

Long-Term Effects of Labeling a Rape Experience

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Abstract:

Research has found that approximately half of women who report an experience that meets the legal definition of rape do not label it rape. It has been assumed that labeling the experience as rape is necessary and beneficial for recovery; however, conflicting findings have been reported. In the present study, a longitudinal design was utilized to examine the long-term consequences of being a rape victim and of labeling the experience as rape. Assessments were obtained at two time points approximately 10 months apart from females in their first year of college. Participants were classified as nonvictims, victims who labeled the experience as rape, or victims who did not label the experience as rape. Results showed that there were negative effects of being raped, such as more psychological distress and increased alcohol use; however, few differences were found at either assessment based on rape victims' labeling of the experience.

Article:

Sexual victimization is a pervasive problem, especially for college women. Estimates suggest that half of all sexual assault victims are younger than 25 years old (U.S. Department of Justice, Bureau of Justice Statistics, 1997). Twenty-seven percent of a national sample of college females reported that they had been a victim of rape or attempted rape (Koss, Gidycz, & Wisniewski, 1987). More recently, Fisher, Cullen, and Turner (2000) surveyed a national sample of college women and found that 1.7% had reported a rape experience in the past 6 months. Approximately 1 in 10 college women reported experiencing a rape in their lifetime. Similarly, 17.6% of women surveyed as part of the National Violence Against Women Survey reported being a victim of completed or attempted rape (U.S. Department of Justice, 1998). Researchers estimate from these statistics that about 25% of women are victims of attempted or completed rape.

For decades researchers have examined the effects that rape has on women. These studies have consistently shown that many victims of rape are more depressed, fearful, and anxious; report less pleasure in their daily activities; are less satisfied sexually and with their relationships; are more likely to experience major depressive disorder, social phobia, sexual dysfunction, and sleep disorders; and have lower self-esteem as compared to nonvictims (Atkeson, Calhoun, Resick, & Ellis, 1982; Calhoun, Atkeson, & Resick, 1982; Choquet, Darves-Bornoz, Ledoux, Manfredi, & Hassler, 1997; Ellis, Atkeson, & Calhoun, 1981; Foa & Riggs, 1995; Kilpatrick, Best, Saunders, & Veronen, 1988; Koss, Dinero, Seibel, & Cox, 1988; Resick, 1993). These effects have been reported regardless of whether the women were raped by strangers or acquaintances.

Furthermore, significant differences are not generally found between women who were raped by

a stranger and those who were raped by an acquaintance (Kilpatrick et al., 1988; Koss et al., 1988).

A problem with most of these studies is that they consist of self-identified rape victims. In other words, the women acknowledge that they have been raped and label their experience as such. However, Koss (1985) found that many women, 43% of her sample, reported having experiences that met the legal definition of rape, but did not label their experience as rape. Even higher numbers (64%, Bondurant, 2001; 48.8%, Fisher et al., 2000; 73%, Pitts & Schwartz, 1993) have been obtained in recent years despite media coverage and campaign efforts to inform women about rape, particularly acquaintance rape.

The distinction between women who do label their experience as rape (labelers) and those who do not label the experience as rape (nonlabelers) has evoked an assumption that labeling the experience as rape is beneficial and necessary for recovery—the belief has been that women should “redefine” what happened to them so as to recover from the experience (Gidycz & Koss, 1991). Yet, research on the benefits of labeling the rape experience is contradictory. For instance, Botta and Pingree (1997) reported that labelers scored better on psychosocial adjustment variables, reporting less interference from emotional problems at work and less drinking in the past 2 months. However, Layman, Gidycz, and Lynn (1996) found that labelers reported more PTSD symptoms.

More recently, researchers have questioned the value to the victim of labeling the experience rape. Kahn, Jackson, Kully, Badger, and Halvorsen (2003) stated that, although labeling has benefits for society as a whole such as increased awareness regarding the prevalence of rape, holding perpetrators responsible for their behaviors, and increased enforcement of rape statutes, it may not have benefits for the individual woman. Kahn and his colleagues have found that nonlabelers had less severe negative emotional reactions to the experience (Kahn & Andreoli Mathie, 2000; Kahn, Andreoli Mathie, & Torgler, 1994; Kahn et al., 2003). This finding could be construed in many ways. For example, nonlabelers may have been less affected by the experience and for that reason did not consider it rape, or labeling an experience as rape may bring about more intense negative emotions because of the associated stigma. Despite these conflicting viewpoints, research has generally been conducted under the assumption that labeling is beneficial. Therefore, researchers have attempted to explain why some women fail to label as rape experiences that meet the legal definition of rape. Below is a summary of the findings to date (see also Kahn & Andreoli Mathie, 2000).

Characteristics of the Rape

The relationship between the victim and perpetrator has been found to have an effect on the use of the rape label. Koss (1985) found that nonlabelers were likely to have a closer relationship with the perpetrator (i.e., knew the perpetrator better, higher level of intimacy) prior to an attack compared to labelers. Other researchers (Bondurant, 2001; Layman et al., 1996) have reported finding no differences in labeling among rape victims in terms of their relationship with the perpetrator. However, this finding may be somewhat misleading—few of the women in these studies were raped by strangers, yet those who were almost always labeled their experience as rape.

