted by any of the predictor variables. The HFS (β=0.222, p=0.004) was the most significant predictor, followed by, the average amount of drinking per occasion (β=0.281, p=0.013) and finally, the days drinking score (β=2.278, p=0.03). Women who endorse a greater number of hyperfeminine traits on the HFS, have a greater number of days drinking in the last 90 days and greater amounts of consumption per occasion tend have a greater likelihood of having experienced a situation where they had a sexual interaction, but not actual intercourse, with a man that they definitely did not want to throughout their lifetime.

The second hypothesis stated that the predictor variables would do a better job at predicting previous sexual aggression when looked at collectively. A series of linear regressions was conducted and concluded that the HFS scores explained most of the significance for item 11 (the only significantly predicted criterion variable) on the WSEQ (β=0.222, p=0.004). For item

11 there was independent and unique variance explained by each of the drinking variables when we statistically controlled for the HFS. When the HFS was taken out of the model we did not see any significant changes in the beta scores for any of the drinking items, all remained significant.

After statistically controlling for the variance explained by the HFS we found that the average amount per drinking occasion (β=0.253, p=0.023) and days drinking (β=2.896, p=0.026) predicted previous experiences where they had a sexual interaction, but not actual intercourse, with a man that they definitely did not want to (item 11). The variables did not explain more variance as a group; rather they each explained mostly unique variance. The amount of shared variance was not significant.

Hypothesis number three stated that there would be a significant correlation between scores on the HFS and scores on the MADMI. After conducting a Pearson's correlation a significant positive correlation between the HFS and the MADMI was discovered (r (201) =.435, p=.001). Women who endorsed a greater number of hyperfeminine traits on the HFS were also more likely to be attracted to a greater number of hypermasculine traits. In other words, hyperfeminine women seem to be more attracted to men who exhibit potentially dangerous hypermasculine traits.

Exploratory analysis

The big five personality traits, measured by the NEO-FFI, as well as the total score on the SDS were correlated with each of the predictor variable in order to establish reasonable cause to further investigate the influence of personality and social desirability on the main hypotheses of the study. Significant correlations were observed for neuroticism for every predictor variable except Estimated Drinking Frequency (MADMI, r (223) =0.147, p=0.001; HFS, r (206) =0.250, p=0.001 and Amount Per Occasion, r (220) =-0.139, p=0.001). Agreeableness was negatively

correlated with both the MADMI, r (223) =-0.179, p=0.001, and the HFS, r (206) =-0.213, p=0.001. Openness to new experiences was also negatively correlated with the MADMI, r (223) =-0.176, p=0.001, and the HFS, r (206) =-0.239, p=0.001. Contentiousness was correlated with the Amount per Occasion, r (220) =0.267, p=0.001, and The Estimated Drinking Frequency, r (222) =-0.198, p=0.001. Extroversion was only correlated with the Amount Per Occasion, r (220) =-0.206, p=0.001. Scores on the SDS were significantly correlated with each predictor variable (MADMI, r (217) =-0.259, p=0.001; HFS, r (202) =-0.440, p=0.001; Amount per Occasion, r (214) =0.338, p=0.001 and the Estimated Drinking Frequency, r (216) =-0.196, p=0.001.

The relationship between the big five traits and the criterion variables was also assessed. Neuroticism was significantly correlated with both the composite WSEQ 3 & 4 score (r (227) =0.184, p=0.01) and WSEQ 11 (r (228) =0.150, p=0.05). Women who score higher on neuroticism may also have increased experiences of unwanted sexual interaction/ intercourse in the past year as well as through out their lives. Extroversion was negatively correlated with both the WSEQ 11 (r (228) =-0.194, p=0.01) and the WSEQ 13 &14 composite score (r (228) =-0.147, p=0.05). Agreeableness demonstrated the same type of relationships, just less pronounced, with the WSEQ 13 & 14 composite score (r (228) =-0.152, p=0.05) and WSQE 11 (r (228) =-0.163, p=0.05). Women who score low on extroversion or agreeableness report more experiences of both unwanted and forced sexual interaction/ intercourse during their lifetime. Conscientiousness was negatively correlated with WSEQ 11 (r (228) =-0.146, p= 0.05). Women who score low on conscientiousness report more experiences of unwanted sexual interactions during their lives.

Further analyses included a series on linear regressions. The variance that the "big five" personality traits explained was assessed and then controlled for in order to further understand the relationship of personality traits on the predictor variables. Neuroticism ($\beta=0.157$, p.0.049) accounted for all of the variance (8.5%) that we see in the composite item 3 and 4. When the variance explained by Neuroticism is statistically controlled for there is no effect. When initially testing hypothesis one, we found that the HFS significantly predicted scores on item 11 in the WSEQ. After statistically controlling for personality traits the relationship between the HFS and item 11 was strengthened ($\beta=.0229$, p=0.006). Also a significant amount of the variance of item 11 was explained by Extraversion ($\beta= -0.174$, p.0.03) and Openness ($\beta=0.157$, p=0.031). Finally, Extroversion ($\beta=-0.206$, p=0.013) accounted for all of the variance (6.9%) of the composite item 13 and 14.

The total score on the SDS predicted all of the variance (4.1%) of the composite item 3 and 4, when statistically controlling for the SDS there was no change in the amount of variance explained by the remaining model. The SDS explains a significant amount of the variance for item 11 ($\beta=-0.228$, p=0.005) but after statistically controlling for this variance the HFS explains a significant amount of the variance ($\beta=0.146$, p=0.079). The variance of item number 12 was explained by the MADMI ($\beta=-0.165$, p=0.041) but only after statistically controlling for the SDS.

The relationship between the number of sexual partner (through out their life as well as in the last year) and sexual aggression was assessed. There was a significant positive correlation between the number of lifetime partners and the experience of sexual intercourse when the participant definitely did not want to (r (221) =0.211, p=0.01) and the experience of being either

verbally or physically forced to have a sexual interaction or intercourse (r (223) =0.161, p=0.05). Lifetime sexual partners predicted all of the variance (5.3%) for item 12 (β=0.197, p=0.003). The variance for the composite item 13 and 14 was shared by lifetime partners (β=0.139, p=0.037) and the number of partners in the last year (β=0.138, p=0.039).

Furthermore, there was a significant correlation between the number of sexual partners in the last year and the experience of ambivalent sexual interactions in the last year (r (225) =0.341, p=0.001), the experience of a sexual interaction or sexual intercourse when they definitely did not want to in the last 12 months (r(225)=0.199, p=0.003), the experience of a sexual interaction when they definitely did not want to in their lifetime (r(226)=0.148, p=0.025) and the experience of having been either verbally or physically forced to have a sexual interaction/intercourse in their lifetime (r(226)=0.156, p=0.018).

