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Close to 20% of women experience attempted or completed rape at some point in their lifetime, yet it is estimated that 60% of rape victims would not acknowledge their experience as "rape," termed as "unacknowledged rape." Rape acknowledgment literature presents major limitations, such as only providing victims with yes/no responses to the question, "Have you been raped?" Presenting a dichotomy in the absence of other options forces participants into one of two categories, which likely causes victims to choose the less intense response. In the present study, participants provided a history of unwanted sexual acts and were then presented with various labels to describe their past experiences (i.e., "rape," "sexual assault," "a crime," "sexually violated," "a miscommunication," "an uncomfortable sexual experience," "a regret," "a mistake"). Approximately half (52.1%) the sample experienced rape, defined as forced or coerced nonconsensual oral, vaginal, or anal penetration using a penis, fingers, or objects. Only 32.7% of rape victims acknowledged "rape" specifically, yet 77.9% of rape victims used at least one of the four labels acknowledging that they experienced sexual violence (i.e., rape, sexual assault, crime, sexually violated). I found that rape victims who acknowledged "rape" reported a higher frequency of unwanted sexual acts compared to those who generally acknowledged sexual violence and those who remained unacknowledged. Participants also engaged in a risk sensitivity task, in which they listened to an audio-recording of a hypothetical date rape and indicated when they felt the assailant had "gone too far." No definitions of acknowledgment predicted sensitivity to risk in the hypothetical vignette. Expanding the definition of acknowledgment may alter conversations surrounding rape, may impact future research on related outcomes, and may be addressed within a therapeutic setting using this additional knowledge.

EXPANDING THE DEFINITION OF RAPE ACKNOWLEDGMENT AND SUBSEQUENT
EFFECTS ON RISK SENSITIVITY

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CHAPTER I: INTRODUCTION

“The ‘r’ word terrified me for all sorts of reasons.... The sight of the ‘r’ word was enough to produce reactions in me that ran the gamut from the unsettling to the disastrous” (pp. 16, Douglas, 2016). The quote above sheds light to the internal struggle Raymond Douglas faced in conceptualizing and labeling his personal victimization. In his memoir *On Being Raped*, Douglas begins by describing an unwanted sexual experience he encountered when he was 18 years old by a priest he was well-acquainted with. Even though his experience was well within legal definitions of rape, Douglas felt that the word “rape” was synonymous with “torture.” He found that he felt more comfortable with other, seemingly less-threatening labels, such as “attack” or “sexual assault,” yet still felt he had to defend his use of these labels, as if he had to qualify his experience of sexual violence. In this paper, I start by introducing what “rape acknowledgment” is, how it is measured, and the limitations of prior research. Next, I explore how acknowledgment may impact clinical outcomes and posttraumatic recovery of rape victims, specifically sensitivity to risky cues, which may have dramatic effects on revictimization. Then, I outline the present study, which explored the use of the word “rape,” what other terms may be used, as well as how the use of these terms influence risk sensitivity in a hypothetical rape scenario.

Definition of Rape in Psychological Research

Rape has recently gained added awareness through sociopolitical events, such as the #MeToo movement. Approximately 18% of a nationally representative sample of 8,000 women reported that they experienced attempted or completed rape at some point in their lifetime (Tjaden & Thoennes, 1998). In samples of college female students, the prevalence of rape is

closer to 20% (e.g., Kahn et al., 2003). The definition of rape has altered over time and across settings. Muehlenhard and colleagues (1992) reviewed the literature and found that definitions of rape within psychological research varied along several dimensions. These dimensions included the sexual behaviors specified, criteria for establishing non-consent, how the victim and perpetrator(s) are specified, and the perspective specified (Muehlenhard et al., 1992). Many researchers tend to use the legal definition of rape specified by the state in which the research is conducted (e.g., Littleton & Henderson, 2009), whereas others do not specify a legal definition but instead identify the specific behaviors or types of coercion they define as rape. As an example, Tjaden and Thoennes specified rape as “forced vaginal, oral, and anal intercourse” (pp. 2, 1998). Other researchers specified that penetration may have occurred with an “object” or “digit” (i.e., finger; Koss et al., 1987). Kilpatrick et al. (1989) broadened the definition further to “sexual experiences unwanted by the victim and involved the use or threat of force” (p. 202). Other definitions do not require the use of force (e.g., Muehlenhard & Linton, 1987).