Additionally, rapes that involve greater physical force by the perpetrator or greater resistance by the victim are generally more likely to be labeled as rape (Bondurant, 2001; Fisher, Daigle, Cullen, & Turner, 2003; Layman et al., 1996; Kahn et al., 1994; see Koss, 1985 for exception). This finding is understandable for victims who endorse the script that rape is a violent attack. Also, with a greater amount of force and resistance, it may be harder for society to blame the victim; therefore, there may be less self-blame from the victim herself.

Past experience with sexual victimization also seems to be related to labeling an experience as rape. Fisher and colleagues (2003) found that women who had a prior forced or threat-of-harm sexual experience were twice as likely to label their more recent experience as rape.

Personality and Attitudinal Variables

Many studies have also examined the effectiveness of personality and attitudinal variables to differentiate between rape victims and nonvictims as well as labelers and nonlabelers (Bondurant, 2001; Kahn et al., 1994; Koss, 1985). Research has consistently found that less endorsement of a blitz rape script is highly associated with labeling a rape experience as rape. A blitz rape script characterizes rapists as strangers who attack a woman at night from behind bushes. Women who more strongly endorse this belief about rape are less likely to label their own experience as rape (Bondurant, 2001; Kahn et al., 1994). Thus, a woman's failure to identify a rape committed by an acquaintance or boyfriend as rape may be due to her experience not fitting her script of rape. In view of the fact that most college women are raped by someone they know (Fisher et al., 2000), this issue is very important for rape labeling research.

Other variables that have been examined are attitudes related to traditional values, rape myths, romantic beliefs, and attitudes toward women, sexuality, and dating (Bondurant, 2001; Koss, 1985). To date, no differences have been found between women based on their victimization status (i.e., nonvictim, labeler, nonlabeler) in regard to these variables, nor to general, trait personality characteristics (Koss, 1985).

Peer Influence

Bondurant (2001) examined rape victims' perceptions of sexual aggressiveness in their peer group. In her study, sexual aggressiveness was measured in two ways: (a) the number of male friends who were sexually aggressive and (b) the number of female friends who had been sexually victimized. Previous research has shown that having sexually aggressive male friends predicts female sexual victimization (Gwartney-Gibbs & Stockard, 1989). Therefore, it was hypothesized that the more a woman perceives sexual aggression among her peers, the less likely she will be to label her experience as rape. However, the results showed that labelers and nonlabelers did not differ in the number of sexually aggressive male peers they knew, after the level of violence of the rape was controlled. Additionally, labelers reported knowing more sexually victimized women than did nonlabelers, a finding in the opposite direction of the hypothesis.

Current Study

An assumption in the rape literature is that a woman must label her experience as rape so as to recover (Gidycz & Koss, 1991). However, previous research was not designed to examine the benefits of labeling. The goal of the current study was to address this issue by using a

longitudinal research design to examine the relationship between labeling the rape experience and subsequent mental health and personality. In addition, findings of previous research were reexamined in the current study to ascertain their generalizability.

First, we compared nonrape victims, labelers, and nonlabelers on a number of mental health, attitudinal, and behavioral characteristics. Given the extensive amount of past research on the negative consequences of rape, we hypothesized that rape victims, regardless of whether they labeled their experience as rape, would differ from nonvictims on many of these variables. However, differences in attitudes, such as acceptance of male violence and traditional attitudes toward male and female relationships, were not hypothesized because they have not been found in previous research.

There may also be distinctions between labelers and nonlabelers. For instance, Kahn and colleagues (2003) found that labelers reacted more negatively to the experience. Therefore, we hypothesized that labelers may have more negative mental health outcomes. We also hypothesized that labelers and nonlabelers will differ on certain situational components of the rape, such as the amount of physical injury experienced by the victim.

Second, we examined the long-term effects of labeling the experience as rape. Rape victims (i.e., labelers and nonlabelers) at the first assessment were compared based on their labeling of the event on mental health and attitudinal variables at a second assessment approximately 10 months later. Nonvictims were included as a comparison group. Given that prior research has found contradictions in the effects of labeling on mental health (Botta & Pingree, 1997; Kahn et al., 2003; Layman et al., 1996), it was difficult to formulate hypotheses. However, if there are benefits to labeling the experience as rape, then we would expect those who labeled the rape experience at the first assessment to be better adjusted at the second assessment.

METHOD

Participants

Seven hundred fifty-four female college students were recruited to participate in a 5-year longitudinal study (White & Humphrey, 1997). Data for the present study came from the first two waves of data collection, at the beginning of the fall semester and the end of the spring semester of the first year of college. The retention rate for the second administration was 88.2%. Participation was limited to women who graduated from high school the previous spring. Seventy-six percent of the participants identified as White, 21% identified as Black, and 3% identified as another ethnicity. According to the Carnegie Foundation for the Advancement of Teaching (1987), this university is considered representative of state colleges, the type that approximately 80% of all college students attend.