The number of ambivalent sexual interactions/intercourse in the past 12 months was predicted by the number of sexual partners in the last 12 months (β=0.340, p=0.001) as well as the experience of a sexual interaction/ intercourse when they definitely did not want to in the past 12 months (β=0.204, p=0.002). Lifetime experiences of a sexual interaction that they defiantly did not want (β=0.138, p=0.040) were predicted by the number of partners in the last 12 months. When we statistically controlled for this variance explained by the number of partners in the last 12 months, both the HFS (β=0.181, p=0.026) and the Estimated Drinking Frequency (β=-0.217, p=0.024) significantly predicted the experience of a sexual interaction that they defiantly did not want in their lifetime. The number of partners in the last 12 months did not predict the experience of sexual intercourse that was unwanted throughout their life. As stated earlier, lifetime partners and 12-month partners shared the variance of the experience of forced interaction or intercourse (see above).

The number of partners in the last 12 months predicted the experience of both sexual interaction/intercourse that the participant is ambivalent about and the experience of unwanted sexual interaction/intercourse in the last 12 months. It also predicts the experience of ambivalent sexual interaction in throughout the lifetime but it will not predict the experience of ambivalent sexual intercourse. The number of partners for both the lifetime and the last 12 months predict the experience of verbally or physical forced sexual interaction/intercourse in the woman's lifetime.

DISCUSSION

Results showed that only one of the five sexual aggression measures were able to be significantly predicted, item 11. This item was one of the "ambiguous" items, which asked if the woman had experienced a situation where she had a sexual interaction, but not actual intercourse, with a man that she definitely did not want to throughout their lifetime. This item is a more sensitive measure of forced or coerced sexual interactions throughout the lifetime of the women. It has been shown that responding can be motivated by self-deceptive enhancement and/or impression management (Meston et al. 1998) and therefore women may not answer direct questions about forced or coerced sexual interactions accurately. When asked to answer questions related to ambivalent sexual experiences in the last year or unwanted sexual interactions in their lifetime responses were negatively influenced by the degree to which the woman was seeking socially desirable answers. This negative relationship was not detected for the items that directly asked if the women had been forced (physically or verbally) to have sexual interaction/intercourse during the last 12 months or during their lifetime. This was an unexpected result that could be the result of not having enough participants in the sample who had in fact been in a situation where they were forced to have an interaction/intercourse.

In order to reduce the number of variables and decrease the degrees of freedom, composite scores were created for both items on the WSEQ and the Drinking Frequency score. The participants' responses to the relevant items on the WSEQ could be dichotomized into those who have experienced a particular type of sexual aggression and those who have not. Therefore, an additive model was used to create the composite scores WSEQ.

After examining hypothesis one we found that women who endorse a greater number of hyperfeminine traits on the HFS, have a greater number of days drinking in the last 90 days and greater amounts of consumption per occasion tend to have a greater likelihood of having experienced a situation where they had a sexual interaction, but not actual intercourse, with a man that they definitely did not want to (item 11). Our second hypothesis proposed that each variable will do a better job at predicting previous aggression when used collectively rather that individually. Although each of the drinking variables and the HFS score uniquely predict item 11 there is little to no overlap and the variables did not collectively do a better job at predicting previous sexual aggression. After analysis, hypothesis two was not supported. Finally, the hypothesized positive relationship between the scores on the HFS and the scores on the MADMI was supported. The more hyperfeminine traits a woman endorses the more likely they are to be attracted to a male exhibiting hypermasculine traits.

The results from the current study were consistent with some of the theories in the current literature. To begin, the concept of hyperfemininity as described by Murnen and Byrne (1991) seems to hold true. This holds especially true for the third component stating: the hyperfeminine woman accepts that men will follow traditional male gender roles (men who exhibit a high

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quantity of hypermasculine traits). This could be a result of being socialized to accept such

stereotypes (Griffin, 1971). Regardless of the origin, these women who are exhibiting

hyperfeminine traits are at an increased risk of sexual aggression. The literature proposes a

number of different pathways or explanations as to why these hyperfeminine women are at an

increased risk. Testa and Livingston (1999) found that most common type of aggression was one

were the victim knew the perpetrator (current of former partner) and was coerced into having

sex. In these situations there is rarely violence and or resistance, the women reported feeling

sorry for the man or felt that it would be easier to just go along with it. This type of reacting

could be viewed as the woman placing the needs of the man before her own needs; which is one

of the characteristics of hyperfemininity. This research conducted by Testa and Livingston is

supported by the significant positive correlation between the scores on the HFS and scores on the

MADMI.

Also, hyperfeminine women seem to be more attracted to hypermasculine males. Males

who exhibit greater amounts of hypermasculine traits have been found to be at a greater risk of

being sexually aggressive (Carr & Van Deusen, 2004; DeKeseredy & Schwartz, 2001: Dean &

Malamuth, 1997). Results of the current study acknowledge that there is an increase in attraction

to hypermasculine men by hyperfeminine women but the relationship between hyperfemininity

and previous sexual aggression is neither strengthened nor weakened by the woman's attraction

to hypermasculine men. With the numerous studies suggesting a positive relationship between

hypermasculine traits and sexual aggression I feel that, even though no results were found in the

current study, attraction to hypermasculine men should remain as a topic of interest.

Soler-Baillo et al. (2005) also reported that personality characteristics like, the lack of

assertiveness, low self-esteem, and attributional style have been shown to be correlated to an

increased risk. Results from the current study support the relationship between personality characteristics and the risk of sexual aggression and then some. Many of the traits that Soler-Baillo et al. (2005) propose as being linked to an increase in risk of sexual aggression can be assessed by the NEO (Big Five model). In the current study the lower the participant scored on the following factors the more likely they were to have reported experiencing either unwanted or forced sexual interaction/ intercourse in their life time: Neuroticism, Extroversion, Agreeableness and Conscientiousness. These personality characteristics overshadowed all other variables suggesting that situational factors, such as alcohol consumption may play less of a role in predicting self-reports of previous sexual aggression.