Acknowledgment of Rape by Victims

Despite heightened awareness and more frequent conversations surrounding rape, the majority of rape victims are unlikely to acknowledge that rape had occurred. The term “unacknowledged rape” was first coined by Mary Koss in the 1980s and has been frequently used to describe situations in which rape has occurred but the victim would not label the incident as “rape” (Koss, 1985). Wilson and Miller (2016) recently conducted a meta-analysis of 28 studies examining the prevalence of unacknowledged rape. The studies cumulatively included 30 independent samples with a total of 5,917 female rape victims. They used a random effects model and concluded that the weighted mean prevalence of unacknowledged rape among rape victims was 60.4%.

Researchers have found that other labels may be used instead of “rape,” such as a miscommunication between the victim and perpetrator or a “bad” sexual experience (Littleton et al., 2008; Layman et al., 1996), which more often neglect the most important characteristic of rape – a lack of consent. Unacknowledged rape has also been frequently referred to as “acquaintance rape” (e.g., Koss et al., 1988). Individuals often possess a “rape script,” or how they would expect a “typical” rape to unfold. Prior researchers have identified a “blitz rape script” to be commonly held. In a blitz rape script, the victim usually suffers penile penetration enacted by the assailant, after the assailant exhibits physical force and the victim actively resists (Ryan, 1988; Kahn et al., 1994). The victim is usually female, the assailant is male, the victim is not intoxicated (i.e., less confusion regarding consent), and the assailant is a stranger to the victim. Although some incidences of rape follow this script, many do not. Assailants may be acquaintances to the victim (Frazier & Seales, 1997; Koss et al., 1988; Koss, 1985; e.g., romantic partner, friend, family member). Persistent, physical resistance by the victim is less common (Layman et al., 1996) and is not a requirement per commonly used definitions of rape (e.g., legal definitions).

All of the characteristics mentioned above often influence whether acknowledgment of rape occurs (Bondurant, 2001). Victims are more likely to acknowledge rape if the event was similar to a blitz rape script. For example, rape acknowledgment is more often associated with a lack of victim intoxication of drugs/alcohol (Kahn et al., 2003; Littleton et al., 2006), which often assumes that the victim was able to adequately verbalize or display non-consent. Similarly, victims were more likely to acknowledge rape if the assailant was not intoxicated (Littleton et al., 2006; Layman et al., 2006), suggesting that the assailant was able to understand the victim’s indication of non-consent. Victims were more likely to acknowledge rape if physical force was

displayed by the assailant (Arttime et al., 2014) and if victims clearly expressed non-consent (e.g., screaming for help, physically struggling; Kahn et al., 2003; Layman et al., 1996), versus if the victim “turned cold” during the assault. The extensive research examining peritraumatic characteristics lends an explanation as to why victims are less likely to acknowledge that rape had occurred.

Measurement of Rape Acknowledgment

Rape acknowledgment is most commonly measured by assessing whether rape has occurred then asking individuals whether they believe they had been raped. Participants may be asked about past sexual violence in an open-ended format (e.g., Peterson & Muehlenhard, 2004) or presented with descriptions of specific sexual acts that exclude the word “rape” (e.g., Peterson & Muehlenhard, 2004). The Sexual Experiences Survey (SES; Koss & Gidycz, 1985) is the questionnaire most commonly used to assess the past occurrence of rape, as it is available in short (Koss et al., 2007) and long versions (Koss et al., 2006) and provides a large array of sexual acts that would often legally qualify as rape. The SES includes penile penetration of the mouth, vagina, or anus, as well as penetration by digits (i.e., fingers) or objects, through a wide variety of coercive tactics (e.g., verbal or physical threat or force) and victim vulnerability (e.g., asleep or intoxicated). The SES concludes with the question “Have you been raped?” and provides “yes” and “no” answer choices. Wilson and Miller (2016) noted that, of the included 28 studies, 24 studies used the SES or a modified version of the questionnaire. Similar to the SES, however, the other four studies provided a definition of rape and either directly asked the participants if they would consider this experience as rape (Fisher et al., 2003) or asked the participants to label the experience (Peterson & Muehlenhard, 2004, 2007; Sapanski, 2011).