Materials

Sexual victimization. Sexual victimization was assessed by two measures, one targeting childhood victimization and the other assessing high school and college victimization. During the initial assessment, four questions were used to assess sexual victimization as a child (taken from Koss et al., 1987). These questions asked the frequency with which the following experiences occurred prior to the age of 14: “a person showed you his/her sex organs or asked you to show yours,” “a person fondled you in a sexual way or asked you to touch their sex

organs,” “a male attempted sexual intercourse with you (but penetration did not occur),” and “a male had intercourse with you (penetration occurred).” Responses ranged from 1 (*never had this experience*) to 5 (*more than five times*). Follow-up questions asked about the age of the perpetrator. A woman was considered to have been a victim of childhood rape if she affirmed that an adult male had sexual intercourse with her or that she was coerced to have sexual intercourse by a same-age peer.

The Sexual Experiences Survey (SES; Koss et al., 1987) was used to measure sexual victimization past the age of 14. The survey assesses a continuum of sexual experiences ranging from consensual sexual experiences to rape. The measure consists of 11 questions that are rated using a 5-point scale to measure the frequency of each behavior ranging from 1 (*never*) to 5 (*more than five times*). The SES has a reported alpha of .72 based on responses from 5,411 women workers (Koss, Figueredo, Bell, Tharan, & Tromp, 1996). In the present study, reliability was .85 and .75 for the first and second assessments, respectively. Moreover, Koss and Gidycz (1989) reported a correlation of .73 between level of victimization as assessed by the SES and level of victimization reported to an interviewer. During the first assessment (beginning of fall semester) participants received instructions to rate the items on the SES as to their occurrence from the age of 14 to present (this will be referred to as high school victimization). The age at which the experience occurred was also recorded. For the survey completed at the end of the spring semester, participants rated the occurrence of the experiences listed on the SES for only the prior academic year. A woman was considered a rape victim if she reported being forced or threatened with force to have sexual intercourse, anal intercourse, or oral intercourse. Because we were specifically interested in completed rape, intercourse did have to occur. Additionally, a woman was considered to have been raped if she reported that a male deliberately gave her alcohol or drugs and engaged in sexual intercourse when she did not want to. To assess if participants believed they had been raped, participants responded either *yes* or *no* to the question “Have you ever been raped?” on both assessments.

Inclusion criteria for the first assessment were that participants reported consensual sexual experiences only (i.e., no form of sexual victimization; $n= 189$) or reported an experience that meets the legal definition of rape ($n= 96$). Women who reported a rape experience were further divided into labelers ($n= 51, 53.7%$) and nonlabelers ($n= 45, 47.3%$).¹ Previous studies that have examined labeling of the rape experience do not generally assess rape as a child (i.e., prior to the age of 14). Therefore, in the current study women who reported being raped only as a child were excluded from all analyses ($n= 13$). The remainder of women ($n= 456$) reported some form of sexual coercion, ranging from being verbally pressured into kissing someone to attempted acts of rape, and were excluded from analyses.

Only women who reported no sexual experiences or only consensual sexual experiences between Time 1 and Time 2 were included in the second phase of analyses. This selection resulted in a sample of 23 labelers, 24 nonlabelers, and 137 nonvictims by Time 2. Table 1 shows the attrition rate and basis for exclusion of participants from Time 1 to Time 2.

Table 1: Status of Participants Included in Time 1 Analyses at Time 2

Time 1	Status at Time 2	<i>n</i>
Nonvictims (<i>n</i> = 189)	Dropped out of study	16
	Victimized between T1 and T2	36
	Included in T2	137
Labelers (<i>n</i> = 51)	Dropped out of study	6
	Victimized between T1 and T2	22
	Included in T2	23
Nonlabelers (<i>n</i> = 45)	Dropped out of study	3
	Victimized between T1 and T2	18
	Included in T2	24

Additional measures assessed a variety of mental health variables, substance use, attitudes, characteristics of the sexual assault if one occurred, and past sexual experiences. Each measure of interest to the current study is described below.

Mental health. The Mental Health Index (Veit & Ware, 1983) was used to assess current psychological distress and psychological well-being. The 38 items were rated on a 5-point scale ranging from 1 (*not at all like me*) to 5 (*very much like me*) regarding how descriptive each statement was of the participant in the past month. Psychological distress consisted of responses to 24 items measuring anxiety, depression, and loss of control (e.g., “anxious, worried,” “low or very low spirits,” and “nothing turns out as wanted”). Psychological well-being consisted of 14 items measuring positive affect and emotional ties (e.g., “generally enjoyed things” and “felt loved and wanted”). These items appeared on both the first and second surveys. The reliability of the psychological distress subscale was .94 and .93 for the first and second assessments, respectively; the reliability of the psychological well-being subscale was .93 and .94 for the first and second assessments, respectively.

