THE MEDIATING ROLE OF DISSOCIATION IN THE ASSOCIATIONS BETWEEN WOMEN'S PERCEIVED PARTNER'S RESPONSIVENESS DURING SEXUAL ASSAULT DISCUSSIONS AND SEXUAL PLEASURE

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ABSTRACT

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Sexual assault negatively affects women's mental, physical, and sexual health (Dworkin et al., 2017), but higher perceived social support is generally protective against these negative effects (Dworkin et al, 2019). Specifically, for women who have been through a sexual assault, dissociation during sex may interfere with their ability to attend to the erotic perceptions that give rise to sexual pleasure (Janssen et al., 2000). This preregistered study investigated whether women's perceived partner responsiveness (PPR) during sexual assault discussions will predict less dissociation during sex, which in turn will predict greater sexual pleasure. Additionally, we investigated whether a women's perceived partner responsiveness will be associated with less sexual dissociation more strongly if she has unhealthy emotion regulation or has experienced a sexual assault that is a betrayal trauma. 397 women in sexually active romantic relationships reported on perceived partner responsiveness during sexual assault discussions, emotion regulation, betrayal trauma, and sexual dissociation, pleasure, and satisfaction during the last month. Findings will provide insight into trauma recovery and better therapeutic techniques for sex and couples' therapists.

CHAPTER ONE: INTRODUCTION

One in three women in the United States will experience some form of sexual violence in their lifetime (Smith et al., 2017). Women who have been sexually assaulted face difficulties with their mental, physical, and sexual health (Dworkin et al., 2017; Hunter, 2006). The way these women think and feel about their sexual assault depends on how those they disclose their assault to react and the social support they receive (Smith & Cook, 2008). Negative social reactions to disclosures of trauma exacerbate the negative psychopathology associated with trauma (Edwards et al., 2015). Moreover, disclosing a sexual assault to a supportive partner creates opportunities for increased understanding and feelings of safety, and may mitigate the negative effects of an assault (Campbell et al., 2001). In particular, perceived partner responsiveness, which reflects the degree to which someone believes their partner "both attend[s] to and react[s] supportively to central, core defining features of the self" (Reis et al., 2004, p. 230) may play a key role in the mitigation of post-assault sexual problems.

The purpose of this preregistered, self-report, cross-sectional online study was to assess how women's perceptions of their romantic partner's responsiveness when disclosing their sexual assault is associated with their experiences of sexual pleasure. We theorized that women are less likely to dissociate during sex with a responsive partner because they feel safe with that partner (Bird et al., 2014). Furthermore, dissociation during sex may interfere with these women's ability to attend to the erotic perceptions that give rise to sexual pleasure (de Jong, 2009). Accordingly, we hypothesized that greater perceived partner responsiveness would predict less dissociation during sex, which in turn would predict greater pleasure during sex. Additionally, we hypothesized that greater perceived partner responsiveness would be

associated with less sexual dissociation especially for women who have unhealthy emotion regulation or have been through a sexual assault that was a betrayal trauma.

Impact of Sexual Trauma on Women's Lives

One in three women in the United States have experienced some form of sexual violence in their lifetime (Smith et al., 2017). Women who have experienced sexual violence report poorer psychological and physical health, such as difficulties with psychosocial adjustment and romantic relationships (e.g., divorce, infidelity), psychopathology (e.g., depression), alcohol abuse, and suicidality (Dworkin et al., 2017; Hunter, 2006). Relative to survivors of other traumatic events, survivors of sexual assault have a greater likelihood of experiencing posttraumatic stress disorder (DiMauro & Renshaw, 2018) because these survivors are more likely to experience avoidance symptoms and self-blame (Dworkin et al., 2017; Ullman et al., 2014). One specific avoidance symptom typical of sexual assault survivors is dissociation, which occurs in 14.4% of all PTSD cases but 19.9% of PTSD cases resulting from sexual violence (Stein et al., 2013).

Sexual trauma has particularly negative effects on women's sex lives. Women who have been through sexual abuse in childhood experience a broad spectrum of sexual difficulties as adults, such as increased sexual avoidance, lower sexual desire, lower sexual self-esteem, inhibited sexual arousal or orgasm, vaginismus, dyspareunia, and negative attitudes towards sexuality and relationships (Meston & Heiman, 2000). For survivors of sexual assault in romantic relationships, physical intimacy is a potential trigger for related symptomatology (DiMauro & Renshaw, 2018).

The way a woman thinks and feels about her sexual assault depends on how the people she discloses her assault to react and the social support she receives from them (Smith & Cook, 2008).

For example, negative social reactions to trauma disclosure exacerbate the negative psychopathology associated with trauma (Edwards et al., 2015). Specifically, if a woman perceives negative reactions, she is at higher risk of experiencing intrusive thoughts about her trauma, which can lead to depression, anxiety, and other psychopathology (Pruitt & Zoellner, 2008). In contrast, higher levels of perceived social support after trauma disclosure are generally protective against psychopathology (Dworkin et al., 2019; Taylor, 2011). For example, perceived social support after trauma disclosure has been found to lower the discloser's risk of experiencing PTSD symptoms (Hyman et al., 2003; Ozer et al., 2003).

Perceived Partner Responsiveness During Discussions of Assault

Upwards of 18% of sexually assaulted women disclose their assault to a romantic partner (Ahrens et al., 2009), and considering that romantic partners are primary sources of social support (Doherty & Feeney, 2004), partner reactions to disclosure of assault are particularly important to how a woman's sexual assault affects her. Some researchers have found that disclosing a sexual assault to a romantic partner generally results in supportive reactions from the partner which positively affects the discloser's well-being (DiMauro & Renshaw, 2018). Other researchers have found that male partners of female sexual assault survivors display high levels of anger, frustration, and uncertainty after the disclosure which negatively affects the discloser's well-being (Ahrens et al., 2009).

How disclosers perceive their partner's reaction does not always align with how researchers classify those reactions; accordingly, it is important to consider the discloser's own perceptions of the support they receive. For example, in one study, 73% of female sexual assault survivors appraised at least one reaction from a disclosee differently than how researchers classified the reaction (Dworkin et al., 2018). For example, when disclosing to a romantic

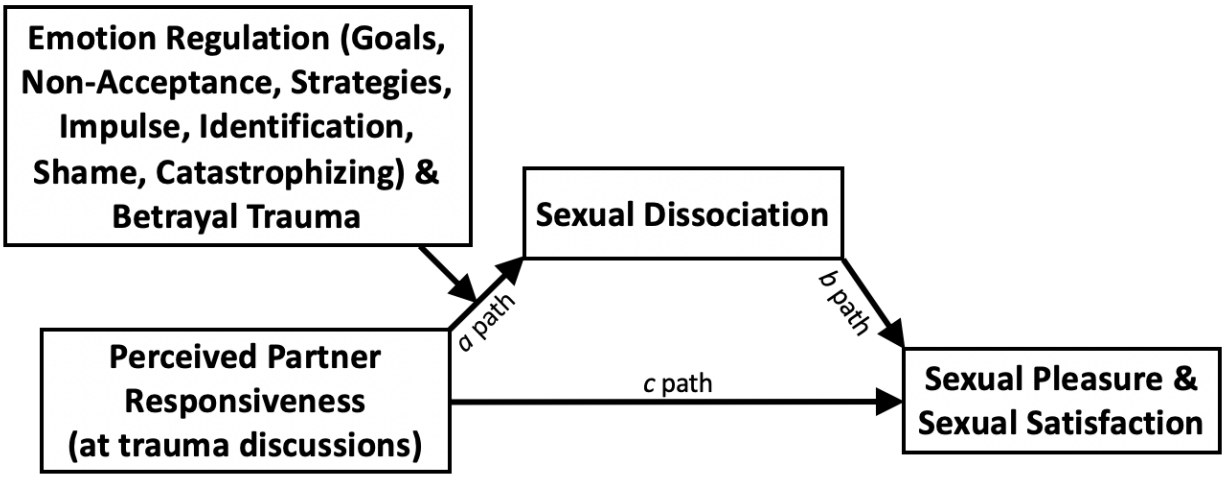
partner, some women perceived their partner's reaction as an expression of care, while researchers classified the reaction as blaming, distracting, and egocentric (Campbell, Ahrens, et al., 2001; Lorenz et al., 2018). Studies that focus on researchers' classifications of reactions have led to inconsistent findings about whether positive reactions to disclosure are protective against psychopathology (Dworkin et al., 2019). For example, some studies have found that behavioral reactions classified as positive by researchers are associated with decreased PTSD symptomology among victims (Ullman & Peter-Hagene, 2014) while others have found no such relationship (DiMauro & Renshaw, 2018; Ullman et al., 2007). In contrast, studies that focus on the discloser's perception of reactions have consistently found that positively perceived reactions are associated with decreased PTSD symptomology (Andrews et al., 2003; Campbell, Wasco, et al., 2001; Coker et al., 2002). In other words, perceived social support, which reflects subjective evaluations of support available, has consistently been found to be protective against psychopathology after sexual assault (Dworkin et al., 2019; Taylor, 2011; Ozer et al., 2003).

A type of perceived social support that could be particularly relevant to sexual assault disclosure is perceived partner responsiveness (PPR; Reis et al., 2004). PPR describes the extent to which a person believes their partner is validating, understanding, and caring. People in romantic relationships who perceive their partner as more responsive tend to have stronger posttraumatic growth (Canevello et al., 2016). In addition, PPR is associated with greater sexual satisfaction because it fosters sexual intimacy and communication (van der Sterren et al., 2009). Since sex with a romantic partner may trigger memories of a sexual assault, whether a woman perceives her partner as responsive when discussing her sexual assault may be particularly important to how she experiences sex with that partner. Therefore, we hypothesized that women

who perceive their partner as more responsive during discussions of their sexual assault would experience greater sexual pleasure and sexual satisfaction (see Figure 1, c path).