A major limitation Wilson and Miller's (2016) review is the inclusion of studies that did not use "rape" specifically in their final assessment of rape acknowledgment, despite the fact that the SES ends with the question "Have you been raped?" Although Wilson and Miller (2016) embraced all definitions as "rape acknowledgment," four studies used the term "sexual assault" (Botta & Pingree, 1997; Hammond & Calhoun, 2007; Harned, 2002; Marx & Soler-Baillo, 2005), five examined denial of the phrase "a crime other than rape" (Cleere & Lynn, 2013; Koss et al., 1988, 1996), and two limited "rape" to events in which "a man" is the perpetrator (Kahn et al., 2003; Pitts & Schwartz, 1994). Other studies relied on participants' use of terms that indicate unacknowledgment (e.g., miscommunication), rather than directly assessing denial of rape acknowledgment (Littleton et al., 2006). Unfortunately, prior research has often assessed one measure of acknowledgment/unacknowledgment at a time (e.g., limited yes/no answer choices for the label "rape" without the availability of other labels identifying a lack of consent). The present study simultaneously assessed a variety of labels to examine what terms are more likely to be used, which allows us to gain a more accurate understanding of acknowledgment.

Advantages and Disadvantages of Rape Acknowledgment

Previous research suggests that acknowledgment of rape may predict subsequent outcomes, such as seeking out social support, repeated victimization, and psychopathology. Compared to unacknowledged rape victims, those who acknowledge that rape has occurred are more likely to disclose the event to others (Botta & Pingree, 1997; Littleton et al., 2006, 2008) and to a higher number of people (Littleton et al., 2008). Disclosure is often thought to be a vital component of recovery after a traumatic event; unfortunately, Littleton and colleagues (2006, 2008) found that acknowledged rape victims received the same degree of negative reactions following their disclosure of the event to others. Negative reactions may include stigmatizing

(e.g., treating the victim as “damaged”), victim blaming (e.g., questioned whether the victim was more to blame than the assailant), and egocentrism (e.g., requested reassurance from the victim, instead of providing support). Although acknowledged rape victims more often seek out social support by disclosing the event to others, it is not guaranteed that disclosure provokes positive, supportive reactions.

Other research has found rape acknowledgment to be related to some advantages (e.g., lower likelihood of revictimization, less problematic substance use), some disadvantages (e.g., higher severity of PTSD symptoms), and some mixed findings (e.g., self-blame, psychological distress, depression) in regard to posttraumatic outcomes. For example, Littleton et al. (2009) found that acknowledged victims were less likely to report revictimization within a six-month follow-up period. In addition, prior research has found that acknowledged rape victims reported less alcohol use, compared to unacknowledged victims (Littleton et al., 2009; McConnell & Messman-Moore, 2018), a finding that has not been consistently replicated (McMullin & White, 2006).

In terms of disadvantages, prior research has found that acknowledged victims were more likely than unacknowledged victims to experience symptoms of posttraumatic stress disorder (PTSD; Wilson et al., 2017; Littleton et al., 2006, 2009; Littleton & Henderson, 2009; Layman et al., 1996; Cohn et al., 2013). Results have even shown higher scores in all symptom clusters of PTSD diagnostic criteria (i.e., intrusions, avoidance, and arousal; Layman et al., 1996; Marx & Soler-Baillo, 2005). This distinction may be related to the severity of the rape, such that, as mentioned above, acknowledged victims were more likely to report physical force during the event, compared to unacknowledged victims.

Research examining acknowledgment's relationship to other areas of mental health, such as self-blame, depression, and overall distress, has produced inconsistent results. Self-blame, a symptom of PTSD, has been more likely reported by unacknowledged rape victims (Frazier & Seales, 1997; Pitts & Schwartz, 1993; Botta & Pingree, 1997), whereas other research has not found differences in reported self-blame between unacknowledged and acknowledged victims (Kahn et al., 2003). Similarly, some research has shown that acknowledged victims reported higher severity of depressive symptoms (Wilson et al., 2017; Littleton et al., 2009), whereas other research did not find group differences (Cohn et al., 2013). In regard to "psychological distress" or "psychological dysfunction," acknowledged rape victims have reported a lower level of distress in some research (Clements & Ogle, 2009), results that were not found in other research (McMullin & White, 2006).