Alcohol use. A composite variable was created from two questions to index participants' use of alcohol. Participants responded to the questions using an ordinal scale. Responses regarding frequency of becoming “drunk or pretty high” in an average month for the past year ranged from 1 (*never*) to 5 (*ten or more times*). Similarly, responses to the frequency of drinking more than five drinks in a row in an average month ranged from 1 (*never*) to 5 (*ten or more times*). Responses to these two questions were summed together to create an index of alcohol use with higher scores indicating more frequent use. The index correlates highly with each independent measure ($r > .90$). The questions and response options were identical on the first and second surveys.

Attitudinal characteristics. Four subscales from Ashmore and Del Boca's (1987) Gender Attitudes Inventory (see also Ashmore, Del Boca, & Bilder, 1995) were utilized on both assessments. These subscales were traditional gender-role attitudes (10 items, e.g., “Women are generally more sensitive to the needs of others than men are”); chivalry attitudes (6 items, “Chivalrous gestures toward women on the part of men should be encouraged”); acceptance of male violence (5 items, “A man is sometimes justified in hitting his wife”); and disapproval of women taking the initiative in dating relationships (5 items, “I approve of women taking the aggressive role during sexual intercourse”). Each subscore was derived by taking the average of the items that constituted the subscale; responses could range from 1 (*agree strongly*) to 5 (*disagree strongly*). Reliability estimates of the subscales ranged from .59 (chivalry attitudes) to

.79 (traditional attitudes) on the first assessment; the reliability for the entire scale was .78. Similarly, estimates ranged from .51 (chivalry attitudes) to .76 (traditional attitudes) on the second assessment; the reliability for the entire scale was .74.

Past sexual experience. On the initial assessment, participants indicated the number of males with whom they had had sexual intercourse (0 = none, 1 = one, 2 = two to five, 3 = six to ten, 4 = more than ten). On the second assessment, participants indicated on the same scale the number of males with whom they had had sexual intercourse during the past school year. For data analysis, responses were recorded by taking the average of each category to get a more interpretable estimate of the number of sex partners. The response categories were recoded as 0, 1, 3.5, 8, and 11.

Peer victimization experiences. An item on the initial survey asked, "How many women that you know personally have been sexually victimized, that is, have had a man force them to engage in sexual behavior, even if intercourse did not occur?" Responses could range between 0 (*none*) and 4 (*more than ten*). Participants answered the same question on the second survey, but it was limited to the number of women they personally knew who had been sexually victimized in the past school year.

Characteristics of the rape. Several questions assessed characteristics of the rape experience. These included the amount of physical injury experienced (ranging from 0 =*no injury* to 4 =*yes, the injury required medical hospitalization*); if the participant was drinking at the time of the event (ranging from 0 =*no* to 3 =*yes, very intoxicated*); if the perpetrator was drinking at the time (ranging from 0 =*no* to 3 =*yes, very intoxicated*); the extent of sexual contact with the perpetrator prior to the event (ranging from 0 =*none* to 2 =*sexual intercourse*); the relationship to the perpetrator (1 = family member, 2 = stranger, 3 = a casual acquaintance, 4 = friend, 5 = boyfriend); and whom they told about the experience (1 = no one, 2 = friend or family member, 3 = clergy, counselor, or medical doctor, 4 = police or other law enforcement).

Counseling. On the second assessment, two questions were asked about counseling-seeking behavior. Participants responded yes or no to the question "Have you received counseling/therapy during the past academic year?" They were also asked about their receiving counseling prior to this academic year. Responses to this question were dichotomized as *never received counseling* or *received counseling prior to entering college*.

Procedure

Participants completed the initial survey during student orientation at the beginning of the fall semester. Students who did not attend an orientation were contacted and asked to participate. Informed consent was obtained as well as contact information for future follow-ups. Participants gave their contact information along with contact information for a person who could be contacted about the student's whereabouts the next year. To ensure confidentiality and still allow for future contacts, each survey and contact sheet were assigned a code number that was kept in a locked safe and was accessible only to the co-investigators and the data manager. Additionally, a federal Certificate of Confidentiality issued by the National Institutes of Health, which protects the data from being subpoenaed, was obtained to bolster students' confidence in our commitment to ensure confidentiality. Toward the end of the spring semester, participants were contacted and

invited to complete another survey for which they received \$15. The survey was completed at the end of their first year in college in mixed-sex group settings proctored by trained graduate and undergraduate students.

RESULTS

Effects of Labeling a Rape Experience

To examine our first hypothesis that labelers and nonlabelers differ from nonvictims in terms of mental health, alcohol use, and dating history, we compared these groups on their responses at Time 1. With this design, we were also able to examine differences among labelers and nonlabelers. Because some of the rape victims (12 women) were also raped as a child (prior to age 14), childhood rape was entered as a covariate in all analyses.² When variables were derived from the same scale, multiple analyses of covariance (MANCOVAs) were calculated to decrease the number of tests necessary. Thus, the two subscales of the Mental Health Index were analyzed in one MANCOVA, and the four attitudinal subscales of the Gender Attitudes Inventory were analyzed in a second MANCOVA. Significant MANCOVAs were followed by analyses of covariance (ANCOVAs) and Tukey's tests to examine differences among nonvictims, labelers, and nonlabelers.