Figure 1

Mediation Model of the Theorized Association Between Perceived Partner Responsiveness at the Time of Trauma Discussions and Sexual Pleasure via Sexual Dissociation



Dissociation and the Information Processing Model of Sexual Arousal

We theorized women who perceived their partner as being more responsive during discussions of their sexual assault would experience more sexual pleasure and satisfaction because they would be less likely to dissociate during sex. Dissociation is the mental process of disconnecting from one's sense of body, self, or reality, often as an unconscious survival mechanism (DePrince & Freyd, 2007). Dissociation disrupts attentional control, rendering someone unable to consciously focus on stimuli (Ozdemir et al., 2015), and may be triggered under stress and reminders of traumatic events (Irwin, 1998). Women may be less likely to dissociate during sex with an emotionally trusted partner because memories of their assault will be triggered less often and feel less threatening (Bird et al., 2014).

Janssen's information processing model of sexual arousal (2000) emphasizes the role of attentional focus during sex, shedding light on how dissociation may negatively impact women's sexual pleasure and satisfaction. According to this model, appraisal of a stimulus as having a sexual meaning may lead to automatic genital arousal and the subjective experience of sexual arousal. Attentional focus on these erotic cues promotes and maintains sexual arousal, and distraction from erotic cues impedes sexual arousal. However, women with a history of sexual abuse often exhibit avoidance coping strategies such as dissociation, substance abuse, and avoidance of interpersonal closeness (Staples et al., 2012). During sex, avoidance strategies like dissociation may interfere with a woman's ability to be "in the moment" and attend to the erotic perceptions and feelings that give rise to sexual pleasure and arousal (de Jong, 2009).

When considering Janssen's information processing model of sexual arousal (2000), sexual dissociation may have a greater impact on sexual pleasure and sexual satisfaction than sexual function. For this study, we operationalized sexual pleasure as positive, conscious appraisals of physical sensations during sex. In contrast to sexual pleasure, many aspects of sexual function (e.g., genital arousal, lubrication, orgasm) may occur automatically and independently of attentional focus or the subjective experience of sexual arousal or pleasure (Janssen et al., 2000; Levin & van Berlo, 2004). For example, sometimes women have "bad" orgasms because their attention was not focused on sexually arousing stimuli (Chadwick et al., 2019). Additionally, automatic responses such as genital arousal or orgasm may occur during unpleasurable or traumatic events (e.g., sexual assault, coercion; Chadwick et al., 2019; Levin & van Berlo, 2004). On the other hand, sexual pleasure and satisfaction reflect conscious appraisals of physical sensations felt during sex, making these aspects of sexual experience more reliant on attentional focus. Therefore, we hypothesized that perceiving one's partner as responsive during

sexual assault discussions would be associated with greater sexual pleasure via the mediating process of dissociation during sex (see Figure 1, a*b path). Additionally, we believed there are several personality traits and characteristics of an assault that would strengthen the association between PPR and sexual dissociation, which we discuss next.

Emotion Regulation

Not all sexual assault survivors develop sexual dysfunction; it is possible that certain cognitive and emotional vulnerabilities may heighten that risk (Bird et al., 2014). For example, unhealthy emotion regulation may make assault survivors particularly susceptible to sexual dissociation and in turn, unpleasurable sex. Emotion regulation reflects individuals' ability to modulate their emotional experience and reduce associated physiological arousal (Gratz & Roemer, 2004). Individuals with healthy emotion regulation trust their emotional responses as valid reflections of environmental events (Linehan et al., 2001) . In contrast, and less adaptively, dissociation is an unconscious avoidance strategy by which some people modulate their emotional experience and reduce physiological arousal (Irwin, 1998). Among women who have been sexually assaulted, sexual feelings and experiences may be unconsciously perceived as a threat (Schauer & Elbert, 2010). If a woman has unhealthy emotion regulation, she may respond to this perceived threat with maladaptive avoidance strategies such as dissociating during sex (Ford, 2013).

PPR during discussions of a woman's sexual assault may reduce the likelihood she dissociates during sex more strongly if she has poor emotion regulation. Since people with unhealthy emotion regulation do not trust their emotional responses as valid reflections of environmental events, they look to others for cues on how they should act, think, and feel (Linehan et al., 2001). For example, people who are unable to identify and understand their own

emotions, an emotion regulation strategy termed "identification" by Bardeen et al. (2016), may be reliant on a partner's response to determine what emotions they are experiencing. Similarly, people who do not accept their own emotional responses, an emotion regulation strategy termed "non-acceptance" by Bardeen et al. (2016), may be especially reliant on the validation of their partner. Accordingly, we hypothesized that the association between PPR and sexual dissociation would be especially strong for women who are unable to identify and accept their emotional responses. We also tested whether the association between PPR and sexual dissociation would be especially strong among women lacking the ability to engage in goal-directed behavior when experiencing negative emotions, lacking impulse control when experiencing difficult emotions, or lacking perceived access to healthy regulation strategies (Bardeen et al., 2016) .

PPR during discussions of a woman's sexual assault may reduce the likelihood she dissociates during sex more strongly if she blames herself for the assault. It is common for women to blame themselves for their sexual assault (Ullman et al., 2014) and in turn experience greater emotional distress, such as feelings of shame and guilt, and dissociative tendencies (Irwin, 1998; Whiffen & MacIntosh, 2005). Some individuals cope with these feelings of shame by depending on others to make decisions, which reduces the responsibility the individual feels for these decisions (Schoenleber & Berenbaum, 2012). Moreover, supportive reactions to sexual assault disclosure decrease the discloser's self-blame (Campbell et al., 2001), possibly because these reactions disconfirm beliefs they have about themselves, making them less likely to dissociate (Dworkin et al., 2019). Accordingly, we hypothesized that the association between PPR and sexual dissociation would be especially strong for women who blame themselves for their sexual assault.

Another likely moderator of the link between PPR during sexual assault discussions and sexual dissociation is the tendency to catastrophize. Catastrophizing refers to having thoughts that highlight the terror of an experience (Garnefski & Kraaij, 2006). People who catastrophize are more likely to engage in avoidance coping strategies, such as dissociation, and experience depression (Benedetto & Spencer, 2015). Post-assault catastrophizing might gain a woman attention and empathy from her social environment, which in turn will reduce her emotional distress (Sullivan et al., 2000). In other words, a woman's catastrophizing after an assault might be motived by a need for social support, rendering her more sensitive to her partner's reaction to her assault disclosure. Based on this theorizing, we hypothesized that the association between perceived partner responsiveness and sexual dissociation would be especially strong among women with the tendency to catastrophize.

Betrayal Trauma

Our final hypothesized moderator of the link between PPR and sexual dissociation is whether the woman's sexual assault was a betrayal trauma. Betrayal traumas are committed by someone who was supposed to take care of the victim's needs, but violated them instead (Freyd, 1996). Victims of betrayal traumas knew the offender, making them more likely to experience sexual dysfunction (van Berlo & Ensink, 2000) and sexual dissociation (Rosenthal & Freyd, 2017). In addition, women who have experienced betrayal traumas have higher levels of shame, distrust of close romantic partners, and emotion dysregulation (Platt & Freyd, 2015; Rosenthal & Freyd, 2017), rendering them more sensitive to the reactions of their current romantic partner. Therefore, we hypothesized that the association between PPR and dissociation would be stronger for people who have experienced sexual assault that was a betrayal trauma.

The Current Study

This online study aimed to clarify the link between women's perceptions of their romantic partner's responsiveness during discussions of their sexual assault and their experience of pleasure during sex. We theorized that women who perceive their partner as responsive during sexual assault diiscussions are less likely to dissociate during sex, and therefore less likely experience interference with the attentional processes that foster sexual arousal (Janssen, 2000). Accordingly, we hypothesized that greater PPR would predict less dissociation during sex, which would in turn predict greater sexual pleasure and satisfaction. We theorized that women with unhealthy emotion regulation or women that had experienced a sexual assault that was a betrayal trauma will rely more greatly on partner support. Therefore, we hypothesized that the association between PPR and dissociation would be stronger for women who have unhealthy emotion regulation and have experienced a betrayal trauma.

CHAPTER TWO: METHOD

Hypotheses and minimum sample size were preregistered prior to conducting analyses (https://aspredicted.org/blind.php?x=2nx53j). We report how we determined our sample size, all data exclusions, and all measures in the study; there were no experimental manipulations in this study (Simmons et al., 2012).

Power Analysis

An a priori power analysis indicated that 80% power to detect mediated and moderated-mediated association required at least 275 participants, assuming small-medium associations. We recruited more participants to account for smaller-than-anticipated effect sizes and incomplete or bogus responses, and in response to recent calls for increased power in psychological research (e.g., LeBel et al., 2017).

Participants

Women in romantic relationships were recruited from online venues such as Facebook and Reddit.com, and the Western Carolina University undergraduate subject pool. Participants were included in analyses if they indicated they were a woman, were at least 18 years old, were in a romantic relationship, had sex with their romantic partner in the past month, had experienced sexual assault, discussed their sexual assault experiences with their current romantic partner, and passed two out of three of the attention checks. Participants reported being heterosexual/straight (55.9%), lesbian or gay (1.3%), bisexual (31.2%), pansexual (8.1%), or "something else" (3.5%). Participants were married or common law (33%), engaged (5.8%), exclusively dating (56.2%), or non-exclusively dating (5.0%). Mean age was 28.4, and participants identified as White (89.9%), Black or African American (3.3%), Asian (6.5%),

American Indian or Alaskan Native (1.3%), Native Hawaiian or Pacific Islander (0%), or "other" (5.8%). Participants identified as Hispanic or Latino (7.1%) or Not Hispanic or Latino (92.9%). Participants reported having no high school diploma (.8%), a high school diploma only (11.9%), some college or trade school (35.8%), a BA/BS degree (33.3%), a MA/MS degree (12.9%), or a PhD, PsyD, DDS, MD or Law degree (5.3%).

For this study, we defined sexual assault as sexual coercion, unwanted sexual contact, and oral, vaginal, or anal rape. Whether women had experienced a sexual assault was determined by a sexual trauma screener (adapted from Koss et al., 2006). Women who indicated that someone "fondled, kissed, removed some of my clothes, or rubbed against the private areas of my body (lips, breast/chest, crotch or butt)," "had oral sex with me or made me have oral sex with them," "put their penis, fingers, or objects into my vagina," or "put their penis, fingers, or objects into my butt," "without [her] consent or otherwise against [her] will, whether or not [she] expressed it at the time" were included in analyses.