In conclusion, the available literature suggests that rape acknowledgment is beneficial in regard to substance use and likelihood of future victimization but is also associated with a higher likelihood of PTSD symptoms. Prior research suggests that rape acknowledgment is not necessarily beneficial in terms of disclosure, and prior research is mixed in regard to depression and psychological distress. These results complicate the question of whether clinicians should encourage rape victims to reach a point of acknowledgment.

Close Examination of Rape Acknowledgment Research

The rape acknowledgment literature presents major limitations that may be addressed to better understand potential costs and benefits of rape acknowledgment. For example, prior research typically separates rape victims into a dichotomy of "acknowledged" and "unacknowledged," and few studies (e.g., Botta & Pingree, 1997) allow participants to choose an "unsure" or "maybe" option. Giving individuals a chance to indicate their certainty of endorsed

labels may allow participants to acknowledge a particular label, even if they are not entirely sure of their response. For example, a participant who acknowledges rape but does not feel 100% confident in using the term “rape” would likely deny rape in the assessment tools previously used. By investigating rape acknowledgment in a more detailed way, researchers may be able to produce a clearer understanding of the costs and benefits of acknowledgment. Assessing rape acknowledgment through the use of one question (i.e., “Have you been raped?”) and dividing individuals into a limited dichotomy inhibits researchers from truly understanding this construct.

The current state of the literature does not provide enough information about rape acknowledgment to be able to accurately assess how individuals view their past trauma and how acknowledgment, or lack thereof, may affect future outcomes. In clinical settings, acknowledgment may serve as a predictive factor of future outcomes and may be addressed within a therapeutic setting. The proposed study will address these limitations in rape acknowledgment literature by assessing whether rape had occurred, providing numerous labels for the past event, and assessing certainty of the labels endorsed. Presenting a dichotomy with no other options forces participants into one of two categories, which likely causes participants who are unsure of their response to pick the less intense answer choice and state that they have not been the victim of rape. In other words, a portion of the unacknowledged group may be false positives in that they acknowledged that an assault or violation has occurred but would not necessarily label the event as “rape.” Results of prior research mentioned above may have been different if rape acknowledgment had been assessed in a more nuanced way.

In addition to the limitations mentioned, past research has yet to identify *how* acknowledgement and the labels used may be adaptive in helping to prevent future victimization, commonly referred to as “revictimization.” Littleton and colleagues (2009) recruited rape victims

for a study and measured revictimization six months later. In those six months, 30% reported being victim to an attempted rape, and 30% were victim to a completed rape (Littleton et al., 2009). Littleton and colleagues also found that victims categorized as “unacknowledged” in the original study were nearly twice as likely to have experienced an attempted rape, compared to acknowledged victims (a significant group difference did not emerge for completed rape). Research has investigated specific risk factors for revictimization, such as prior sexual victimization history (e.g., Messman-Moore & Brown, 2006), hazardous drinking (McConnell & Messman-Moore, 2019) and a high number of sexual partners (Relyea & Ullman, 2017). Revictimization is often associated with lower sensitivity to risk, or the ability to identify and process threatening or potentially harmful stimuli within a situation. Risk sensitivity literature typically involves a written or audio-recorded vignette, in which a “victim” is being sexually violated by a “perpetrator.” Research participants are asked to read or listen to the vignette and indicate when the assailant has “gone too far” (e.g., Marx & Gross, 1995). Lower sensitivity to risk is associated with longer latencies in response time. The majority of research examining risk sensitivity has found that prior victimization is associated with lower sensitivity to risk (Soler-Baillo et al., 2005), and those who have been victim to multiple past assaults (i.e., “revictimized”) demonstrated longer latencies than those who have only experienced one past assault (Wilson et al., 1999; Messman-Moore & Brown, 2006).