The MANCOVA performed on the psychological well-being and psychological distress subscales was significant, $F(4, 556) = 3.99, p = .003$, Wilk's $\Lambda = .945$. Subsequent ANCOVAs were examined for both of these variables, and both tests were significant: psychological well-being, $F(3, 279) = 4.81, p = .003, \eta^2 = .05$; and psychological distress, $F(3, 279) = 4.26, p = .006, \eta^2 = .04$. Tukey's tests showed that labelers and nonlabelers reported significantly poorer psychological well-being than nonvictims (see Table 2 for means of each sexual victimization group). The only significant difference in psychological distress was between nonvictims and labelers.

Table 2: Comparison of Nonvictims, Labelers, and Nonlabelers on Mean Responses at Time 1

<i>Variable</i>	<i>Nonvictim (n = 189)</i>	<i>Labeler (n = 51)</i>	<i>Nonlabeler (n = 45)</i>
Psychological distress	2.16 (.74) ^a	2.61 (.78) ^b	2.37 (.87) ^{ab}
Psychological well-being	3.30 (.87) ^a	2.81 (.88) ^b	2.92 (.91) ^b
Number of sexual partners	2.68 (2.40) ^a	4.66 (3.09) ^b	5.16 (3.51) ^b
Alcohol use	3.46 (1.93) ^a	4.41 (1.92) ^b	4.82 (2.68) ^b
Traditional attitudes	3.03 (.60) ^a	3.03 (.54) ^a	3.01 (.56) ^a
Chivalry attitudes	2.58 (.54) ^a	2.75 (.53) ^a	2.67 (.58) ^a
Male violence	4.42 (.50) ^a	4.41 (.59) ^a	4.30 (.58) ^a
Disapprove of women taking initiative	3.88 (.61) ^a	3.78 (.59) ^a	3.72 (.76) ^a

Note. Means that do not share a common superscript are significantly different at $p < .05$. Standard deviations included in parentheses.

The MANCOVA performed on the four attitudinal subscales was not significant, and therefore no further analyses were performed. Thus, no significant differences in gender attitudes were found between nonvictims, labelers, and nonlabelers.

The data for number of sexual partners and alcohol use were transformed (square root and inverse transformations, respectively) to reduce skewness. ANCOVAs were then performed on

each variable. Results showed that there was a significant effect of sexual victimization category on women's number of past sexual partners, $F(3, 279) = 13.24, p < .0001, \eta^2 = .12$, as well as on their drinking behaviors, $F(3, 276) = 7.50, p < .0001, \eta^2 = .08$, after controlling for childhood rape experiences. Tukey's tests showed that labelers and nonlabelers reported more sexual partners and alcohol use in high school than nonvictims.

We were also interested in examining aspects of the rape event that may be associated with women labeling their experience as rape. To test this, a logistic regression was performed using variables that have previously been shown to relate to labeling. These variables included the amount of physical injury experienced (57% responded they were not injured); whether the woman was drinking at the time of the event (60% reported not drinking at the time of the event); the number of women the participant knew who were victims of sexual aggression (60% reported knowing two to four women who had been victimized, only 11% reported not knowing any women who had been victimized); the amount of prior sexual contact with the perpetrator (44% of women reported no prior sexual contact, 41% reported kissing and/or petting, and 15% reported sexual intercourse); and relationship to the perpetrator (38.3% reported boyfriend, 31.91% reported casual acquaintance, 20.21% reported friend, 7.45% reported family member, and 2.13% reported stranger). Respondents who reported the perpetrator to be a stranger were not included due to the low frequency ($n = 2$). Because the relationship to perpetrator variable is nominal, it was dummy coded for analyses. This resulted in four new variables: family member, boyfriend, casual acquaintance, and friend, with either a *yes* or *no* response. Finally, the interactions between each of these relationship-to-perpetrator variables and the amount of prior sexual contact with the perpetrator were included.³

The logistic regression model was significant in predicting the labeling of a rape experience as rape, $\chi^2(11) = 28.08, p = .003$; results are presented in Table 3. The amount of physical injury experienced significantly predicted labeling the rape experience as rape, $\chi^2(1) = 5.83, p = .02$, whereas the amount of victim drinking approached significance, $\chi^2(1) = 3.37, p = .07$. Based on the odds ratio estimates, these results suggest that a woman who labeled her experience as rape was 2.86 times more likely to experience a physical injury and was .62 times less likely to have been drinking at the time of the incident.