Measures

Perceived Partner Responsiveness During Discussions of Sexual Assault (PPR_{DSAD})

Perceptions of one's partner's responsiveness during discussions of past sexual assault were assessed with nine items modified from the Perceived Partner Responsiveness Scale (Reis et al., 2004) and one item from DiMauro & Renshaw (DiMauro & Renshaw, 2018). An original item from the Perceived Partner Responsiveness Scale reads, "My partner usually really listens to me," and was modified to read, "During those discussions, my partner really listened to me" (1 = *Not at All True* to 9 = *Completely True*).

The responsiveness items were entered into an exploratory factor analysis (EFA) using a promax (oblique) rotation. A scree plot (Cattell, 1966) indicated two factors with eigenvalues

greater than 1. A parallel factor analysis (O'connor, 2000) indicated that two factors had eigenvalues significantly greater than those derived from randomly generated datasets. The single-factor solution was retained due to theoretical interpretability. Items loaded between .44 and .85 on this single factor (see Table 1). Means of the items were computed, with higher aggregate scores reflecting greater perceived responsiveness during discussions of past sexual assault. Cronbach's α = .93.

Emotion Regulation

Emotion regulation was assessed with the 29-item Modified Difficulty in Emotion Regulation Scale (MDERS; Bardeen et al., 2016) and two subscales of the Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski & Kraaij, 2006). The MDERS has five subscales: Identification (six items), e.g., "When I'm upset, I have no idea how I am feeling," Cronbach's α = .87; Nonacceptance (six items), e.g., "When I'm upset, I become angry with myself for feelings that way," Cronbach's α = .93; Impulse (five items), e.g., "When I'm upset, I become out of control," Cronbach's α = .89; Goals (five items), e.g., "When I'm upset, I have difficulty getting work done," Cronbach's α = .94; Strategies (six items), e.g., "When I'm upset, I don't think that I can find a way to eventually feel better," Cronbach's α = .91. Participants indicated how often statements applied to them (1 = *Almost Never (0-10%)* to 5 = *Almost Always (91-100%)*). For these subscales, the means of items were computed, with higher aggregate scores reflecting greater difficulties in emotion regulation. Two subscales of the CERQ were used: Self-blame (four items), e.g., "I feel that I am the one to blame for it," Cronbach's α = .92; Catastrophizing (four items), e.g., "I keep thinking about how terrible it is what I have experienced," Cronbach's α = .80. For the two CERQ subscales, participants were instructed to think about their sexual assault experiences (1 = *Almost Always* to 5 = *Almost Never*). For these

subscales, the means of the items were computed, with higher aggregate scores reflecting healthier emotion regulation.

Betrayal Trauma

Whether a woman had experienced a sexual assault that was a betrayal trauma was measured with a single item written for this study modified from the Brief Betrayal Trauma Survey (Goldberg & Freyd, 2006), "One of these [unwanted sexual experiences] were committed by someone who I was very close to (such as a parent or lover)." Participants were instructed to think about the sexual assault experience(s) they have discussed with their current romantic partner (1 = *True* to 2 = *False*).

Sexual Dissociation

Dissociation during sex was measured using the Sexual Dissociation Scale (Rosenthal & Freyd, 2017), e.g., "During sexual activity, I have felt as though my body was numb" (1 = *Strongly Disagree* to 5 = *Strongly Agree*). Participants were instructed to think about their sex over the past four weeks with their current romantic partner when answering. The means of the items were computed, with higher aggregate scores reflecting greater sexual dissociation. Cronbach's $\alpha = .82$.

Sexual Pleasure

Pleasure experienced during sex over the past four weeks was measured with a six-item scale developed for this study, e.g., "I experienced very pleasurable orgasmic feelings." Participants indicated how true each statement was (1 = *Not at All True* to 6 = *Completely True*).

The pleasure items were entered into an EFA using a promax (oblique) rotation. A scree plot (Cattell, 1966) revealed one factor with an eigenvalue greater than 1 and high factor loadings for each item (.71 - .90). A parallel analysis (O'Connor, 2000) also revealed one factor

with an eigenvalue significantly greater than those derived from randomly generated datasets. Accordingly, we retained this single factor (see Table 2). Means of the items were computed, with higher aggregate scores reflecting greater sexual pleasure. Cronbach's α = .93.

Sexual Satisfaction

Sexual satisfaction was assessed using the twelve-item Sexual Satisfaction subscale of the Quality of Sex Inventory (QSI; Shaw & Rogge, 2016), e.g., "My sex life is fulfilling" (1 = *Not at All True* to 6 = *Completely True*). Means of the items were computed, with higher aggregate scores reflecting greater sexual satisfaction. Cronbach's α = .97.

Procedure

This project was approved by the Western Carolina University Institutional Review Board. No identifying information was collected. Participants provided consent, and completed demographic questions, the Modified Difficulties in Emotion Regulation Scale, the trauma screener, the self-blame and catastrophizing subscales of the Cognitive Emotion Regulation Questionnaire, and measures of PPR_{DSAD}, sexual dissociation, sexual pleasure, and quality of sex, in that order.[1] In addition, the Perceived Partner Responsiveness Scale (Reis et al., 2004) and the Female Sexual Function Index (FSFI; Rosen et al., 2000) were included for exploratory analyses. The survey included other measures not relevant to our hypotheses and will not be discussed further. Upon completion, a list of crisis resources was provided, and participants were given the option to enter into a drawing for one of five $20 Amazon.com gift cards.

[1] The question "During which periods of your life did any of these unwanted sexual experiences happen? (Check all that apply) (1 = *At or Before the Age of 12*, 2 = *Between the Age of 13 and 18*, and 3 = *After the age of 18*)" was include in the original survey. Due to experimenter error this question is not included in the study.

Analytic Strategy

Confirmatory Analyses

First, we investigated whether sexual dissociation mediated the associations between PPR_{DSAD} and sexual pleasure and sexual satisfaction (*a* × *b* paths; see Figure 1). For this, we conducted two simple mediation analyses using the PROCESS v3.0 macro (model 4; Hayes, 2017) for SPSS 26.0.0, entering pleasure and sexual satisfaction as outcomes in separate runs of the model. Next, to determine whether unhealthy emotion regulation strengthened (i.e., moderated) the association between PPR_{DSAD} and dissociation (the *a* path), we conducted fourteen moderated-mediation analyses (seven emotion regulation subscales × two outcomes, pleasure and satisfaction) using PROCESS model 7. Finally, we investigated whether experiencing a betrayal trauma strengthened (i.e., moderated) the association between PPR_{DSAD} and sexual dissociation (the *a* path) by conducting two moderated-mediation analyses (once for each of the two outcomes) using PROCESS model 7. Significant mediation was determined to exist if the bootstrap confidence interval for an indirect effect did not include zero (Hayes, 2017). Significant moderated-mediation was determined to exist if the bootstrap confidence interval for the index of moderated-mediation did not include zero (Hayes, 2017). For all tests, conditional indirect effects were calculated at the 16^{th} and 84^{th} percentiles on the moderators. These associations were tested using 5,000 resampled bootstrap 95% confidence intervals. As recommended by Hayes & Rockwood (2017), we report completely standardized betas.

Exploratory Analyses

Previous studies have shown that perceived partner responsiveness (perceptions of one's partner's responsiveness in general, not specific to discussions of assault, which we will henceforth refer to as $PPR_{General}$; Reis, 2004) is significantly associated with sexual satisfaction

and desire (Birnbaum et al., 2016; Gadassi et al., 2016). However, we theorized that that PPR_{DSAD} in particular would be associated with sexual dissociation, and in turn, sexual pleasure and satisfaction. Accordingly, we investigated whether PPR_{DSAD} predicted less sexual dissociation, and in turn, greater pleasure and satisfaction beyond the predictive ability of $PPR_{General}$. We reran all models with $PPR_{General}$ entered as a covariate of the effect of PPR_{DSAD} on sexual dissociation, pleasure, and satisfaction.

Previous studies have shown that sexual assault negatively impacts sexual functioning (Staples et al., 2011) and sexual function has complex associations with dissociation during sex (Bird et al., 2014). Accordingly, we investigated whether PPR_{DSAD} predicted less sexual dissociation, and in turn, greater sexual function by rerunning all models with sexual function as the outcome variable.

CHAPTER THREE: RESULTS

Data Cleaning

Responses were collected from 1729 participants. Prior to hypothesis testing, data were cleaned in the following order: 615 were excluded for not being a woman, being younger than 18 years, or not being in a romantic relationship (married, engaged, or dating); 454 were excluded for not having experienced sexual assault; 234 were excluded for not discussing their experiences of sexual assault with their current romantic partner; 22 were excluded for failing at least two of the three attention checks; one was excluded for completing the survey in under five minutes. Of these 403 remaining women, 397 had scores on key variables and were included in analyses.

Descriptive Statistics

Table 3 presents means, standard deviations, and zero-order (Pearson) correlations for all variables in the models. Table 4 presents means, standard deviations, and zero-order (Pearson) correlations for the outcome variables and the FSFI (Rosen et al., 2000).

To assess the validity of our newly made pleasure measure, we examined the correlations between sexual pleasure and the FSFI. In general, pleasure was associated with better sexual function. The sexual pleasure measure had positive correlations with all FSFI scores: a medium-large correlation with the FSFI total score, small correlations with the desire and pain subscales, a small-medium correlation with the lubrication subscale, and medium-large correlations with the desire, orgasm, and satisfaction subscales. The sexual satisfaction subscale of the QSI was also positively correlated with all FSFI scores.

To assess the validity of our modified PPR_{DSAD} scale, we examined the correlations between PPR_{DSAD} and $PPR_{General}$ (Reis, 2004), which had a medium-large positive correlation, $r = .70$, $p < .001$.

Confirmatory Analyses

Does Sexual Dissociation Mediate the Effects of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Pleasure and Satisfaction?

The indirect effect of PPR_{DSAD} on sexual pleasure via the proposed mediator sexual dissociation was significant (i.e., the bootstrap CI did not include zero, see Table 5). Additionally, the indirect effect of PPR_{DSAD} on sexual satisfaction via sexual dissociation was significant (see Table 5). In sum, results support our hypothesis that women who perceive their partner as more responsive during sexual assault discussions are less likely to dissociate during sex, and in turn, experience better sexual pleasure and satisfaction.