It is agreed that the relationship between alcohol consumption and sexual aggression exists but the exact interaction is widely disputed. In the current study the more frequently the participant consumed alcohol and the more alcohol consumed per occasion the more likely they were to have experienced a situation where they had a sexual interaction, but not actual intercourse, with a man that they definitely did not want to throughout their lifetime. These findings are consistent to those found by Testa et al. (2006) which state that consumption of alcohol seems to produce a reduction in the women's behavioral intentions to resist. The current findings also partially support Abbey and McAuslan (2004) study where they found that alcohol could affect the women's physical ability to resist an unwanted sexual advance and could also increase the women's likelihood of engaging in risky sexual behavior. Participants' explanations as to why the previous aggression occurred were not assessed; therefore the previous assertion that the increased risk is due to the intoxicating effects of alcohol was unable to be supported. On the same note there was a greater likelihood of risky sexual behavior/ sexual aggression with increased alcohol consumption and quantity. In the current study women who drank more

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frequently and consumed more per occasion reported having more sexual partners in the past year. A greater number of sexual partners can be defined as risky sexual behavior.

Risky sexual behavior has been correlated with an increased risk of sexual aggression (Soler-Baillo et al., 2005; Abbey and McAuslan, 2004 & Testa et al., 2006). Consistent results were found in the current study. The number of lifetime sexual partners was both strongly correlated and predicted a significant amount of the variance for ambivalent and forced sexual interactions/ intercourse during the participant's lifetime. The number of sexual partners in the last 12 months predicted ambivalent and forced sexual interaction/ intercourse in the last 12 months. The more sexual partners a woman has the greater the risk for experiencing sexual aggression.

Sample Limitations

Due to the limited resources and time we were unable to acquire a diverse sample. All of our participants were recruited from Psychology classes and received class credit. This population has both advantages and disadvantages. The main advantages are that it is extremely cost efficient, quick and students understand confidentiality and the research process therefore may be more likely to respond honestly. The results from such a population must be interpreted with caution. It would be a mistake to assume that the results from the current study would generalize to any other population. With that being said the current study did have adequate power based on the expected effect size.

The current sample was also rather young, mostly college freshman. This could have impacted the amount of exposure to sex, violence, dating and drugs or alcohol. A very low percentage of the sample actually reported being sexually assaulted. To try and increase our

power we did not just use the "forced" sexual aggression items, rather we took a more generalized approach and included any ambivalent sexual interactions or intercourse.

Scale Limitations

Responses to the quantity and the drinking frequency items on the QFI were organized into ordinal data. This is a limitation for two main reasons. Fist, the participants are forced to choose from seven arbitrary categories which one they feel best fits their drinking. If the participant is in between categories them might tend to endorse the lower more desirable category. Secondly, in order to analyze the responses mathematical formulas must be used to estimate the actual number. This formula was used in the current study as an attempt to compensate for the ordinal nature of the scale responses.

In order to assess attraction to hypermasculine traits we had to modify an existing scale, the ADMI-60. The ADMI was originally created to assess a man's endorsement of hypermasculine traits. The modified version used all of the same items changing only the context of the test. The MADMI appears to have accurately assessed women's attraction to hypermasculine traits. This is however the first time the ADMI has been use in this context and there must be further research to determine the validity and utility of this scale.

The Women's Sexual experience survey was used as the primary measure of the participants' sexual experiences. This measure is fairly new and is not as validated as the SES. In order to ensure that the WSEQ was accurately assessing sexual experiences it was correlated with the SES. After concluding that the WSEQ did in fact accurately assess sexual experiences it was used as the primary measure over the SES due it being a more robust measure. Future research should consider the WSEQ as a viable scale for assessing sexual experiences.

This study made an attempt at understanding the relationship of different personality and behavior variables on self-reports of sexual aggression in college aged women. Understanding of why certain women are aggressed upon and others are not is still unclear. My Results support the hypothesis that hyperfeminine woman are attracted to males who exhibit hypermasculine traits. Also the results of this study indicate that women who have a greater number of sexual partners and drink more frequently and at greater amounts are at an increased risk for aggression. Overall, personality characteristics did the best job at explaining the most variance.

I feel that future research should concentrate on understanding the relationship between personality traits and sexual aggression. The current study demonstrated that personality traits play a large role in predicting self-reports of aggression. The exact traits, however, are still unclear. Hyperfemininity was the topic of the current study due to its seemingly obvious acceptance of male dominance and aggression. This was taken as a given in the current study but should be further researched. Does the construct definition provided by Murnen & Byrne (1991) hold true for the college aged woman? This reevaluation could provide more specific and generalizable results. I also think that attraction to hypermasculine traits should not be neglected as possible pathway leading to aggression. Another limitation of the current study was the use of the MADMI. This could be rectified in future research by collecting pilot data on a large sample of college-aged women.

This relationship between hyperfemininity and attraction to hypermasculinity could be reciprocal. Future research should investigate males who score high on the ADMI-60 and their attraction to hyperfeminine women. It could be that the reason for hyperfeminine women exhibiting a greater risk for previous aggression is not because they are attracted to a

hypermasculine male, but due to the fact that, high risk, hypermasculine males are attracted to and seek out hyperfeminine women.

Finally, as done in the current study I feel that any future research done in the area of sexual aggression needs to understand that aggression is not limited to physically or verbally forced interactions. Researchers need to pay attention to the situations where women are engaging in sexual interaction even though they were ambivalent or definitely did not want to. This trend of broadening the definition of aggression has started with the works of Abbey and McAuslan (2004) and needs to continue.

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APPENDICES

APPENDIX A

MODIFIED QFI

Adapted from Cahalan, Cisin, & Crossley, (1969)

I. Frequency of alcohol use in last three months:

a. ___ If you have <u>never</u> had an alcoholic beverage (beer, wine or liquor) in your life, check here and go to Ic.

b. ___ If you have not had <u>any</u> alcoholic beverage in the <u>LAST THREE MONTHS</u>, check here and go on to Ic.

c. If you checked Ia or Ib, please check the <u>reasons</u> for deciding not to drink (check all that apply)

      1. __ Not old enough (it's illegal)
      2. __ Religious or moral disapproval of alcohol use
      3. __ Health Reasons (e.g. illness, pregnancy)
      4. __ Concern that you might have (or develop) an alcohol problem
      5. __ Other (specify)

d. If you <u>did not</u> check I a, b, or c, please answer the following questions:

During the <u>LAST THREE MONTHS</u> (about 90 days) about ***how many days*** would you estimate that you drank <u>at least one</u> alcoholic beverage? (Think about weekends, parties, stressful events, celebrations with friends, meals, and so on). **Remember to *estimate between 1 and 90 days:***
                                          _____ Days

e. During the <u>LAST THREE MONTHS</u> (about 90 days), have you experienced a major change on your drinking habits?