Two additional characteristics of the rape were of interest: whether the victim told anyone about the rape and whether the perpetrator was drinking at the time of the event. However, these variables had extensive missing data (24% for telling someone about the rape and 19% for the perpetrator's drinking status); therefore, they were not entered in the logistic regression.⁴ Because we were interested in their relationship to labeling the rape experience, we conducted individual chi-square tests. Participants' responses to the question of whom they told about the experience were trichotomized into someone (including a friend, family member, clergy, or police), no one, or missing. Approximately half (56%) of the women reported telling someone about the rape, and half of the women (50%) reported that the perpetrator either was not drinking or was drinking but not intoxicated at the time of the event. There was no significant difference between labelers and nonlabelers on either of these variables.

Table 3: Results of the Logistic Regression Models to Predict Labeling of the Rape Experience

<i>Variable</i>	β	<i>SE</i>	<i>p</i>	<i>Odds Ratio</i>	<i>95% CI for the Odds Ratio</i>
Physical injury	1.05	.44	.02	2.86	1.22, 6.74
Friends who were victims	.44	.35	.21	1.56	.78, 3.12
Victim drinking	-.47	.26	.07	.62	.38, 1.03
Family member	-.42	1.18	.72	.66	.06, 6.64
Casual acquaintance	-.12	.84	.89	.89	.17, 4.61
Friend	.22	.95	.82	1.24	.19, 8.04
Boyfriend	.37	1.03	.72	1.45	.19, 10.87
Contact	-.77	1.85	.68	.46	.01, 17.32
Contact * acquaintance	.66	1.96	.74	1.94	.04, 90.78
Contact * friend	.53	2.01	.79	1.71	.03, 86.83
Contact * boyfriend	-.96	1.99	.63	.38	.008, 18.86

Percent Concordant = 80.1%

Note. A no intercept model is presented for ease of interpretation. Results were compared with an intercept model (with family member perpetrator as the reference group) and there were no statistical or substantive differences.

Long-Term Effects of Labeling the Rape Experience

Our second hypothesis concerned the long-term effects of labeling the rape experience. Given the assumption that labeling a rape is beneficial to the victim, we hypothesized that labelers at Time 1 would be better adjusted at Time 2. To test this hypothesis, we examined responses at the end of the women's first year of college based on how they labeled the rape experience at the beginning of college.⁵ Analyses were similar to those conducted on the first assessment measures. That is, two MANCOVAs were calculated for the subscale variables (mental health and attitudinal measures). As in the first analysis, childhood rape was entered as a covariate. Additionally, Time 1 responses were entered as covariates in each corresponding model. Tukey's tests were conducted to examine differences among nonvictims, labelers, and nonlabelers at Time 2.

The MANCOVA performed on the psychological well-being and psychological distress subscales was significant, $F(4, 356) = 2.79, p = .03$, Wilk's $\Lambda = .94$. Subsequent ANCOVAs were examined for both of these variables. A significant effect of sexual victimization category was found for psychological distress after controlling for responses on psychological distress at Time 1, $F(4, 178) = 13.02, p < .0001, \eta^2 = .02$, and for psychological well-being after controlling for responses on psychological well-being at Time 1, $F(4, 178) = 13.71, p < .0001, \eta^2 = .004$. Tukey's tests showed that women who were raped, regardless of how they labeled it, reported more psychological distress than women who were not raped (Table 4 shows the unadjusted means for each sexual victimization group). Regarding psychological well-being, although the overall ANCOVA was significant, no significant differences were found based on post hoc analyses between sexual victimization categories.

The MANCOVA performed on the four attitudinal subscales was not significant, and no further analyses were performed on these subscales. Thus, no significant differences in gender attitudes were found between women at Time 2 who were and were not raped after controlling for Time 1 responses.

Table 4: Comparison of Women Nonvictims, Labelers, and Nonlabelers on Mean Responses at Time 2

<i>Variable</i>	<i>Nonvictim (n = 137)</i>	<i>Labeler (n = 23)</i>	<i>Nonlabeler (n = 24)</i>
Psychological distress	2.00 (.65) ^a	2.51 (.68) ^b	2.34 (.75) ^b
Psychological well-being	3.41 (.93) ^a	2.95 (.91) ^a	3.20 (.91) ^a
Number of sexual partners	1.56 (2.89) ^a	3.30 (4.24) ^a	1.59 (1.83) ^a
Alcohol use	3.46 (1.81) ^a	3.83 (1.90) ^{ab}	4.56 (2.02) ^b
Traditional attitudes	3.04 (.51) ^a	2.99 (.65) ^a	3.10 (.61) ^a
Chivalry attitudes	2.69 (.56) ^a	2.68 (.63) ^a	2.64 (.49) ^a
Male violence	4.38 (.61) ^a	4.26 (.65) ^a	4.60 (.57) ^a
Disapprove of women taking initiative	3.60 (.68) ^a	3.30 (.80) ^a	3.71 (.92) ^a

Note. Means that do not share a common superscript are significantly different at $p < .05$. Standard deviations included in parentheses.

The data for number of sexual partners and alcohol use were transformed (log transformations for both variables) to better approximate normality. ANCOVAs were then performed on each variable controlling for Time 1 responses on the respective variables. Results showed no significant effect of sexual victimization category on women's number of sexual partners over the past academic year after controlling for the number of sexual partners they had in high school; however, many women did not respond to this question. A significant effect of sexual victimization history was found regarding alcohol use, $F(4, 175) = 47.30, p < .0001, \eta^2 = .01$. This difference was significant only between nonvictims and nonlabelers. Specifically, nonlabelers reported more alcohol use.