Does Emotion Regulation Strengthen the Indirect Association Between Perceived Partner Responsiveness During Sexual Assault Discussions and Sexual Pleasure and Satisfaction?

We evaluated whether unhealthy emotion regulation strengthened the association between PPR_{DSAD} and sexual dissociation, and in turn, the indirect effect of PPR_{DSAD} on sexual pleasure and satisfaction via sexual dissociation. Results indicated that three subscales of the MDERS (Non-acceptance, Strategies, and Identification) were not significant moderators of the indirect effect (i.e., the confidence interval for the index of moderated-mediation did not include zero, see Table 6). In other words, the indirect associations between PPR_{DSAD} and either sexual pleasure or satisfaction were not strengthened by women's non-acceptance of their emotional responses, lack of perceived access to healthy regulation strategies, or inability to identify and understand their own emotions. In addition, neither of the CERQ subscales (Self-blame and

Catastrophizing) were significant moderators of the indirect effect of PPR_{DSAD} on either sexual pleasure or satisfaction. In other words, blaming oneself for an assault or having thoughts highlighting the terror of an assault did not strengthen the association between a responsive partner during sexual assault discussions and sexual pleasure and satisfaction.

Two subscales of the MDERS (Impulse and Goals) significantly moderated the indirect effect of PPR_{DSAD} on sexual pleasure and satisfaction in the direction opposite to our hypothesis (see Table 7 and 8). In other words, if women had healthy impulse control and goal-directed emotion regulation, greater PPR_{DSAD} was associated with less sexual dissociation and in turn, better sexual pleasure and satisfaction. However, if she had difficulty with impulse control or goal-directed emotion regulation, this association was not significant. In sum, the indirect associations between PPR_{DSAD} and sexual pleasure and satisfaction were weakened by women's lack of impulse control and lack of ability to engage in goal-directed behavior when experiencing difficult negative emotions.

Does Betrayal Trauma Moderate the Association Between Perceived Partner Responsiveness During Sexual Assault Discussions and Sexual Dissociation?

We evaluated whether experiencing a sexual assault that was a betrayal trauma significantly strengthened the association between greater PPR_{DSAD} and lower sexual dissociation, and in turn, the indirect effect of PPR_{DSAD} on sexual pleasure and satisfaction via sexual dissociation. Results indicated that betrayal trauma was not a significant moderator of the indirect effect (see Table 6). In other words, whether a woman had been through a sexual assault that was a betrayal trauma did not strengthen the associations between a responsive partner during sexual assault discussions and sexual pleasure and satisfaction.

Exploratory Analyses

We evaluated whether PPR_{DSAD} had indirect effects on sexual pleasure and satisfaction via dissociation over and above the predictive ability of $PPR_{General}$. After controlling for $PPR_{General}$, the indirect effect of PPR_{DSAD} on sexual pleasure via sexual dissociation was significant, $B = 0.089$, $SE = 0.032$, $\beta = 0.079$, 95% CI for B [0.035, 0.142] and the indirect effect of PPR_{DSAD} on sexual satisfaction via sexual dissociation was significant, $B = 0.072$, $SE = 0.028$, $\beta = 0.054$, 95% CI for B [0.026, 0.135]. In sum, the indirect effect of PPR_{DSAD} on pleasure and satisfaction is significant beyond the confounding effect of $PPR_{General}$. Result show that PPR_{DSAD} has a unique indirect effect over and above the predictive ability of $PPR_{General}$.

After controlling for $PPR_{General}$, the goals and impulse subscales of the MDERS remained significant moderators of the indirect effect. In addition, identification became a significant moderator of the indirect effect (see Table 9).[2] In other words, after controlling for $PPR_{General}$, the indirect associations between PPR_{DSAD} and sexual pleasure and satisfaction were weakened by women's lack of impulse control, inability to engage in goal-directed behavior when experiencing difficult negative emotions, and inability to identify and understand their own emotions.

We evaluated whether PPR_{DSAD} had an indirect effect on sexual function via the proposed mediator sexual dissociation. The indirect effect of PPR_{DSAD} on sexual function via sexual dissociation was significant (see Table 10). Additionally, we evaluated whether the indirect effect of PPR_{DSAD} on sexual function was significant above and beyond the predictive ability of $PPR_{General}$. After controlling for $PPR_{General}$, the indirect effect was still significant. In sum, results

[2] The confidence intervals of the indices of moderated-mediation did not include zero for both sexual pleasure as the outcome, $B = -0.064$, $\beta = -0.057$, $SE = 0.030$, 95% CI for B [-0.121, -0.004], and sexual satisfaction as the outcome, $B = -0.051$, $\beta = -0.051$, $SE = 0.026$, 95% CI for B [-0.106, -0.003].

support that women who perceive their partner as more responsive during sexual assault discussions are less likely to dissociate during sex, and in turn, experience better sexual function.

We examined whether emotion regulation and betrayal trauma were significant moderators of the association between PPR_{DSAD} and sexual dissociation, and in turn, the indirect effect of PPR_{DSAD} on sexual function via sexual dissociation (see Table 11). Results indicated that two subscales of the MDERS (Impulse and Goals) significantly moderated the indirect effect (see Tables 12 & 13). In other words, the indirect association between PPR_{DSAD} and sexual function was weakened by women's lack of impulse control and lack of ability to engage in goal-directed behavior when experiencing difficult negative emotions. After controlling for $PPR_{General}$, the goals and impulse subscales of the MDERS remained significant moderators of the indirect effect. In addition, identification became a significant moderator of the indirect effect (see Table 14). In other words, after controlling for $PPR_{General,}$ the indirect association between PPR_{DSAD} and sexual function was weakened by women's lack of impulse control, inability to engage in goal-directed behavior when experiencing difficult negative emotions, and inability to identify and understand their own emotions.

CHAPTER FOUR: DISCUSSION

This preregistered study investigated whether women who perceive their partner as more responsive during discussions of sexual assault are less likely to dissociate during sex, and in turn experience greater sexual pleasure and satisfaction. Additionally, we examined whether unhealthy emotion regulation or the experience of a sexual assault that was a betrayal trauma strengthened the associations between perceived partner responsiveness, sexual dissociation, and sexual pleasure and satisfaction.

Mediation

We found that women who perceived their partner as more responsive during discussions of sexual assault dissociated less during sex and experienced greater sexual pleasure, satisfaction, and function. These results were significant even after controlling for the predictive ability of $PPR_{general}$, demonstrating the importance of partner responsiveness in the specific context of discussions of sexual assault, over and above the value of more general perceptions of partner responsiveness.

Our results support existing theory that women's post-assault well-being depends on their disclosure experiences and the social support they receive (Smith & Cook, 2008). Previous studies have found that negative social reactions to trauma disclosure exacerbate the negative psychopathology associated with trauma (Edwards et al., 2015). Along these same lines, other studies have found that disclosing a sexual assault to a supportive partner may mitigate the negative effects of an assault (Campbell, Ahrens et al., 2001). Our results, according with those earlier findings, indicated that women who perceived their partner as more responsive experienced less sexual dissociation and better sexual outcomes.

Why did partner responsiveness play such an important role in the sexual experiences of the women in this study? Dissociation is an automatic avoidance response triggered by reminders of traumatic events. In the case of a sexual assault, sex with a romantic partner may be such a trigger (Irwin, 1998). Perceiving one's partner as more responsive during discussions of sexual assault may make women feel safer during sex, such that during sex, memories of their assault may be triggered less often and feel less threatening (Bird et al., 2014). As a result, women who perceived their partner as more responsive during discussions of sexual assault may dissociate less during sex.

Additionally, our results contribute to existing theory on the impact of individuals' perceptions of reactions to sexual assault disclosure on negative psychopathology. Studies that rely on researchers' own classification of reactions to assault disclosure as positive or negative yield inconsistent results as to whether positive reactions to sexual assault disclosure protect against negative psychopathology (Dworkin et al., 2019). In contrast, studies that focus on the women's own perceptions of reactions to sexual assault disclosure consistently suggest that positive perceptions of these reactions are protective against negative psychopathology (Dworkin et al., 2019). We found that women's perceptions of their partner's responsiveness during discussions of sexual assault were associated with better sexual outcomes, supporting the idea that positive perceptions of reactions to sexual assault disclosure are protective against negative psychopathology from trauma.

Our results provide support for Janssen's information processing model of sexual arousal (2000) which highlights how attentional focus promotes and maintains sexual arousal. Multiple studies have found that if women are distracted during sex and their attention is directed away from erotic cues, sexual arousal is impeded (Cuntim & Nobre, 2011; Silva et al., 2016). Other

studies have found the same is true for men's sexual arousal (Wyatt et al., 2019; Wyatt & de Jong, 2020). In the current study, we found that women who dissociated more during sex experienced less sexual pleasure, satisfaction, and function; we suggest this was the case because dissociation impedes women's ability to attend to erotic cues (Ozdemir et al., 2015), which interferes with sexual arousal.

Based on Janssen's information processing model of sexual arousal (2000), we originally theorized that PPR_{DSAD}, sexual dissociation, and distraction during sex would impact sexual pleasure more so than sexual function because sexual pleasure reflects conscious appraisals of experience. In contrast, arousal, lubrication, and orgasm may be triggered automatically, even in the absence of pleasure (Chadwick et al., 2019). However, we found that results for sexual pleasure and function did not meaningfully differ, suggesting that sexual pleasure may not be a distinct construct from sexual function. Despite this, we believe that under some circumstances, sexual pleasure and sexual function are divergent constructs for some women. For example, menopause has a greater impact on women's orgasm frequency than women's sexual satisfaction and activity (Taavoni et al., 2005), suggesting post-menopausal women may experience sexual pleasure independently from sexual functioning. This is a topic worthy of future investigation.

Moderated-Mediation

Our hypothesis that the association between PPR_{DSAD} and sexual dissociation would be strongest among women with unhealthy emotion regulation was not supported. Our original theorizing was that women with unhealthy emotion regulation do not trust their own emotional responses, rendering them more reliant on their partner's responses to determine their own emotions (Linehan et al., 2001), and more likely respond to sexual situations with unconscious avoidance strategies like dissociation (Irwin, 1998; Schauer & Elbert, 2010). However, in this

study we found that contrary to our hypothesis, it was among women with healthy impulse control or goal-direction emotion regulation that the association between PPR_{DSAD} and less sexual dissociation was strongest.