      1. _ No, my drinking stayed the same as usual
      2. _ Yes, I quit drinking altogether
      3. _ Yes, I started drinking for the first time
      4. _ Yes, I started drinking much <u>more</u> than I usually do
      5. _ Yes, I started drinking much <u>less</u> than I usually do

II. Varieties of alcohol used in the last three months

a. Think carefully about all the times in the <u>LAST THREE MONTHS</u> that you drank any <u>HARD LIQUOR</u> (including, for example, scotch, gin, bourbon, crème de menthe, khalua, schnapps, mixed drinks or similar beverages with high alcohol content.

        1. In the last THREE MONTHS, how often did you drink HARD LIQUOR?
_almost everyday   _5-6 days/wk   _3-4 days/wk   _1-2 days/wk
_1-3 days/month   _less than once per month   _Never (go to II b)

        2. In the last THREE MONTHS, on the average, how much HARD LIQUOR did you drink PER DAY on the days you drank?
_4 or more pints   _1-3 pints   _8-10 shots/drinks
_5-7 shots/drinks   _3-4 shots/drinks   _1-2 shots/drinks

b. Think carefully about all the times in the <u>LAST THREE MONTHS</u> that you drank any <u>WINE</u> (including, for example, table wine, dinner wine, dessert wine, port, or sherry).
        1. In the last THREE MONTHS, how often did you drink WINE?
_almost everyday   _5-6 days/wk   _3-4 days/wk   _1-2 days/wk
_1-3 days/month   _less than once per month   _Never (go to II c)

2. In the last THREE MONTHS, on the average, how much WINE did you drink PER DAY on the days you drank?
_5 fifths or more   _3-4 fifths   _2 fifths   _1 fifth
_16 oz (3-4 wine glasses or 2 water glasses)   _8 oz (1-2 wine glasses)

c. Think carefully about all the times in the <u>LAST THREE MONTHS</u> that you drank any BEER or similar low alcohol beverages (including, for example, beer, ale, wine coolers, Zima, light or ice beer).
        1. In the last THREE MONTHS, how often did you drink BEER?
_almost everyday   _5-6 days/wk   _3-4 days/wk   _1-2 days/wk
_1-3 days/month   _less than once per month   _Never (go to III)

        2. In the last THREE MONTHS, on the average, how much BEER did you drink PER DAY on the days you drank?
_ 16 or more 12 oz cans or bottles (or 6 or more quarts)
_ 13 - 15 12 oz cans or bottles (5 - 6 quarts)
_ 11 - 12 12 oz cans or bottles (4 - 5 quarts)
_ 8 - 10 12 oz cans or bottles (3 - 4 quarts)
_ 3 - 7 12 oz cans or bottles (1 - 2 quarts)
_ 1 - 2 12 oz cans or bottles

III. Quantity of alcohol used in the last three months

a. People often drink more than one type of alcoholic beverage on a given day. In addition, their drinking often varies depending on whether it is a weekday or weekend. Therefore, we want you to think of a TYPICAL WEEKDAY on which you drank, and estimate the amounts of each of these three beverages you had to drink.

(Example: "On Thursdays, when I would get together with friends, I would drink about three 12 oz beers and two mixed drinks")

1. Estimated average drinking on a TYPICAL WEEKDAY in the LAST THREE MONTHS:

Now we want you to think of a typical WEEKEND DAY (Friday, Saturday or Sunday) on which you typically drank, and estimate your average drinking on that day.

2. Estimated average drinking on a TYPICAL WEEKEND DAY in the LAST THREE MONTHS:

3. Finally, of all the days in the last three months, what is the LARGEST AMOUNT of alcohol you have had in one 24-hour period?

OTHER SUBSTANCE USE

How often have you used any of these psychoactive substances in the LAST THREE MONTHS? Code frequency of use according to the following:
0 = Never
1 = 1 or 2 times in the last three months
2 = once per month
3 = once every two weeks
4 = once per week
5 = 2 - 4 times per week
6 = almost everyday

Substance	Frequency of Use
Alcohol	___
Caffeine	___
Nicotine	___

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Marijuana ___
Hashish ___
Crack ___
Cocaine ___
Amphetamines (not prescribed) ___
Barbiturates (not prescribed) ___
Benzodiazepines (not prescribed) ___
Other Tranquilizers (" ") ___
Heroin ___
Other opiates (not prescribed) ___
Hallucinogens ___
Inhalants ___
Birth Control ___
<u>Any</u> drugs by injection <u>ever</u> ___

Current Prescribed medications:
Amphetamines ___
Barbiturates ___
Benzodiazepines ___
Other Tranquilizers ___
Opiates (e.g. Methadone, Darvon) ___
Antidepressants (e.g. Prozac) ___
Antipsychotics (e.g. Haldol) ___
Antimanic (e.g. Lithium) ___
Other psychoactive medication

_____ ___

Please continue on the next page

Do you feel you <u>currently</u> have a drinking or drug problem? N Y
(What substances and when did the problems first begin?)

Have you ever in the past had a problem with or been dependent on any of these substances? N
        Y (what? and when did it first become a problem? When did it stop being a problem?)

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Have you ever "needed" a drink, or a "hit" or a dose of a drug first thing in the morning?   N   Y

Have you ever had a <u>blackout</u> (a period of time when you continued to behave normally, but didn't remember at all the next day) from alcohol or other drugs? N   Y (what substances?)

Have you ever had bad "shakes" or high fevers, seizures, hallucinations, heavy sweating or other such withdrawal symptoms when you have gone without drinking or substance use for awhile? N   Y

Have you ever attended a self-help group (like Alcoholics Anonymous, or Women for Sobriety, or Narcotics Anonymous) for yourself?   N   Y

Have you ever had treatment for an alcohol or drug problem? N   Y

Do, or did, any of your family members have an alcohol or drug problem? N   Y

If yes, closest relative and what kind of problem (alcohol, drugs or both?)

Hyperfemininity Scale
Murnen, Sarah K., Byrne, Donn (1991)

Please indicate which one of the two statements that is most characteristic of you. Sometimes these choices are difficult to make but we want you to consider them carefully and choose the one <u>most</u> like you.

___1. a. These days men and women should each pay for their own expenses on a date.
      b. Men should always be ready to accept the financial responsibility for a date.

___2. a. I would rather be a famous scientist than a famous model.
      b. I would rather be a famous model than a famous scientist.

___3. a. I like a man who has some sexual experience.
      b. Sexual experience is not a relevant factor in my choice of a male partner.

___4. a. Women should never break up a friendship due to interest in the same man.
      b. Sometimes women have to compete with one another for men.