Labeling may have little effect on person variables, but instead may have a more indirect effect, such as increasing the likelihood of seeking counseling. However, results regarding counseling seeking revealed no significant differences. Labelers and nonlabelers did not differ in seeing a counselor in the past year or ever receiving counseling. Only 13% of rape victims reported seeking counseling in the past year, and 28% reported ever seeking counseling.

DISCUSSION

The negative effects of rape have been reported for many years. These include depression, fear, anxiety, social phobia, sexual dysfunction, and sleep disorders (Atkeson et al., 1982; Calhoun et al., 1982; Choquet et al., 1997; Ellis et al., 1981; Foa & Riggs, 1995; Kilpatrick et al., 1988; Koss et al., 1988; Resick, 1993). Similarly, we found rape victims to report less psychological well-being, more alcohol use, and more sexual experiences than nonvictims.

We also examined differences among rape victims based on how they labeled the experience (i.e., rape or not rape). We found that 47% of our sample did not label the experience as rape, which is consistent with past research (Bondurant, 2001; Fisher et al., 2000; Koss, 1985; Pitts & Schwartz, 1993). Interestingly, rape victims, regardless of label, did not differ on their reported psychological well-being, attitudes, past sexual experience, or alcohol use at the first assessment. These results are consistent with prior research regarding a lack of differences on personality or attitudinal variables (Bondurant, 2001; Kahn et al., 1994; Koss, 1985). Also, at the first assessment labelers reported more psychological distress than nonvictims—nonlabelers did not significantly differ from either group. This difference may be due to the realization of having a concealable stigma. Santuzzi and Ruscher (2002) found that women who role played being a lesbian in an interview context reported more self-concern and negative attitudinal

metaperceptions regardless of whether they revealed their stigma to the person with whom they were interacting. This finding suggests that the mere fact of bearing a stigma has negative effects and could possibly cause an individual more distress.

At the second assessment, labelers and nonlabelers reported greater psychological distress than nonvictims, even after controlling for the reported distress at the first assessment. Additionally, nonlabelers reported more alcohol use in the past year than nonvictims. However, nonvictims, labelers, and nonlabelers did not differ regarding attitudes, psychological well-being, or the number of sexual partners in the past year. The lack of differences may be due to low power, or rape victims may become more like nonvictims on these measures over time. However, the important finding is that labelers and nonlabelers did not differ on any variables, suggesting that labeling may not be crucial to recovery.

Although no differences were found between labelers and nonlabelers on either assessment, there was a change in the effect of alcohol use between assessments. At the first assessment, victims reported more alcohol use than nonvictims regardless of their label. However, at the second assessment, nonlabelers still reported significantly more alcohol use than nonvictims, whereas labelers did not differ from either group. This finding suggests that a possible benefit to labeling is the decrease in self-destructive behaviors over time. Therefore, research should examine in more depth the relationship between alcohol use and labeling the rape experience.

Previous researchers who have reported differences based on labeling of the experience (Botta & Pingree, 1997; Kahn et al., 2003) used different assessment instruments, thereby possibly explaining the differences between their studies and the current study. For example, Botta and Pingree (1997) found differences in terms of emotional problems interfering with work and social life, whereas we assessed more global measures of mental health. Kahn and colleagues (2003) found differences in negative reactions to the experience, which are variables we did not examine. Therefore, a better understanding of variables that are affected by labeling of the experience is needed.

Additionally, certain characteristics of the rape itself were found to differentiate labelers and nonlabelers. Women were less likely to acknowledge the rape when they experienced less physical injury. A small effect was also found for drinking, such that women were more likely to label the experience as rape if they reported not drinking prior to the event. Once again, these findings are consistent with past research. However, other variables we examined, such as the number of friends the victim knew who had been sexually victimized, did not significantly aid in the prediction of labeling a rape experience as rape.

A novel aspect of the current study was examining the long-term effects on mental health, attitudes, sexual history, and alcohol use based on labeling of the rape. Although research is limited and contradictory, the general assumption in the rape literature is that acknowledging a rape is beneficial and necessary for recovery. However, we found that labeling the rape had no effect on mental health outcomes, reported alcohol use, or seeking counseling a little less than 1 year after the initial assessment. Yet, differences between rape victims and nonvictims were still observed almost a year later. Both labelers and nonlabelers reported more psychological distress than nonvictims, and nonlabelers reported more frequent drinking than nonvictims. These results

suggest that the negative consequences of the rape did not diminish. Instead, negative effects of the rape were still present, but differences based on how the woman labeled the experience were not found.