Why did healthy impulse control and goal-directed emotion regulation strengthen the indirect effect of PPR_{DSAD} on sexual pleasure, contrary to our hypothesis? Interpersonal regulation describes how emotion regulation is responsive to interpersonal influences; specifically, someone with healthy emotion regulation is more likely to seek out beneficial social support (Marroquín, 2011). Existing theory on interpersonal regulation suggests that healthy impulse control and goal-directed emotion regulation is associated with experiencing beneficial social support. When someone seeks out beneficial social support, they are fulfilling long-term, rather than short-term, regulatory goals; they are exercising healthy impulse control and goal-directed emotion regulation (Tice et al., 2001; Zaki & Williams, 2013). Therefore, we speculate that women with healthy impulse control and goal-directed emotion regulation are more likely to seek out responsive romantic partners and benefit from PPR_{DSAD}. Thus, we speculate that due to an increased likelihood of seeking out and benefitting from responsive partners, it was among women with healthy impulse control and goal-directed emotion regulation that greater PPR_{DSAD} was most strongly associated with less sexual dissociation and greater sexual pleasure.

Unexpectedly, other aspects of emotion regulation (identification, strategies, acceptance, self-blame, catastrophizing) were not related to the strength of the associations between PPR_{DSAD}, sexual dissociation, and sexual pleasure. These results contradict our original theorizing that women who display unhealthy emotion regulation in these domains would be more sensitive to partner support (Linehan et al., 2001; Sullivan et al., 2000). Our results suggest

that the identification, acceptance, self-blame, and catastrophizing aspects of emotion regulation may not correlate with how women benefit from romantic partner social support.

Similarly, having experienced a sexual assault that was a betrayal trauma was not related to the strength of the associations between PPR_{DSAD}, sexual dissociation, and sexual pleasure. These results contradict our original theorizing that having experienced a betrayal trauma leads to distrust of romantic partners, rendering individuals more sensitive to partners' reactions (Rosenthal & Freyd, 2017; Platt & Freyd, 2015). Our results suggest that betrayal traumas may not be related to how women benefit from romantic partner social support.

Limitations

Our theory was based on the assumption that greater PPR_{DSAD} causes less sexual dissociation, which in turn causes greater sexual pleasure and function. Although preregistration of hypotheses reduces the likelihood of Type I errors, we cannot make causal conclusions because we did not manipulate the antecedent variable. For example, it is possible that greater PPR_{DSAD} improves sexual function, which in turn reduces sexual dissociation (Carvalheira et al., 2017). Experimental manipulation of PPR_{DSAD} and sexual dissociation would provide stronger evidence for our theorized causal directions.

Additionally, there were multiple variables not included in this study that may have confounding effects on dissociation and sexual dysfunction. For example, the severity of women's sexual assault experiences, other types of trauma, and reactions to sexual assault disclosure from sources other than romantic partners are associated with PTSD symptoms, like dissociation, and sexual dysfunction (Edwards et al., 2015; Meston & Heiman, 2000; Turchik & Hassija, 2014; Ullman & Peter-Hagene, 2014). In future research, it would be important to measure these factors and control for their confounding effects.

It is also possible that one or both of the emotion regulation measures used in this study did not accurately measure emotion regulation. Specifically, this study used subscales from both the Difficulties in Emotion Regulation Scale (DERS) and the Cognitive Emotion Regulation Questionnaire (CERQ) to measure emotion regulation. However, Zelkowitz & Cole (2016) concluded that some subscales of the DERS and CERQ may actually be measuring different constructs, suggesting we may have inaccurately interpreted our results. For example, some subscales of the DERS (Strategies, Nonacceptance, Impulse, and Goals) and the CERQ (Self-Blame and Catastrophizing) may actually be measuring out of control, negative emotions. Therefore, our interpretation that some healthy aspects of emotion regulation (Impulse and Goals) strengthen the associations between PPR_{DSAD}, sexual dissociation, and sexual pleasure may be wrong. In actuality, some out of control, negative emotions may be related to the strength of the associations between PPR_{DSAD}, sexual dissociation, and sexual pleasure.

Finally, this study required women to isolate processes specific to particular sexual assault experiences. This may have been difficult or impossible for participants to execute. For example, when answering the CERQ subscales and the betrayal trauma question, participants were instructed to think about the sexual assault experience(s) they have discussed with their current romantic partner. Some women may have experienced other sexual assaults that they did not discuss with their current romantic partner. For these women, it may have been difficult to differentiate which assaults they blame themselves for, which assaults they catastrophize, and which assaults were betrayal traumas.

Clinical Implications

Our results support the utilization of certain couples' therapy techniques that may aid women's post-assault recovery. Specifically, systemic therapy that fosters a reliance on strong

partnership bonds and communication may improve feelings of safety and trust, therefore mitigating post-assault sexual dysfunction (Miller & Sutherland, 1999). Additionally, solution-focused therapy that encourages women to discuss their sexual assault experiences with their partners and addresses their partners' stigma of sexual assault may make women feel safer during sex (Tambling, 2012). Finally, emotion-focused therapy may provide a productive framework for couples to foster greater partner responsiveness and aid women's post-assault sexual health (Rick et al., 2017; Zuccarini et al., 2013).

Our findings suggest that when clinicians work with women to mitigate their post-assault sexual dysfunction, they should also utilize therapeutic techniques and psychoeducation that aim to reduce distraction during sex. Specifically, mindfulness techniques (Brotto et al., 2016; Newcombe & Weaver, 2016) and sensate focus sex therapy (Linschoten et al., 2016) have been shown to effectively reduce cognitive distraction and improve sexual health. Furthermore, research shows cognitive-behavioral therapy reduces anxiety, therefore reducing cognitive distraction and improving sexual arousal (Kane et al., 2019).

Finally, these findings suggest that gaining healthy impulse-control and goal-directed emotion regulation techniques may benefit women's post-assault sexual health. Research suggests that cognitive-behavioral therapy and psychoeducation can effectively improve these specific regulation strategies (Rubin-Falcone et al., 2018). For women who have experienced a sexual assault, eye movement desensitization and reprocessing therapy has been shown to improve healthy emotion regulation (Covers et al., 2019; Meysami Bonab et al., 2012).

Conclusion

This study adds to growing literature assessing the impact of social support and reactions to sexual assault disclosure on women's post-assault well-being. We focused on how perceived

partner responsiveness during sexual assault discussions was associated with less sexual dissociation and greater sexual pleasure, satisfaction, and function. These results highlight the beneficial role a supportive partner can play in women's post-assault recovery. Additionally, these results support the utilization of therapeutic techniques that aim to reduce cognitive distraction when addressing sexual dysfunction.

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APPENDIX A: TABLES

Table 1

Factor Loadings for the Perceived Partner Responsiveness During Sexual Assault Discussions Scale Modified for this Study

Item	Factor 1
During those discussions, my partner:	
1. really listened to me.	.83
2. seemed interested in what I was thinking and feeling.	.83
3. was "on the same wavelength" as me.	.82
4. understood me.	.81
5. valued and respected the whole package that is the "real" me.	.81
6. was very accepting and supportive when we talked about this.	.80
7. was responsive to my needs.	.78
8. respected me.	.76
9. knew me well.	.65
10. saw the "real" me.	.55

Table 2

Factor Loadings for the Pleasure Measure Written for this Study

Item	Factor 1
1. The sex was very pleasurable.	.90
2. I felt intense pleasure in my genitals.	.88
3. The way my partner stimulates my body felt extremely pleasurable.	.87
4. The sexual arousal in my genitals and/or body felt pleasurable.	.86
5. I experienced very pleasurable orgasmic feelings.	.78
6. During sex, the feeling of my partner's body against mine was very pleasurable.	.71

Table 3

Means, Standard Deviations, and Pearson Correlations for all Key Variables

	M	*SD*	2	3	4	5	6	7	8	9	10	11	12	13	14
1. PPR_{DSAD}	4.86	0.97	.70***	-.22***	-.12*	-.18***	-.14**	-.21***	.21**	.06	.07	-.28***	.43***	.45***	.38***
2. $PPR_{general}$	4.90	0.91		-.23***	-.09	-.21***	-.15**	-.21**	.10*	-.01	.06	-.27***	.51***	.60***	.46***
3. Identification	2.00	0.78			.49***	.43***	.30***	.44***	-.29***	-.26***	-.14**	.27***	-.19***	-.14**	-.19***
4. Nonacceptance	2.55	1.09				.54***	.42***	.56***	-.34***	-.20***	-.04	.32***	-.13*	-.05	-.12*
5. Impulse	1.95	0.87					.62***	.62***	-.19***	-.16**	-.06	.33***	-.21***	-.16**	-.19***
6. Goals	2.99	1.09						.64***	-.18***	-.14**	-.04	.22***	-.20***	-.15**	-.22***
7. Strategies	2.06	0.93							-.27***	-.31***	-.07	.28***	-.22***	-.14**	-.25***
8. Self-Blame	3.79	1.19								.21***	.15**	-.25***	.21***	.13*	.20***
9. Catastrophizing	4.31	0.84									.19***	-.28***	.09	.02	.07
10. Betrayal	1.42	0.49										-.18***	.15**	.13**	.15**
11. Sexual Dissociation	1.98	0.89											-.49***	-.40***	-.51***
12. Sexual Pleasure	5.04	1.11												.80***	.79***
13. Sexual Satisfaction	4.56	1.32													.73***
14. Sexual Function	27.50	4.79													

Note. Variables 2-6 are subscales of the Modified Difficulties in Emotion Regulation Scale (MDERS; Bardeen et al., 2016). Variables 7 and 8 are subscales of the Cognitive Emotion Regulation Scale (Garnefski & Kraaij, 2006). *N*s = 378-403. *$p < .05$, **$p < .01$, *** $p < .001$.