___5. a. I like to play hard to get.
      b. I don't like to play games in a relationship.

___6. a. I would agree to have sex with a man if I thought I could get him to do what I want.
      b. I never use sex as a way to manipulate a man.

___7. a. I try to state my sexual needs clearly and concisely.
      b. I sometimes say "no" but I really mean "yes".

___8. a. I like to flirt with men.
      b. I enjoy an interesting conversation with a man.

___9. a. I seldom consider a relationship with a man as more important than my friendship with women.
      b. I have broken dates with female friends when a guy has asked me out.

___10. a. I usually pay for my expenses on a date.
       b. I expect the men on the date to take care of my expenses.

___11. a. Sometimes I cry to influence a man.
      b. I prefer to use logical rather than emotional means of persuasion when
        necessary.

___12. a. Men need sex more than women do.
      b. In general, there is no difference between the sexual needs of men and women.

___13. a. I never use my sexuality to manipulate a man.
      b. I sometimes act sexy to get what I want from a man.

___14. a. I feel anger when a man whistles at me.
      b. I feel a little flattered when men whistle at me.

___15. a. It's okay for a man to be a little forceful to get sex.
      b. Any force used during sex is sexual coercion and should not be tolerated.

___16. a. Effeminate men deserve to be ridiculed.
      b. So-called effeminate men are very attractive.

___17. a. Women who are good at sports probably turn men off.
      b. Men like women who are good at sports because of their competence.

___18. a. A "real" man is one who can get any women to have sex with him.
      b. Masculinity is not determined by sexual success.

___19. a. I would rather be president of the US than the wife of the president.
      b. I would rather be the wife of the president of the US than the president.

___20. a. Sometimes I care more about my boyfriend's feelings than my own.
      b. It is important to me that I am as satisfied with a relationship as my partner is.

___21. a. Most women need a man in their lives.
      b. I believe some women lead happy lives without male partners.

___22. a. When a man I'm with gets really sexually excited, it's no use trying to stop him
        from getting what he wants.
      b. men should be able to control their sexual excitement.

___23. a. I like to have a man "wrapped around my finger".
      b. I like relationships where both partners are equal.

___24. a. I try to avoid jealousy in a relationship.
      b. Sometimes women need to make men feel jealous so they will be more
        appreciative.

___25. a. I sometimes promise to have sex with a man to make sure he stays interested in me.
    b. I usually state my sexual intentions honestly and openly.

___26. a. I like to feel tipsy so I have an excuse to do anything with a man.
    b. I don't like getting too drunk around a man I don't know very well.

APPENDIX C

Women's Sexual Experiences Questionnaire

Not Published Noel, N., Ogle, R., (2004)

Instructions: Sometimes people have sexual interactions when they want to, sometimes when they are not sure but go ahead anyway and sometimes when they definitely do <u>not</u> want to. This questionnaire is designed to tell us more about reasons why women do or do not engage in sexual behavior. Please rate how often these experiences happened to you in the past year (that is, during the *last 12 months*) using this scale:

0 = Never   1 = 1 – 10 times   2 = 11 - 20 times   3 = 21 - 30 times   4 = 31 or more times

___ 1) Had a sexual interaction (but not actual intercourse) with a man through mutual consent (i.e. you both
       wanted to)
___ 2) Had sexual intercourse with a man through mutual consent (i.e. you both wanted to)

___ 3) Had a sexual interaction (but not actual intercourse) with a man when you were ambivalent (that is, you
       were not sure you wanted to but went along with it anyway)
       If you answered "1" or more, please rate the reason(s) using the same scale:
0 = Never   1 = 1 – 10 times   2 = 11 - 20 times   3 = 21 - 30 times   4 = 31 or more times
       ___ 3a) because you did not want to hurt his feelings
       ___ 3b) because you thought he seemed too sexually aroused to stop
       ___ 3c) because you did not want to "create a scene"
       ___ 3d) because you were afraid he would end his relationship with you
       ___ 3e) because you felt too incapacitated (e.g. intoxicated) to stop him
       ___ 3f) because he said things or made you promises that he didn't keep
       ___ 3g) because you felt afraid of him
       ___ 3h) because you thought it would satisfy him so he wouldn't want actual intercourse
       ___ 3i) because he forced you
       ___ 3j) Other (what?) _____

___ 4) Had actual sexual intercourse with a man when you were ambivalent (that is, you were not sure you
       wanted to but went along with it anyway)
       If you answered "1" or more, please rate the reason(s) using the same scale:
0 = Never   1 = 1 – 10 times   2 = 11 - 20 times   3 = 21 - 30 times   4 = 31 or more times
       ___ 4a) because you did not want to hurt his feelings
       ___ 4b) because you thought he seemed too sexually aroused to stop

___ 4c) because you did not want to "create a scene"
___ 4d) because you were afraid he would end his relationship with you
___ 4e) because you felt too incapacitated (e.g. intoxicated) to stop him
___ 4f) because he said things or made you promises that he didn't keep
___ 4g) because you felt afraid of him
___ 4h) because he forced you
___ 4i) Other (What?)

_____

___ 5) Had a sexual interaction (but not actual intercourse) with a man when you definitely did not want to.
    If you answered "1" or more, please rate the reason(s) using the same scale:
0 = Never   1 = 1 – 10 times   2 = 11 - 20 times   3 = 21 - 30 times   4 = 31 or more
                                                                times
___ 5a) because you did not want to hurt his feelings
___ 5b) because you thought he seemed too sexually aroused to stop
___ 5c) because you did not want to "create a scene"
___ 5d) because you were afraid he would end his relationship with you
___ 5e) because you felt too incapacitated (e.g. intoxicated) to stop him
___ 5f) because he said things or made you promises that he didn't keep
___ 5g) because you felt afraid of him
___ 5h) because you thought it would satisfy him so he wouldn't want actual intercourse
___ 5i) because he forced you
___ 5j) Other (what?)

_____

___ 6) Had actual sexual intercourse with a man when you definitely did not want to
    If you answered "1" or more, please rate the reason(s) using the same scale:
0 = Never   1 = 1 – 10 times   2 = 11 - 20 times   3 = 21 - 30 times   4 = 31 or more
                                                                times
___ 6a) because you did not want to hurt his feelings
___ 6b) because you thought he seemed too sexually aroused to stop
___ 6c) because you did not want to "create a scene"
___ 6d) because you were afraid he would end his relationship with you
___ 6e) because you felt too incapacitated (e.g. intoxicated) to stop him
___ 6f) because he said things or made you promises that he didn't keep
___ 6g) because you felt afraid of him
___ 6h) because he forced you
___ 6i) Other (What?)