Marx and Soler-Baillo (2005) conducted the only study to date that examines the impact of rape acknowledgment on risk sensitivity. The SES was used to identify 19 victims who acknowledged the sexual assault in their past, 26 unacknowledged victims, and 50 without a history of sexual assault. Participants listened to an audio-recorded vignette previously validated by Marx and Gross (1995), which has been widely used in risk sensitivity literature. As they

listened to the vignette, participants were asked to press a button on the keyboard when the man (i.e., the assailant) in the scenario went “too far.” The unacknowledged group showed significantly longer latencies, or lower risk sensitivity, compared to those in the other two groups. The results presented by Marx and Soler-Baillo (2005) suggest that rape acknowledgment is associated with heightened risk sensitivity and may be adaptive in preventing future victimization. However, these findings only focus on the acknowledgment of “sexual assault” and have yet to be replicated. The proposed study will replicate Marx and Soler-Baillo’s (2005) work and add a novel component by examining if the use of other labels beyond sexual assault are also associated with risk recognition.

The Present Study

The present study collected data on history of sexual violence, examined how past experiences of sexual violence are labelled, and investigated how the acknowledgment of sexual violence (i.e., using the label “rape” in addition to other labels of acknowledgment) of past experiences related to current level of risk sensitivity. The study was completed in what I will refer to as two phases. The first phase of the study implemented and examined a novel measure of rape acknowledgment, by providing options other than the label “rape” and by assessing victims’ certainty of the labels they choose. History of sexual violence was collected using the long version of the Sexual Experiences Survey (SES-LPV; Koss et al., 2006) as it has been commonly used in the existing literature. The SES-LPV was followed by a measure of acknowledgment created by the author, which provided participants with multiple labels beyond “rape.” Four of the provided labels (i.e., “rape,” “sexual assault,” “a crime,” and “sexually violated”) indicate some form of acknowledgment that the event was a transgression by the assailant or perpetrator. The other four labels (i.e., “a miscommunication,” “a bad or

uncomfortable sexual experience,” “a regret,” and “a mistake”) indicate a form of unacknowledgment, suggesting that the event was *not* a transgression by the assailant but occurred for some other reason. All labels included in the acknowledgment measure were derived from participants’ responses in prior acknowledgment research (e.g., Littleton et al., 2008; Layman et al., 1996). The second phase of the study was designed to investigate how various definitions of acknowledgment may be related to sensitivity to risky cues. Rape victims (both acknowledged and unacknowledged) were then asked to listen to an audio-recorded vignette of a fictional rape as it occurs, using a standard risk sensitivity measure. As a measurement of risk sensitivity, participants were asked to indicate when the assailant in the scenario had “gone too far.”

CHAPTER II: METHOD

Phase 1 of Data Collection

Participants and Recruitment Procedures

Participants were recruited through Prolific (<https://www.prolific.co>), an online recruitment service based in the United Kingdom. Prolific was first used to select and pay individuals to complete an initial online prescreening survey (referred to as Phase 1). When setting up an experiment within Prolific, researchers are able to set specific recruitment parameters. For Phase 1, recruitment parameters were set to age 18 or older, gender identity of “woman,” and fluent in English. Prolific presented the survey to all eligible participants based on these parameters, and the survey was first-come-first-served. Phase 1 was completed in two rounds of recruitment (see the Power Analysis section for further details). Three hundred and twenty participants completed the first round, and 249 participants completed the second round, for a total of 569 participants. The first-round Phase 1 survey took approximately 20 minutes to complete, for compensation of USD \$3.08 (additional questions were included in the first-round survey, unrelated to the present study); the second-round survey took approximately 15 minutes to complete, for compensation of USD \$2.38. Three participants were excluded due to significant missing data (i.e., half or more of the items in at least one measure), and two participants were excluded due to a gender identity other than “woman,” despite the initial parameters set for the experiment on Prolific. Demographic characteristics of the final Phase 1 sample ($n = 564$) are included in Table 1. At the conclusion of the Phase 1 survey, participants were informed that they may be selected for a follow-up survey and were asked for their consent for follow-up contact (Phase 2; more information about Phase 2 eligibility included below).