Limitations

The results of this study are limited to a college sample from one university, thereby limiting the generalizability of this study's results. Furthermore, the longitudinal aspect of the current study did not include women whose sexual assault experiences were so severe that they had to leave college; there were, however, no differences in attrition rates due to assault. Moreover, many sexual assaults occur on college campuses, and, therefore, college samples are appropriate for this research. Ideally, these questions should be explored also in a community sample of women from diverse backgrounds in regard to socioeconomic status, education, and ethnicity (Kalof, 2000).

Another limitation of the current study concerns some of the assessments and questions utilized. The measure of attitudes used (Ashmore & Del Boca, 1987) had an overall acceptable reliability; however, certain subscale reliabilities were quite low, namely the subscales assessing chivalry attitudes and acceptance of male violence. A more reliable measure may be necessary to detect subtle differences. Additionally, we used the SES (Koss et al., 1987) to assess rape experiences. This measure has received criticism as being a "one-stage" measure because responses to the SES items are the only assessment of victimization (Fisher et al., 2003). This can result in the possibility of some false positives (some cases that are in fact not rape, but identified by the researcher as rape) and some false negatives (some cases of rape go undetected).

Furthermore, two questions regarding the rape experience, if they told anyone about the experience and if the perpetrator was drinking at the time of the event, proved problematic due to extensive missing data. No significant differences were found on either of these variables based on labeling of the rape, yet we must question why so many participants left these items blank. Perhaps it is difficult for women to know whether the perpetrator was drinking, and, if so, how much. However, the high rate of missing data for the question regarding whether they told anyone is more difficult to explain. It could be that women who did not tell anyone may believe they should have and, therefore, were embarrassed and left the item blank. Additionally, the relationship between race, age, and whether they told someone about their rape experience was not predicted and is not readily interpretable. This effect may be a statistical anomaly or may suggest that more research is needed on the dynamics of rape disclosure.

Implications and Future Research

What are the implications regarding encouraging women to label a rape experience if it does not have the presumed positive mental health effects? It could be that beneficial effects of labeling a rape experience take longer to appear than the time frame of the current study. Some women report years of confusion and misunderstanding about their rape experience before clarity about it being rape occurs (Girshick, 2002; Warshaw, 1994). It also could be that there are no beneficial effects of labeling the experience as rape for the individual. Regardless of what they label it, most women see it as a negative experience (Warshaw, 1994) and have to work through the consequences; the actual label attached may not affect this process. If this explanation is accurate, it by no means implies that we should stop encouraging women to label their rape

experience. Even if no immediate benefits result for the victims, we know that there are societal benefits for a woman to label her experience rape. These include reporting to the police and increasing the awareness of the frequency of rape.

To better understand the complexities involved in labeling a rape experience, more longitudinal studies need to be conducted. Specifically, these studies must entail multiple assessments over many years to determine whether the assumed benefits eventually become apparent. Moreover, a small segment of our sample (20%) “changed” their label between the two assessments; some women who reported that they had been raped at the first assessment reported that they had never been raped on the second assessment and vice versa. Unfortunately, this subset of women was too small to examine in more detail. However, this finding does suggest that the process of labeling is very dynamic and may be better understood with multiple assessments. Also, qualitative research would be helpful in better understanding the processes involved in labeling a rape experience. Such an investigation might help to shed light on what factors may influence a woman to change the label given to her experience.

In sum, the present study demonstrates the long-term negative effects of rape, regardless of the label assigned to the experience. Although the current study did not find beneficial effects of labeling the experience, it is possible that disclosure of a rape experience in the context of psychotherapy could be beneficial. Based on principles of feminist therapy, such disclosure could lead to a personal sense of empowerment, as well as the possibility for interpersonal and sociopolitical empowerment (Morrow & Hawxhurst, 1998). This promising avenue of research remains to be explored.

NOTES

1. Given that the rape experience could have occurred any time between the age of 14 and their first year of college, analyses were done to examine differences between labelers and nonlabelers as a function of when they were raped. No significant differences were found, so age was not included in any further analyses.
2. Other variables, such as demographic variables, were not entered as covariates because the sampling technique resulted in a homogenous group. All participants had to have completed high school the previous spring; therefore, their age was approximately the same. Additionally, the majority of women were Caucasian (76.5%).
3. The interaction between prior sexual contact with the perpetrator and relation to the perpetrator (family member or not) was not included due to zero cell counts.
4. Analyses were conducted to see if differences exist between participants who did and did not respond to these two variables. The only difference found for the perpetrator drinking variable was that non-Caucasians left this missing more often than expected. This racial difference was also found for the “who told” variable. Additionally, a difference in the age when the experience occurred was found for the “who told” variable; missing participants were more likely to report the experience happened at age 15 or 17. However, there were no differences in how they labeled the experience.
5. Of the women included in the Time 2 analyses, 6 of the 24 who responded that they had not been raped at Time 1 said they had been raped at Time 2. Additionally, 4 of the 23 women who said they had been raped at Time 1 said they had never been raped at Time 2. Analyses were conducted with these women excluded to see if the results were

affected. The only difference was that, although the ANCOVA remained significant, the pairwise comparisons did not reveal any significant differences on the alcohol use measure.

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