_____

___ 7) Did not engage in sexual interaction or intercourse with a man, even though he indicated that he wanted
    to (that is, sexual interaction did not occur, despite his desires)
    (How did you prevent this from happening?)

_____
_____
_____
_____

___ 8) You wanted to have sexual interaction with a man, but he refused.
0 = Never 1 = 1 – 10 times 2 = 11 - 20 times 3 = 21 - 30 times 4 = 31 or more
                  times

9) Were all your sexual interactions with the same man or more than one man (please check)?
____Not applicable (no sexual interactions with men)
___ Same man always
___ Different men (how many?_____)

Now please answer the following questions about sexual experiences you have had in your
lifetime.
<div align="center">Please circle the most correct response</div>
Have you <u>ever</u>:

10) Had sexual intercourse with a man?
0 = Never 1 = 1 – 10 times 2 = 11 - 20 times 3 = 21 - 30 times 4 = 31 or more
                  times

11) Had a sexual interaction (but not actual intercourse) with a man when you definitely did not
want to
0 = Never 1 = 1 – 10 times 2 = 11 - 20 times 3 = 21 - 30 times 4 = 31 or more
                  times

12) Had actual sexual intercourse with a man when you definitely did not want to
0 = Never 1 = 1 – 10 times 2 = 11 - 20 times 3 = 21 - 30 times 4 = 31 or more
                  times

13) Been <u>forced</u> to have sexual intercourse or interactions against your will through threats
0 = Never 1 = 1 – 10 times 2 = 11 - 20 times 3 = 21 - 30 times 4 = 31 or more
                  times

14) Been <u>forced</u> to have sexual intercourse or interactions against your will through actual
physical means
0 = Never 1 = 1 – 10 times 2 = 11 - 20 times 3 = 21 - 30 times 4 = 31 or more
                  times

15) Were all your sexual interactions throughout your lifetime with the same man or more than
one man? (please check)
___ Not applicable (no sexual interactions with men)
___ Same man always
___ Different men (how many?_____)

APPENDIX D

Sexual Experience Survey
Koss & Oros, 1982
(Question 13b was added by the principal researcher in efforts to provide a contact if the
participant had desired to discuss the contents of question 13.)

Have you **ever (in your lifetime)**

Yes___ No ____ 1. Had sexual intercourse with a partner when you both wanted to?
Yes___ No ____ 2. Had a partner misinterpret the level of sexual intimacy you desired?
Yes___ No ____ 3. Been in a situation where a partner became so sexually aroused that you felt it was
        useless to stop him even though you did not want to have sexual intercourse?
Yes___ No ____ 4. Had sexual intercourse with a partner when you really did not want to because he
        threatened to end your relationship otherwise?
Yes___ No ____ 5. Had sexual intercourse with a partner when you really did not want to because you felt
        pressured by his continual arguments?
Yes___ No ____ 6. Found out that your partner had obtained sexual intercourse from you by saying things he
        did not really mean?
Yes___ No ____ 7. Been in a situation where a partner used some degree of physical force (twisting your arm,
        holding you down, etc.) to try to make you engage in kissing or petting when you did not want to?
Yes___ No ____ 8. Been in a situation where a partner tried to get sexual intercourse with you when you did
        not want to by threatening to use physical force (twisting your arm, holding you down, etc.) if you did
        not cooperate, but for various reasons, sexual intercourse did not occur?
Yes___ No ____ 9. Been in a situation where a partner used some degree of physical force (twisting your arm,
        holding you down, etc.) to try to make you have sexual intercourse with him but for various reasons,
        sexual intercourse did not occur?
Yes___ No ____ 10. Had sexual intercourse with a partner when you did not want to because he threatened to
        use some degree of physical force (twisting your arm, holding you down, etc.) if you did not cooperate?
Yes___ No ____ 11. Had sexual intercourse with a partner when you did not want to because he used some
        degree of physical force (twisting your arm, holding you down, etc.)?

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Yes___ No ____ 12. Been in a situation where a partner obtained sexual acts such as anal or oral intercourse

       when you did not want to because he used some degree of physical force (twisting your arm, holding

       you down, etc.)?

Yes___ No ____ 13. Have you ever been raped?

Yes___ No ____ 13 a (if **yes** to 13) Have you received counseling for this? (if you would like a referral, please

       feel free to contact Dr. Noel, whose phone number is on the Informed consent for a referral.)

APPENDIX E

Modified Auburn Differential Masculinity Scale (MADMI-60)

The ADMI-60, Burk, Linnea R., Burkhart, Barry R., Sikorski, Jason F., (2004)

Every woman has an image of the ideal man for them. It is probably different for everyone.
Please think of your image of an ideal man for YOU.   The following statements describe certain
beliefs. Please read each item carefully and decide how well it describes what your ideal man
would believe. Rate each item on the following 5-point scale: A _*very much like him,* B _ *like
him,* C _ *a little like him,* D _*not much like him,* E _ *not at all like him.*

A----------------------B----------------------C----------------------D----------------------E
Very Much   Like Him   A Little   Not Much   Not At All
Like Him   Like Him   Like Him   Like Him

___1. If another man made a pass at my girlfriend/wife, I
would tell him off.

___2. I believe sometimes you've got to fight or people will
walk all over you.

___3. I think women should date one man.

___4. I think men who show their emotions frequently are
sissies.

___5. I think men who show they are afraid are weak.

___6. I think men who cry are weak.

___7. I don't get mad, I get even

___8. Even if I was afraid, I would never admit it.

___9. I consider men superior to women in intellect.

___10. I think women who say they are feminists are just
trying to be like men.

___11. I think women who are too independent need to be
knocked down a peg or two.

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A----------------------B----------------------C----------------------D----------------------E
Very Much   Like Him   A Little   Not Much   Not At All
Like Him   Like Him   Like Him   Like Him

___12. I don't feel guilty for long when I cheat on my girlfriend/
wife.

___13. I know feminists want to be like men because men are better than women.

___14. Women, generally, are not as smart as men.

___15. My attitude regarding casual sex is "the more the better."

___16. I would never forgive my wife if she was unfaithful.

___17. There are two kinds of women: the kind I date and
the kind I would marry.

___18. I like to tell stories of my sexual experiences to my
male friends.

___19. I think it's okay for men to be a little rough during sex.

___20. If a woman struggles while we are having sex, it
makes me feel strong.

___21. I am my own master; no one tells me what to do.

___22. I try to avoid physical conflict.

___23. If someone challenges me, I let him see my anger.

___24. I wouldn't have sex with a woman who had been
drinking.

___25. Sometimes I have to threaten people to make them do
what they should.

___26. Many men are not as tough as me.

___27. I value power over other people.

___28. If a woman puts up a fight while we are having sex,
it makes the sex more exciting.

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A----------------------B----------------------C----------------------D----------------------E
Very Much   Like Him   A Little   Not Much   Not At All
Like Him   Like Him   Like Him   Like Him