Table 4

Means, Standard Deviations, and Pearson Correlations for all Outcome Variables and Sexual Function

	M	*SD*	2	3	4	5	6	7	8	9
1. Sexual Pleasure	5.04	1.11	.80***	.36***	.69***	.49***	.40***	.63***	.69***	.79***
2. Sexual Satisfaction	4.56	1.32		.32***	.63***	.40***	.29***	.53***	.84***	.73***
3. Desire	4.30	1.20			.56***	.32***	.26***	.14***	.36***	.62***
4. Arousal	3.71	0.79				.57***	.41***	.43***	.63***	.84***
5. Lubrication	5.06	1.17					.42***	.35***	.37***	.72***
6. Pain	5.04	1.09						.19***	.31***	.60***
7. Orgasm	4.41	1.48							.44***	.66***
8. Satisfaction	4.96	1.22								.75***
9. FSFI Total	27.50	4.79								

Note. Variable 2 is the Sexual Satisfaction subscale of the Quality of Sex Inventory (Shaw & Rogge, 2016). Variables 3-7 are subscales of the Female Sexual Function Index. Variable 8 is the total score on the Female Sexual Function Index (Rosen et al., 2000). *N*s = 379-401. **p* < .05, ***p* < .01, ****p* < .001.

Table 5

Tests of the Indirect Effects of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Pleasure and Satisfaction via the Mediator Sexual Dissociation

	B	*SE*	95% CI for *B*		β	*N*
			Lower	Upper		
PPR_{DSAD}→sexual dissociation→sexual pleasure						
Indirect Effect	0.132*	0.031	0.076	0.198	0.115	
a path	-0.265	0.045	-0.352	-0.178	-0.226	
b path	-0.499	0.054	-0.604	-0.394	-0.434	401
c path	0.499	0.052	0.397	0.602	0.433	
c' path	0.367	0.049	0.270	0.464	0.319	
PPR_{DSAD}→sexual dissociation→sexual satisfaction						
Indirect Effect	0.117*	0.031	0.062	0.182	0.085	
a path	-0.265	0.044	-0.352	-0.178	-0.191	
b path	-0.441	0.066	-0.570	-0.312	-0.323	400
c path	0.618	0.061	0.498	0.738	0.453	
c' path	0.501	0.060	0.383	0.620	0.368	

Note. Indirect effects represent effect of *X* on *Y* through the mediating variable. βs are fully standardized regression coefficients. Standard errors (*SE*) and the lower and upper bounds for the 95% confidence interval (CI) reflect 5000 resampled bootstrap confidence intervals. *Indicates significant indirect effect (i.e., confidence interval does not include zero).

Table 6

Tests of Moderation of Indirect Effects of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Pleasure and Satisfaction

Moderator	*B* for the index of moderated mediation	*SE*	95 % CI for *B*		β	*N*
			Lower	Upper		
Outcome: Pleasure						
Identification	-0.065	0.033	-0.013	0.004	-0.048	400
Nonacceptance	-0.029	0.024	-0.074	0.022	-0.025	399
Impulse	-0.059*	0.032	-0.124	-0.001	-0.052	400
Goals	-0.060*	0.025	-0.112	-0.013	-0.052	399
Strategies	-0.050	0.027	-0.106	0.002	-0.044	399
Catastrophizing	0.016	0.032	-0.050	0.077	0.014	401
Self-Blame	0.018	0.021	-0.026	0.057	0.016	400
Betrayal	-0.038	0.048	-0.136	0.049	-0.033	401
Outcome: Satisfaction						
Identification	-0.060	0.031	-0.117	0.003	-0.044	399
Nonacceptance	-0.025	0.022	-0.066	0.018	-0.018	398
Impulse	-0.052*	0.029	-0.114	-0.002	-0.038	399
Goals	-0.053*	0.023	-0.101	-0.011	-0.039	398
Strategies	-0.044	0.025	-0.094	0.002	-0.032	398
Catastrophizing	0.014	0.029	-0.045	0.072	0.010	400
Self-Blame	0.016	0.019	-0.022	0.052	0.011	399
Betrayal	-0.034	0.042	-0.121	0.046	-0.025	400

Note. βs are fully standardized regression coefficients for the index of moderated-mediation. Standard errors (*SE*) and the lower and upper bounds for the 95% confidence interval (CI) reflect 5000 resampled bootstrap confidence intervals. *Indicates significant moderated-mediation (i.e., confidence interval does not include zero).

Table 7

Conditional Indirect Effects of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Pleasure and Satisfaction, Moderated by Impulse

Outcome	Impulse	*B*	*SE*	95% CI		β
				Lower	Upper	
Pleasure	Low	0.166*	0.043	0.088	0.254	0.144
	High	0.065	0.038	-0.009	0.141	0.057
Satisfaction	Low	0.145*	0.042	0.072	0.235	0.106
	High	0.057	0.033	-0.006	0.122	0.042

Note. βs are fully standardized regression coefficients for *B*. Standard errors (*SE*) and the lower and upper bounds for the 95% confidence interval (CI) reflect 5000 resampled bootstrap confidence intervals. *Indicates significant conditional indirect effects (i.e., confidence interval does not include zero).

Table 8

Conditional Indirect Effects of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Pleasure and Satisfaction, Moderated by Goals

Outcome	Goals	*B*	*SE*	95% CI		β
				Lower	Upper	
Pleasure	Low	0.189*	0.044	0.113	0.272	0.164
	High	0.059	0.040	-0.021	0.139	0.051
Satisfaction	Low	0.166*	0.042	0.089	0.237	0.122
	High	0.051	0.035	-0.017	0.123	0.037

Note. βs are fully standardized regression coefficients for *B*. Standard errors (*SE*) and the lower and upper bounds for the 95% confidence interval (CI) reflect 5000 resampled bootstrap confidence intervals. *Indicates significant conditional indirect effects (i.e., confidence interval does not include zero).

Table 9

Conditional Indirect Effects of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Pleasure and Satisfaction, Moderated by Identification, Controlling for General Perceived Partner Responsiveness

Outcome	Identification	*B*	*SE*	95% CI		β	*N*
				Lower	Upper		
Pleasure	Low	0.127*	0.039	0.057	0.211	0.112	377
	High	0.026	0.040	-0.046	0.116	0.023	
Satisfaction	Low	0.102*	0.035	0.043	0.178	0.145	
	High	0.021	0.032	-0.038	0.092	0.057	

Note. βs are fully standardized regression coefficients for *B*. Standard errors (*SE*) and the lower and upper bounds for the 95% confidence interval (CI) reflect 5000 resampled bootstrap confidence intervals. Indices of moderated mediation: pleasure: $B = -0.064$, $\beta = -0.057$, $SE = 0.030$, 95% CI for *B* [-0.121, -0.004]; satisfaction: $B = -0.051$, $\beta = -0.051$, $SE = 0.026$, 95% CI for *B* [-0.106, -0.003]. *Indicates significant conditional indirect effects (i.e., confidence interval does not include zero).

Table 10

Tests of the Indirect Effects of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Function via the Mediator Sexual Dissociation

	B	*SE*	95% CI for *B*		β	*N*
			Lower	Upper		
Indirect Effect	0.658*	0.157	0.387	0.996	0.134	
a path	-0.280	0.045	-0.368	-0.191	-0.057	
b path	-2.352	0.240	-2.825	-1.880	-0.478	379
c path	1.850	0.235	1.388	2.311	0.376	
c' path	1.192	0.220	0.759	1.624	0.242	

Note. Indirect effects represent effect of *X* on *Y* through the mediating variable. βs are fully standardized regression coefficients. Standard errors (*SE*) and the lower and upper bounds for the 95% confidence interval (CI) reflect 5000 resampled bootstrap confidence intervals. *Indicates significant indirect effect (i.e., confidence interval does not include zero).

Table 11

Tests of Moderation of Indirect Effects of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Function

Moderator	*B* for the index of moderated mediation	*SE*	95 % CI for *B*		β	*N*
			Lower	Upper		
Identification	-0.315	0.160	-0.620	0.008	-0.064	378
Nonacceptance	-0.116	0.117	-0.319	0.137	-0.024	377
Impulse	-0.284*	0.148	-0.600	-0.009	-0.058	378
Goals	-0.263*	0.116	-0.498	-0.034	-0.053	377
Strategies	-0.226	0.128	-0.482	0.026	-0.046	377
Catastrophizing	0.084	0.158	-0.232	0.385	0.017	379
Self-Blame	0.078	0.101	-0.133	0.266	0.016	378
Betrayal	-0.157	0.234	-0.652	0.280	-0.032	379

Note. βs are fully standardized regression coefficients for the index of moderated mediation. Standard errors (*SE*) and the lower and upper bounds for the 95% confidence interval (CI) reflect 5000 resampled bootstrap confidence intervals. *Indicates significant moderated mediation (i.e., confidence interval does not include zero).

Table 12

Conditional Indirect Effects of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Function, Moderated by Impulse

Outcome	Impulse	*B*	*SE*	95% CI		β
				Lower	Upper	
Sexual Function	Low	0.816*	0.212	0.430	1.264	0.166
	High	0.322	0.179	-0.020	0.683	0.066

Note. βs are fully standardized regression coefficients for *B*. Standard errors (*SE*) and the lower and upper bounds for the 95% confidence interval (CI) reflect 5000 resampled bootstrap confidence intervals. *Indicates significant conditional indirect effects (i.e., confidence interval does not include zero).

Table 13

Conditional Indirect Effect of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Function, Moderated by Goals

Outcome	Goals	*B*	*SE*	95% CI		β
				Lower	Upper	
Sexual Function	Low	0.901*	0.202	0.519	1.323	0.183
	High	0.323	0.189	-0.027	0.718	0.066

Note. βs are fully standardized regression coefficients for *B*. Standard errors (*SE*) and the lower and upper bounds for the 95% confidence interval (CI) reflect 5000 resampled bootstrap confidence intervals. *Indicates significant conditional indirect effects (i.e., confidence interval does not include zero).

Table 14

Conditional Indirect Effect of Perceived Partner Responsiveness During Sexual Assault Discussions on Sexual Function, Moderated by Identification, Controlling for General Perceived Partner Responsiveness

Outcome	Identification	*B*	*SE*	95% CI		β	*N*
				Lower	Upper		
Sexual Function	Low	0.619*	0.192	0.283	1.031	0.145	374
	High	0.133	0.197	-0.228	0.554	0.057	

Note. βs are fully standardized regression coefficients for *B*. Standard errors (*SE*) and the lower and upper bounds for the 95% confidence interval (CI) reflect 5000 resampled bootstrap confidence intervals. Index of moderated mediation: $B = -0.309$, $\beta = -0.052$, $SE = 0.149$, 95% CI for *B* [-0.605, -0.023]. *Indicates significant conditional indirect effects (i.e., confidence interval does not include zero).