Table 1. Participants Demographics for the Phase 1 Sample

	Full Sample (<i>n</i> = 564)	Non-Rape Victims (<i>n</i> = 270)	Acknowledged “Rape” (<i>n</i> = 96)	Other Acknowledged (except “Rape”) (<i>n</i> = 133)	Unacknowledged (<i>n</i> = 65)
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Sex assigned at birth (percent female)	564 (100.0)	270 (100.0)	96 (100.0)	133 (100.0)	65 (100.0)
Race (percent White)	485 (86.0)	226 (83.7)	85 (88.5)	116 (87.2)	58 (89.2)
Sexuality (percent heterosexual)	460 (81.6)	230 (85.2)	69 (71.9)	100 (75.2)	61 (93.8)
Marital status					
Single (never married)	313 (55.5)	147 (54.4)	51 (53.1)	80 (60.2)	35 (53.8)
Married	168 (29.8)	86 (31.9)	30 (31.3)	30 (22.6)	22 (33.8)
Highest level of education					
High school graduate or less	103 (18.3)	60 (22.2)	8 (8.3)	19 (14.3)	16 (24.6)
Some college or Associate’s	147 (26.1)	73 (27.0)	32 (33.3)	26 (19.5)	16 (24.6)
Bachelor’s degree	206 (36.5)	90 (33.3)	31 (32.3)	59 (44.4)	26 (40.0)
Graduate degree	108 (19.1)	47 (17.4)	25 (26.0)	29 (21.8)	7 (10.8)
Income					
Less than USD \$20,000	246 (43.6)	118 (43.9)	41 (43.2)	60 (45.1)	27 (41.5)
\$20,000-49,999	233 (41.3)	109 (40.5)	39 (41.1)	54 (40.6)	31 (47.7)
\$50,000 or above	83 (14.7)	42 (15.6)	15 (15.8)	19 (14.3)	7 (10.8)
Religious affiliation					
Protestant, Catholic, other Christian	187 (33.2)	89 (33.0)	25 (26.0)	39 (29.3)	34 (52.3)
Non-religious, secular, atheist, agnostic	334 (59.2)	159 (58.9)	63 (65.6)	83 (62.4)	29 (44.6)
Country of residence (United Kingdom)	503 (89.2)	243 (90.0)	78 (81.3)	121 (91.0)	61 (93.8)
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)
Age	34.27 (13.01)	34.72 (14.03)	34.57 (11.65)	31.21 (10.13)	38.23 (14.54)

Note. Total $N = 564$. Income was missing for one non-rape victim and one individual who acknowledged “rape.” The four groups presented here are mutually exclusive.

Materials and Measures

Demographic Information

A question pertaining to demographic characteristics (Appendix A) included their Prolific ID number (i.e., a random combination of numbers and letters identifying the Prolific user account), age, gender identity, sex assigned at birth, racial/ethnic identity (American Indian/Alaskan Native, Asian/Pacific Islander, Black/African American, Hispanic/Latino, White, biracial/multiracial, other), sexuality (heterosexual/straight, homosexual, bisexual, pansexual, asexual, other), marital status (single/never married, married, separated, divorced, widowed, other), highest level of education (ordinal scale ranging from “less than high school” to doctorate degree), and income (ordinal scale ranging from “less than USD \$20,000” to “\$100,000 and above”). Current country of residence was obtained via Prolific’s summary of participants who completed each survey.

Sexual Experiences Survey – Long Form Version

The SES-LFV (Koss et al., 2006; Appendix B) is a self-report questionnaire that presents participants with a wide variety of sexual experiences and types of coercion that may have been used. Words such as “rape” and “assault” are not used throughout the questionnaire, except for the last item, “Have you ever been raped?” Participants are asked to indicate if each specific unwanted sexual experience occurred 0 times, 1 time, 2 times, or 3 or more times within the past 12 months and since the age of 14, such that the total sum of events in which unwanted sexual contact occurred (e.g., a score of five would refer to five events). The SES-LFV presented items describing unwanted sexual attention (e.g., “Someone stared at me in a sexual way or looked at sexual parts of my body after I had asked them to stop”) and activity (e.g., “Someone fondled, kissed, or rubbed up against private areas of my body or removed some of my clothes without

my consent”), including attempted and completed rape. Methods of coercion included lies, threats, expressed dissatisfaction, intoxication or unconsciousness resulting from alcohol or drugs, and physical force. A participant was classified as a “rape victim” if they indicated that any of the events within SES-LFV items 12, 13, or 14 occurred at least one time since age 14 or within the past 12 months. Items 12, 13, and 14 described nonconsensual oral, vaginal, or anal penetration using penis, fingers, or objects. Penetration may have been accompanied by any of the methods of coercion listed above.