___29. I don't mind using verbal or physical threats to get
what I want.

___30. I think it is worse for a woman to be sexually unfaithful
than for a man to be unfaithful.

___31. I think it's okay for teenage boys to have sex.

___32. I like to be in control of social situations.

___33. I prefer to watch contact sports like football or
boxing.

___34. If I had a son I'd be sure to show him what a real man should do.

___35. If a woman thinks she's better than me, I'll show her.

___36. I notice women most for their physical characteristics
like their breasts or body shape.

___37. I think it's okay for men to date more than one
woman.

___38. I sometimes feel afraid.

___39. I think men who stay home to take care of their
children are just as weak as women.

___40. I'd rather stay home and watch a movie than go out
to a bar.

___41. I like to brag about my sexual conquests to my
friends.

___42. When something bad happens to me I feel sad.

___43. I can date many women at the same time without
commitment.

___44. I don't mind using physical violence to defend what
I have.

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A----------------------B----------------------C----------------------D----------------------E
Very Much   Like Him   A Little   Not Much   Not At All
Like Him   Like Him   Like Him   Like Him

___45. I think men should be generally aggressive in their behavior.

___46. I would initiate a fight if someone threatened me.

___47. Women need men to help them make up their minds.

___48. If some guy tries to make me look like a fool, I'll get him back.

___49. I consider myself quite superior to most other men.

___50. I get mad when something bad happens to me.

___51. I want the woman I marry to be pure.

___52. I like to be the boss.

___53. I like to think about the men I've beaten in physical fights.

___54. I would fight to defend myself if the other person threw the first punch.

___55. If another man made a pass at my girlfriend/wife, I would want to beat him up.

___56. Sometimes I have to threaten people to make them do what I want.

___57. I think it's okay to have sex with a woman who is drunk.

___58. If I exercise, I play a real sport like football or weight lifting.

___59. I feel it is unfair for a woman to start something sexual but refuse to go through with it.

___60. I often get mad.

Marlow-Crowne Social Desirability scale (MC-SDS)
Crowne & Marlow, 1960

MC-SDS

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

T/F 1. Before voting I thoroughly investigate the qualifications of all the
     candidates.
T/F 2. I never hesitate to go out of my way to help someone in trouble.
T/F 3. It is sometimes hard for me to go on with my work if I am not encouraged.
T/F 4. I have never intensely disliked anyone.
T/F 5. On occasion I have had doubts about my ability to succeed in life.
T/F 6. I sometimes feel resentful when I don't get my way.
T/F 7. I am always careful about my manner of dress.
T/F 8. My table manners at home are as good as when I eat out in a restaurant.
T/F 9. If I could get into a movie without paying and be sure I was not seen
     I would probably do it.
T/F 10. On a few occasions, I have given up doing something because I thought
     too little of my ability.
T/F 11. I like to gossip at times.
T/F 12. There have been times when I felt like rebelling against people in
     authority even though I knew they were right.
T/F 13. No matter who I'm talking to, I'm always a good listener.
T/F 14. I can remember "playing sick" to get out of something.
T/F 15. There have been occasions when I took advantage of someone.
T/F 16. I'm always willing to admit it when I make a mistake.
T/F 17. I always try to practice what I preach.
T/F 18. I don't find it particularly difficult to get along with loud mouthed,
     obnoxious people.
T/F 19. I sometimes try to get even rather than forgive and forget.
T/F 20. When I don't know something I don't at all mind admitting it.
T/F 21. I am always courteous, even to people who are disagreeable.
T/F 22. At times I have really insisted on having things my own way.
T/F 23. There have been occasions when I felt like smashing things.
T/F 24. I would never think of letting someone else be punished for my wrongdoings.
T/F 25. I never resent being asked to return a favor.
T/F 26. I have never been irked when people expressed ideas very different
     from my own.
T/F 27. I never make a long trip without checking the safety of my car.
T/F 28. There have been times when I was quite jealous of the good fortune
     of others.
T/F 29. I have almost never felt the urge to tell someone off.
T/F 30. I am sometimes irritated by people who ask favors of me.

T/F 31. I have never felt that I was punished without cause.
T/F 32. I sometimes think when people have a misfortune they only got what they deserved.
T/F 33. I have never deliberately said something that hurt someone's feelings.

NEO-FFI
Costa & McCrae, 1989

This questionnaire contains 60 statements. Read each statement carefully. For each statement, circle the response that best represents your opinion.

Circle **SD** if you *Strongly Disagree* or the statement is definitely false.
Circle **D** if you *Disagree* or the statement is mostly false.
Circle **N** if you are *Neutral* on the statement, you cannot decide, or the statement is about equally true or false.
Circle **A** if you *Agree* or the statement is mostly true.
Circle **SA** if you *Strongly Agree* or the statement is definitely true.