APPENDIX B: CONSENT FORM

Western Carolina University
Consent Form to Participate in a Research Study

You are being invited to participate in a research study of women's sexual experiences in romantic relationships. You were selected as a possible participant because you are a woman, 18 years or older, and in a sexually active romantic relationship. We ask that you read this form and ask any questions you may have before agreeing to be in the study. Participation is completely voluntary.

Project Title: Women's Sexual Experiences in Romantic Relationships

This study is being conducted by: Dr. David de Jong, Ph.D.

Description and Purpose of the Research: You are invited to participate in a research study about women's sexual experiences in romantic relationships. The purpose of this research is to better understand how women's sexual experiences are related to personality traits, aspects of the romantic relationship, and possible history of unwanted sexual experiences. Women who are in sexually active romantic relationships are invited to participate in this study, whether or not they have had past unwanted sexual experiences.

What you will be asked to do: You will be asked very personal questions about your sex life, personality, and romantic relationship. If you have had unwanted sexual experiences in your past, you will also be asked a few very brief questions about those experiences.

Risks and Discomforts: Some people may feel awkward or uncomfortable answering questions of a personal, sexual nature. Answering questions about a history of unwanted sexual experience (if relevant to the participant) may bring up difficult feelings for some people. However, we anticipate that participation in this survey presents no greater risk than experienced in everyday use of the internet. **Participants may exit the survey or skip any question at any point.**

Benefits: There are no direct benefits to you for participating in this research study. The study may help us better understand how personality traits contribute to women's sexual well-being.

Privacy/Confidentiality/Data Security: The data collected in this study are anonymous. This means that not even the research team can match you to your data. The research team will work to protect your data to the extent permitted by technology. It is possible, although unlikely, that an unauthorized individual could gain access to your responses because you are responding online. This risk is similar to your everyday use of the internet.

Voluntary Participation: Participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty. If you choose not to participate or decide to withdraw, there will be no impact on your grades/academic standing. If you choose to withdrawal, you may simply discontinue answering questions and exit the study browser. For Western Carolina University students participating for course credit, your instructor has provided alternatives to research participation.

Compensation for Participation: To thank study participants, you will be given the option to enter a drawing for one of five Amazon gift cards of $20. Gift card recipients will be randomly selected. To enter the drawing, participants must email the study coordinator upon completion of the study, which will allow the answers provided during the study to remain completely anonymous. Western Carolina University students participating for course credit will earn .5 credits.

Contact Information: For questions about this study, please contact Dr. David de Jong, the principal investigator and faculty advisor for this project at ddejong@wcu.edu.

This study has been approved by the Western Carolina University Institutional Review Board. If you have questions or concerns about your treatment as a participant in this study, you may contact the Western Carolina University Institutional Review Board through the Office of Research Administration by calling 828-227-7212 or emailing irb@wcu.edu. All reports or correspondence will be kept confidential to the extent possible.

I understand what is expected of me if I participate in this research study. I have been given the opportunity to ask questions and understand that participation is voluntary. By clicking "Next" below this shows that I agree to participate and am at least 18 years old.

APPENDIX C: SURVEY

Items relevant to sample criteria are indicated with an asterisk.

Thank you for your interest in this study!

To participate, you must be:
- **A woman**
- **18 years or older, and**
- **Have had sex* with a romantic partner in the last four weeks**

  *For the purposes of this study, let's define sex as including only consensual sex that involves penetrative sex or contact between *your* genitals and another person (e.g., vaginal, anal, or oral sex; or, someone stimulating your genitals with their hands/fingers or a toy). Please exclude phone sex or cybersex from this definition.

You are invited to participate in a research study about women's sexual experiences in romantic relationships. The purpose of this research is to better understand how women's sexual experiences are related to personality traits, aspects of the romantic relationship, and possible history of unwanted sexual experiences. Women who are in sexually active romantic relationships are invited to participate in this study, whether or not they have had past unwanted sexual experiences.

This study will take approximately 15 minutes to complete.

Your responses are *completely anonymous*. This study does not collect any identifying information.

Please complete the study in private, and do not consult with anyone when answering.

Try to answer each question, even if you have to take your "best guess." If a question makes you uncomfortable, leave it blank.

To thank you for participating, you will be invited to enter into a raffle for one of five $20 electronic gift cards to Amazon.com. Gift card recipients will be randomly selected. To enter the drawing, participants must email the study coordinator upon completion of the study, which will allow the answers provided during the study to remain completely anonymous.

Please read the response options carefully! They may change from page to page.

Click the arrow at the bottom of the page to continue to the consent form.

[Consent form]

Demographics:

How old are you?
[drop down list so that participants can enter 18-100 years]
**18 +*

What is the highest level of education have you completed?
1 = *No High School Diploma*
2 = *High School Diploma*
3 = *Some College, Trade School, or AA Degree*
4 = *BA or BS degree*
5 = *MA or MS degree*
6 = *PhD, PsyD, DDS, MD, or Law degree*

What is your race? (Check all that apply)
1 = *American Indian or Alaskan Native*
2 = *Asian*
3 = *Native Hawaiian or Pacific Islander*
4 = *Black or African-American*
5 = *White*
6 = *Other*

What is your ethnicity?
1 = *Hispanic or Latino*
2 = *Not Hispanic or Latino*

What is your gender?
1 = *Man*
2 = *Woman**
3 = *Not Listed Above (please describe, if you'd like) [space provided]*

What is your sexual orientation?
1 = *Heterosexual/straight*
2 = *Gay or Lesbian*
3 = *Bisexual*
4 = *Pansexual*
5 = *Not Listed Above (please describe, if you'd like) [space provided]*

Which of the following best describes your relationship status?
1 = *Married or Common-Law**
2 = *Engaged**
3 = *Dating, Exclusive**
4 = *Dating, Not Exclusive**
5 = *Sexually Involved, But Not Dating (E.g., friends with benefits, etc.)*
6 = *No Sexual or Romantic Involvement at All*

How long have you been <u>*together as a couple*</u> with your romantic partner? For example, if you have been together for 1 year and 2 months, enter "1" for years and "2" for months.
[drop down lists so that participants can enter 0-60 for years, and 0-11 for months]
Months
Years

What is your partner's gender?
1 = *Man*
2 = *Woman*
3 = *Not Listed Above (please describe, if you'd like) [space provided]*

<u>Modified Difficulty in Emotion Regulation Scale (from Bardeen et al., 2016)</u>

Please indicate how often the following statements apply to you.

When I'm upset, I don't pay attention to how I feel.
When I'm upset, I experience my emotions as overwhelming and out of control.
When I'm upset, I have no idea how I am feeling.
When I'm upset, I have difficulty making sense out of my feelings.
When I'm upset, I'm not attentive to my feelings.
When I'm upset, I don't know how I am feeling.
When I'm upset, I don't acknowledge my emotions.
When I'm upset, I become angry with myself for feeling that way.
When I'm upset, I become embarrassed for feeling that way.
When I'm upset, I have difficulty getting work done.
When I'm upset, I become out of control.
When I'm upset, I believe that I will remain that way for a long time.
When I'm upset, I believe that I'll end up feeling very depressed.
When I'm upset, I have difficulty focusing on other things.
When I'm upset, I feel out of control.
When I'm upset, it is difficult for me to get things done.
When I'm upset, I feel ashamed with myself for feeling that way.
When I'm upset, I don't think that I can find a way to eventually feel better.
When I'm upset, I feel like I am weak.
When I'm upset, I feel like I can't remain in control of my behaviors.
When I'm upset, I feel guilty for feeling that way.
When I'm upset, I have difficulty concentrating.
When I'm upset, I have difficulty controlling my behaviors.
When I'm upset, I believe that there is nothing I can do to make myself feel better.
When I'm upset, I become irritated with myself for feeling that way.
When I'm upset, I believe that wallowing in it is all I can do.
When I'm upset, I lose control over my behaviors.
When I'm upset, I have difficulty thinking about anything else.
When I'm upset, it takes me a long time to feel better.
1 = *Almost Never (0-10%)*

2 = *Sometimes (11-35%)*
3 = *About Half the Time (36-65%)*
4 = *Most of the Time (66-90%)*
5 = *Almost Never (91-100%)*

Trauma Screener (Adapted from Koss et al., 2016)

The following questions concern sexual experiences that may have happened that were unwanted. We know that these are personal questions, so we do not ask your name or identifying information. Your information is completely confidential. We hope this helps you feel comfortable answering each question honestly.

Have any of the following scenarios happened to you *without your consent, or otherwise against your will, whether or not you expressed it at the time*? (Check all that apply).

- None of the things listed above have happened to me without my consent or against my will
- Someone fondled, kissed, removed some of my clothes, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) *
- Someone had oral sex with me or made me have oral sex with them*
- Someone put their penis, fingers, or objects into my vagina*
- Someone put their penis, fingers, or objects into my butt*
- Even though it did not happen, someone TRIED to have oral sex with me, or make me have oral sex with them
- Even though it did not happen, someone TRIED to put their penis, fingers, or objects into my vagina
- Even though it did not happen, someone TRIED to put their penis, fingers, or objects into my butt

[If only "None of the things listed above have happened to me without my consent or against my will" was selected, participants were directed to end of block]

Were any of these unwanted sexual experiences committed by someone whom you were very close to (such as a parent or lover)?
1 = *Yes*
2 = *No*

Have you discussed one or more of these unwanted sexual experiences to your current romantic partner?
1 = *Yes**
2 = *No*

Self-Blame Subscale (from Garefski & Kraaij, 2006)

Think about your unwanted sexual experience(s) you have discussed with your current romantic partner.

When thinking about those unwanted sexual experiences, how often do the following statements apply to you?

Remember to please read the response options carefully! They may change from page to page.