Acknowledgment Questionnaire

The SES-LFV was followed by items measuring acknowledgment through a variety of labels (Appendix C). Participants were asked to answer “yes” or “no” if they were ever “raped,” “the victim of a sexual assault,” “the victim of a crime that involved sexual activity,” “sexually violated by another person,” “had a sexual experience you considered a miscommunication,” “had a bad or uncomfortable sexual experience,” “had a sexual experience you regret,” and “had a sexual experience that you view as a mistake.” For the purposes of this study, the first four labels (i.e., rape, sexual assault, crime, sexual violation) were classified as labels of “acknowledgment.” If all four acknowledgment labels were denied, the remaining four labels (i.e., miscommunication, bad/uncomfortable, regret, mistake) were classified as “unacknowledgment.” For each label, whether answered “yes” or no,” participants were asked “How sure are you ...?” and given a scale of 0% (“not at all sure”) to 100% (“absolutely sure”). For example, participants who answered “yes” to the first item “Have you ever been raped?” were asked how confident they are that they have been raped, and participants who answer “no” were asked how confident they are that they have never been raped.

Phase 2 of Data Collection

Participants and Recruitment Procedures

As mentioned previously, a portion of the individuals who completed the Phase 1 survey were invited to complete the Phase 2 survey, using their Prolific ID number. Participants were randomly recruited into the Phase 2 sample if they completed the Phase 1 survey in its entirety, consented to future contact at the conclusion of the Phase 1 survey, reported having experienced rape on the SES-LFV (described previously), and currently resided in the United Kingdom or the United States of America. I balanced the number of invited participants who acknowledged “sexual assault” and those who denied “sexual assault” to obtain an equal split of “acknowledged” and “unacknowledged” victims in the final Phase 2 sample. The “sexual assault” label was specifically used to keep consistent with the measure of acknowledgment used by Marx and Soler-Baillo (2005).

Eighty-three participants (40 acknowledged “sexual assault,” 43 unacknowledged) from the first-round Phase 1 survey and 53 participants (28 acknowledged, 25 unacknowledged) from the second-round survey completed Phase 2, for a total sample of 136 participants (68 acknowledged, 68 unacknowledged). Two participants were excluded as they did not complete the risk sensitivity paradigm, and one participant was excluded due to a gender identity other than “woman” (despite the parameters set for the experiment on Prolific), leaving a final sample of 133 participants (67 acknowledged “sexual assault,” 66 unacknowledged). Demographic information for the final Phase 2 sample is included in Table 2. The Phase 2 survey took approximately 20 minutes, and participants were compensated USD \$3.17.

Table 2. Participants Demographics for the Phase 2 Sample

	Full Sample (<i>n</i> = 133)	Passed Audio Checks (<i>n</i> = 94)	Failed Audio Checks (<i>n</i> = 39)
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Sex assigned at birth (percent female)	133 (100.0)	94 (100.0)	39 (100.0)
Race (percent White)	123 (92.5)	88 (93.6)	35 (89.7)
Sexuality (percent heterosexual)	107 (80.5)	74 (78.7)	33 (84.6)
Marital status			
Single (never married)	76 (57.1)	55 (58.5)	21 (53.8)
Married	35 (26.3)	21 (22.3)	14 (35.9)
Highest level of education			
High school graduate or less	19 (14.3)	16 (17.0)	3 (7.7)
Some college or Associate's	29 (21.8)	22 (23.4)	7 (17.9)
Bachelor's degree	58 (43.6)	43 (45.7)	15 (38.5)
Graduate degree	27 (20.3)	13 (13.8)	14 (35.9)
Income			
Less than USD \$20,000	60 (45.1)	41 (43.6)	19 (48.7)
\$20,000-49,999	54 (40.6)	43 (45.7)	11 (28.2)
\$50,000 or above	19 (14.3)	10 (10.6)	9 (23.1)
Religious affiliation			
Protestant, Catholic, other Christian	52 (39.1)	30 (31.9)	22 (56.4)
Non-religious, secular, atheist, agnostic	72 (54.1)	56 (59.6)	16 (41.0)
Country of residence (United Kingdom)	130 (97.7)	93 (98.9)	37 (94.9)
Childhood sexual assault (endorsed)	17 (13.2)	14 (14.9)	3 (8.6)
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)
Age	33.95 (11.33)	34.30 (11.61)	33.13 (10.74)