1. I am not a worrier.   **SD   D   N   A   SA**

2. I like to have a lot of people around me.   **SD   D   N   A   SA**

3. I don't like to waste my time daydreaming.   **SD   D   N   A   SA**

4. I try to be courteous to everyone I meet.   **SD   D   N   A   SA**

5. I keep my belongings clean and neat.   **SD   D   N   A   SA**

6. I often feel inferior to others.   **SD   D   N   A   SA**

7. I laugh easily.   **SD   D   N   A   SA**

8. Once I find the right way to do something, I stick to it.   **SD   D   N   A   SA**

9. I often get into arguments with my family and co-workers.   **SD   D   N   A   SA**

10. I'm pretty good about pacing myself so as to get things done on time. **SD   D   N   A   SA**

11. When I'm under a great deal of stress, sometimes I feel like I'm going

 to pieces. SD   D   N   A

SA

12. I don't consider myself especially "light-hearted." SD   D   N   A

SA

13. I am intrigued by the patterns I find in art and nature. SD   D   N   A

SA

14. Some people think I'm selfish and egotistical. SD   D   N   A

SA

15. I am not a very methodical person. SD   D   N   A

SA

16. I rarely feel lonely or blue. SD   D   N   A

SA

17. I really enjoy talking to people. SD   D   N   A

SA

18. I believe letting students hear controversial speakers can only confuse

and mislead them. SD   D   N   A

SA

19. I would rather cooperate with others than compete with them. SD   D   N   A

SA

20. I try to perform all the tasks assigned to me conscientiously. SD   D   N   A

SA

21. I often feel tense and jittery. SD   D   N   A

SA

22. I like to be where the action is. SD   D   N   A

SA

23. Poetry has little or no effect on me. SD   D   N   A

SA

24. I tend to be cynical and skeptical of others' intentions. SD   D   N   A

SA

25. I have a clear set of goals and work toward them in an orderly fashion. **SD   D   N   A
SA**

26. Sometimes I feel completely worthless.   **SD   D   N   A
SA**

27. I usually prefer to do things alone.   **SD   D   N   A
SA**

28. I often try new and foreign foods.   **SD   D   N   A
SA**

29. I believe that most people will take advantage of you if you let them. **SD   D   N   A
SA**

30. I waste a lot of time before settling down to work.   **SD   D   N   A
SA**

31. I rarely feel fearful or anxious.   **SD   D   N   A
SA**

32. I often feel as if I'm bursting with energy.   **SD   D   N   A
SA**

33. I seldom notice the moods or feelings that different environments
 produce.   **SD   D   N   A
SA**

34. Most people I know like me.   **SD   D   N   A
SA**

35. I work hard to accomplish my goals.   **SD   D   N   A
SA**

36. I often get angry at the way people treat me.   **SD   D   N   A
SA**

37. I am a cheerful, high-spirited person.   **SD   D   N   A
SA**

38. I believe we should look to our religious authorities for decisions on
moral issues.   **SD   D   N   A
SA**

39. Some people think of me as cold and calculating.   **SD   D   N   A**
SA

40. When I make a commitment, I can always be counted on to follow
through.   **SD   D   N   A**
SA

41. Too often, when things go wrong, I get discouraged and feel like
giving up.   **SD   D   N   A**
SA

42. I am not a cheerful optimist.   **SD   D   N   A**
SA

43. Sometimes when I am reading poetry or looking at a work of art,
I feel a chill or wave of excitement.   **SD   D   N   A**
SA

44. I'm hard-headed and tough-minded in my attitudes.   **SD   D   N   A**
SA

45. Sometimes I'm not as dependable or reliable as I should be.   **SD   D   N   A**
SA

46. I am seldom sad or depressed.   **SD   D   N   A**
SA

47. My life is fast-paced.   **SD   D   N   A**
SA

48. I have little interest in speculating on the nature of the universe
or the human condition.   **SD   D   N   A**
SA

49. I generally try to be thoughtful and considerate.   **SD   D   N   A**
SA

50. I am a productive person who always gets the job done.   **SD   D   N   A**
SA

51. I often feel helpless and want someone else to solve my problems.   **SD   D   N   A**
SA

52. I am a very active person.   **SD   D   N   A**
SA

53. I have a lot of intellectual curiosity.   **SD   D   N   A**
SA

54. If I don't like people, I let them know it.   **SD   D   N   A**
SA

55. I never seem to be able to get organized.   **SD   D   N   A**
SA

56. At times I have been so ashamed I just wanted to hide.   **SD   D   N   A**
SA

57. I would rather go my own way than be a leader of others.   **SD   D   N   A**
SA

58. I often enjoy playing with theories or abstract ideas.   **SD   D   N   A**
SA

59. If necessary, I am willing to manipulate people to get what I want. **SD   D   N   A**
SA

60. I strive for excellence in everything I do.   **SD   D   N   A**
SA

APPENDIX H

Consent to Participate in a Research Study

Who is doing the study?
The person in charge of this study is Dr. Nora Noel the Psychology Department of North
Carolina Wilmington. There will be other people on the research team assisting at different
times during the study. These people will be graduate and undergraduate students who work
with Dr. Noel in her laboratory.

Where is the study going to take place and how long will it last?
The research will be conducted in room 202 in the Social and Behavioral Sciences building.
Times and locations will be posted. It will last approximately one hour.

What will I be asked to do?
You will be asked to complete a packet of questionnaires. It will take between 30 and 60
minutes. To the best of our knowledge, the things you will be doing have no more risk than you
would experience in everyday life.

Will I benefit from taking part in this study?
You will receive one experimental credit in your general psychology class for participating in
this study.

Do I have to take part in this study?
If you decide to take part in the study, it should be because you really want to volunteer. There
will be no penalty and you will not lose any benefits or rights you would normally have if you
choose not to volunteer. You will not be treated differently by anyone if you choose not to
participate in the study. You can stop at any time during the study and still keep the benefits and
rights you had before volunteering.

Who will see the information I give?
This study is anonymous. That means that no one, not even the members of the research team,
will know that the information you gave came from you.

Can my taking part in the study end early?
At any point in the study you have the right to decide that you no longer wish to participate. You
will not be treated differently by any member of the research staff and you will not lose any of
the rights you had prior to participation.

What if I have questions?
Before you decide whether or not to participate in the study, please ask any questions that come
to mind now. Later, if you have questions about the study, you can contact the primary
investigator, Dr. Noel, at 910-962-4044. If you have any questions about your rights as a
research participant, contact Dr. Candace Gauthier, Chair of the UNCW Institutional Review
Board, at 910-962-3558.

What else do I need to know?
I am required by federal law to provide you with a copy of this informed consent form.

Research Participant Statement and Signature:

I understand that no participation in this research study is entirely voluntary. I may refuse to participate without penalty or loss of benefits. I may also stop participating at any time without penalty or loss of benefits. I have received a copy of this consent form to take home with me.

_____   _____
Signature of person consenting to take   Date
part in the study

_____   _____
Printed name of the person consenting to   Date
take part in the study

_____   _____
Name of the person providing information   Date
to the participant

APPENDIX I

PN_____   Date_____

Demographics

AGE:_____

Education Level:_____ 1 = < high school
2 = High school graduate
3 = College Freshman
4 = College Sophomore
5 = College Junior
6 = College Senior
7 = College grad but not grad student
8 = Grad Student
9 = other_____

Marital Status:_____1 = married
2 = single
3 = divorced/separated
4 = steady dating situation
5 = other

Employment Status:_____1 = Employed Full time
2 = Employed Part-time
3 = Full time Student
4 = Unemployed
5 = Full Time Student and Employed Part-Time
6 = Other

Primary Ethnic Background:_____1 = African-American
2 = American Indian/Alaska Native
3 = Asian/Pacific Islander
4 = Hispanic
5 = White/Caucasian
6 = Biracial
7 = Other

Sexual Orientation:_____ 1 = Heterosexual
2 = Homosexual
3 = Bisexual
4 = Other_____