I feel that I am the one to blame for it.
I feel that I am the one who is responsible for what has happened.
I think about the mistakes I have made in this matter.
I think that basically the cause must lie within myself.
1 =*Almost Always*
2
3
4
5 = *Almost Never*

Catastrophizing Subscale (from Garfeski & Kraaij, 2006)

Think about your unwanted sexual experience(s) you have discussed with your current romantic partner.

When thinking about those unwanted sexual experiences, how often do the following statements apply to you?

I often think that what I have experienced is much worse than what others have experienced.
I keep thinking about how terrible it is what I have experienced.
I often think that what I have experienced is the worst that can happen to a person.
I continually think how horrible the situation has been.
1 = *Almost Always*
2
3
4
5 = *Almost Never*

Perceived Partner Responsiveness at time of trauma disclosure (adapted from Reis et al., 2004)

Think about the times you discussed with your partner your unwanted sexual experience(s). When thinking about those discussions, how true are the following statements?

During those discussions, my partner:

saw the "real" me.
knew me well.
understood me.
really listened to me.

seemed interested in what I was thinking and feeling.
was "on the same wavelength" as me.
respected me.
valued and respected the whole package that is the "real" me.
was responsive to my needs
was very accepting and supportive when we talked about this.
1 = *Not at All True*
2
3 = *Somewhat True*
4
5 = *Moderately True*
6
7 = *Very True*
8
9 = *Completely True*

Sexual Dissociation Scale (modified from Rosenthal & Freyd, 2017)

Over the next few pages, we'd like to ask some questions about the sec you have had with your current romantic partner over the past four weeks.

Please exclude phone sex or cyber sex.

When thinking about the sex you've had over the past four weeks with your current romantic partner, how much do you agree with the following statements?

During sexual activity, I have felt as though my body was numb.
During sexual activity, I have felt as though I was watching myself from outside my body.
During sexual activity, I sometimes feel as though my body does not belong to me.
Sometimes when I am sexual with my partner, I realize I do not remember what has happened during all or part of our sexual activity.
During sexual activity, I have felt physical pain and been able to ignore it.
During sexual activity, I have felt as though I was looking at the world through a fog so that my sexual partner seemed far away or unclear.
1 = *Strongly disagree*
2 = *Disagree*
3 = *Neutral*
4 = *Agree*
5 = *Strongly agree*

Sexual Pleasure Measure (written for this study)

Think about the sex you've had over the past four weeks with your current romantic partner. How true are the following statements?

The sex was very pleasurable.

I felt intense pleasure in my genitals.
I experienced very pleasurable orgasmic feelings.
The sexual arousal in my genitals and/or body felt pleasurable.
The way my partner stimulates my body felt extremely pleasurable.
During sex, the feeling of my partner's body against mine was very pleasurable.
1 = *Not at All True*
2 = *A Little True*
3 = *Somewhat True*
4 = *Mostly True*
5 = *Almost Completely True*
6 = *Completely True*

The Quality of Sex Inventory (from Shaw & Rogge, 2016)

Think about the sex you've had over the past four weeks with your current romantic partner. How true are the following statements?

My sex life is fulfilling.
I am happy with my sex life with my partner.
My partner really pleases me sexually.
I am satisfied with our sexual relationship.
I am happy with the quality of sexual activity in our relationship.
Sexual activity with my partner is fantastic.
1 = *Not at All True*
2 = *A Little True*
3 = *Some-what True*
4 = *Mostly True*
5 = *Very True*
6 = *Completely True*

Female Sexual Function Index (from Rosen et al., 2003)

These questions ask about your sexual feelings and responses during the past 4 weeks. In answering these questions the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation and vaginal penetration.

Vaginal penetration is defined as penetration (entry) of the vagina with any object (penis, fingers, sex toys, etc.)

Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

Over the past 4 weeks, how **often** did you feel sexual desire or interest?
5 = *Almost always or always*
4 = *Most times (more than half the time)*
3 = *Sometimes (about half the time)*
2 = *A few times (less than half the time)*
1 = *Almost never or never*

Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest?
5 = *Very high*
4 = *High*
3 = *Moderate*
2 = *Low*
1 = *Very low or none at all*

Sexual arousal is a feeling that includes both physical and mental aspects of sexual excitement. It may include feelings of warmth or tingling in the genitals, lubrication (wetness), or muscle contractions.

Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse?
0 = *No sexual activity*
5 = *Almost always or always*
4 = *Most times (more than half the time)*
3 = *Sometimes (about half the time)*
2 = *A few times (less than half the time)*
1 = *Almost never or never*

Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse?
0 = *No sexual activity*
5 = *Very high*
4 = *High*
3 = *Moderate*
2 = *Low*
1 = *Very low or none at all*

Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse?
0 = *No sexual activity*
5 = *Very high confidence*
4 = *High confidence*
3 = *Moderate confidence*
2 = *Low confidence*
1 = *Very low or no confidence*

Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse?
0 = *No sexual activity*
5 = *Almost always or always*
4 = *Most times (more than half the time)*
3 = *Sometimes (about half the time)*
2 = *A few times (less than half the time)*
1 = *Almost never or never*

Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse?
0 = *No sexual activity*
5 = *Almost always or always*
4 = *Most times (more than half the time)*
3 = *Sometimes (about half the time)*
2 = *A few times (less than half the time)*
1 = *Almost never or never*

Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse?
0 = *No sexual activity*
5 = *Extremely difficult or impossible*
4 = *Very difficult*
3 = *Difficult*
2 = *Slightly difficult*
1 = *Not difficult*

Over the past 4 weeks, how often did you **maintain** your lubrication ("wetness") until completion of sexual activity or intercourse?
0 = *No sexual activity*
5 = *Almost always or always*
4 = *Most times (more than half the time)*
3 = *Sometimes (about half the time)*
2 = *A few times (less than half the time)*
1 = *Almost never or never*

Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?
0 = *No sexual activity*
5 = *Extremely difficult or impossible*
4 = *Very difficult*
3 = *Difficult*
2 = *Slightly difficult*
1 = *Not difficult*

Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)?
0 = *No sexual activity*
5 = *Almost always or always*
4 = *Most times (more than half the time)*
3 = *Sometimes (about half the time)*
2 = *A few times (less than half the time)*
1 = *Almost never or never*

Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)?
0 = *No sexual activity*
5 = *Extremely difficult or impossible*
4 = *Very difficult*
3 = *Difficult*
2 = *Slightly difficult*
1 = *Not difficult*

Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse?
0 = *No sexual activity*
5 = *Very satisfied*
4 = *Moderately satisfied*
3 = *About equally satisfied and dissatisfied*
2 = *Moderately dissatisfied*
1 = *Very dissatisfied*

Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner?
0 = *No sexual activity*
5 = *Very satisfied*
4 = *Moderately satisfied*
3 = *About equally satisfied and dissatisfied*
2 = *Moderately dissatisfied*
1 = *Very dissatisfied*

Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner?
5 = *Very satisfied*
4 = *Moderately satisfied*
3 = *About equally satisfied and dissatisfied*
2 = *Moderately dissatisfied*
1 = *Very dissatisfied*

Over the past 4 weeks, how **satisfied** have you been with your overall sexual life?
5 = *Very satisfied*

4 = *Moderately satisfied*
3 = *About equally satisfied and dissatisfied*
2 = *Moderately dissatisfied*
1 = *Very dissatisfied*

Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration?
0 = *Did not attempt intercourse*
1 = *Almost always or always*
2 = *Most times (more than half the time)*
3 = *Sometimes (about half the time)*
4 = *A few times (less than half the time)*
5 = *Almost never or never*

Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration?
0 = *Did not attempt intercourse*
1 = *Almost always or always*
2 = *Most times (more than half the time)*
3 = *Sometimes (about half the time)*
4 = *A few times (less than half the time)*
5 = *Almost never or never*

Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration?
0 = *Did not attempt intercourse*
1 = *Very high*
2 = *High*
3 = *Moderate*
4 = *Low*
5 = *Very low or none at all*

Perceived Partner Responsiveness Scale
Please answer the following questions about your current romantic partner. When answering these questions, think about your relationship with them as a whole.

My partner usually:

really listens to me
is responsive to my needs
is an excellent judge of my character
sees the "real" me.
sees the same virtues and faults in me as I see in myself
"gets the facts right" about me
is aware of what I am thinking and feeling
understands me

is on “the same wavelength” with me
knows me well
esteems me, shortcomings and all
values and respects the whole package that is the “real” me
usually seems to focus on the “best side” of me
expresses liking and encouragement for me
seems interested in what I am thinking and feeling
seems interested in doing things with me
values my abilities and opinions
respects me
1 = *Not At all True*
2 =
3 = *Somewhat True*
4 =
5 = *Moderately True*
6 =
7 = *Very True*
8 =
9 = *Completely True*

Last page:

Thank you for being involved in our research!

Sometimes, people complete surveys out of interest in science or the topic. Other times, people enter bogus answers, maybe to get course credit or gain some incentive, or out of boredom. If you’ve given any bogus answers in this survey, that’s OK, we trust that you have your reasons. However, this is not good for data quality!

0 = I answered the questions in this survey honestly, to the best of my ability
1 = I entered bogus answers, and you should probably discard my responses. We promise that this will not influence any incentives to participate that you might otherwise be entitled to (e.g., course credit, etc.).

Do you have any comments about this study?
[textbox for response]

This survey might have asked you very personal questions about sexual trauma (but not everyone was asked such questions). Recent research has found that most people who participate in studies asking about sexual trauma report that answering those very sensitive questions causes no greater stress than every-day life. In fact, people who participate such studies tend to believe that the study is valuable, and caused them to feel positive feelings, compared to people who completed studies that don’t ask about these sensitive topics:

Yeater, E., Miller, G., Rinehart, J., & Nason, E. (2012). Trauma and sex surveys meet minimal risk standards: Implications for institutional review boards. *Psychological Science*, *23*, 780-787.

However, for some people, thinking about these topics may bring up uncomfortable feelings. If you need someone to talk to, here are some options:

- If you're a student at Western Carolina University, Counseling and Psychological Services can be reached at 828-227-7469
- If you're in the USA:
    - National Sexual Assault Hotline: 1-800-656-4673
    - National Suicide Prevention Lifeline: 1-800-273-8255
- If you're not in the USA, find suicide prevention hotlines here: https://www.iasp.info/resources/Crisis_Centres/

Thank you for supporting our research!

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