Note. Childhood sexual assault was measured using the Trauma History Screen. Four participants were missing data for childhood sexual assault, all of whom failed the audio checks. Chi-squared tests and independent samples *t*-tests revealed no differences in demographic information between those who passed and those who failed the audio checks.

Materials and Measures

Risk Sensitivity Paradigm

As a test of risk sensitivity, I used an audio-recorded vignette created by Marx and Gross (1995) that has been repeatedly used throughout prior risk sensitivity research (Marx & Soler-Baillo, 2005; Marx et al., 2001; Soler-Baillo, Marx, & Sloan, 2005; Wilson et al., 1999; Loiselle & Fuqua, 2007; Marx et al., 1997). The 292-second auditory stimulus portrays a man and a woman engaged in a sexual encounter that ends with rape and includes other sounds in addition to dialogue, such as breathing, kissing, and crying. The audio script begins at 4 seconds when the man and woman enter the man's place of residence following a date. The woman begins refusing and resisting the man's advances at 72 seconds, and her refusals escalate in intensity over time in response to increased sexual advances (dialogue available in Appendix D). Prior to listening to the vignette, participants were provided with brief background information and instructions to indicate when the man has "gone too far." To replicate prior findings by Marx and Soler-Baillo (2005), risk sensitivity was measured as the number of seconds it took for participants to indicate the man had "gone too far." Participants with a higher level of risk sensitivity would hypothetically stop the audio file sooner, whereas participants with a lower level of risk sensitivity would let the audio file play longer.

Audio and Manipulation Checks

Immediately prior to the risk sensitivity paradigm, the participants were required to complete a few questions to check the volume level of their device. This is especially important given that the experiment was conducted entirely online, and an experimenter was not present to ensure that the risk sensitivity paradigm was heard properly. Participants were first asked to check the volume of their device, were presented a brief audio file of ducks quacking, then asked

what they heard. If they answered incorrectly, the audio check was completed again. All participants were then presented with the risk sensitivity paradigm. In the risk sensitivity audio, noise and dialogue started at approximately 4 seconds. Following the task, participants were asked “Could you clearly hear the audio file?” (*yes or no*). Those who did not accurately complete the pre- and post-task audio checks or ended the audio file prior to 4 seconds were excluded from the final analyses. Participants were also asked how distressing the audio file was to them (1 = *not at all distressing*, 3 = *moderately distressing*, 5 = *extremely distressing*), if they had stopped the audio file early because of the distress it ensued (*yes or no*), and how focused they were on the portion of the audio they heard (0 = *not at all focused on the audio*, 10 = *very focused*).

Additional Questionnaires

Additional self-report questionnaires were included to disguise the study’s specific focus on rape. These measures included the Trauma History Screen (Carlson et al., 2005) to gather additional information about trauma exposure (including childhood sexual trauma), the Depression Anxiety Stress Scales – Short Form (DASS-21; Lovibond & Lovibond, 1995) to measure psychological distress, the Center for Epidemiologic Studies Depression Scale – Revised (CESD-R; Eaton et al., 2004), the PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013), the Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 2001), the UPPS-P (Lynam et al., 2006), and the Risky Behaviors Scale (Strom et al., 2012). The Phase 2 survey concluded with cartoons and questions asking how funny each cartoon was. Cartoon images were primarily obtained from *The New York Times* and were used as a method of positive mood induction, given that the survey included content that may have elicited negative emotions.

Procedures

All procedures were approved by the Institutional Review Board at the University of North Carolina at Greensboro (UNCG) prior to data collection. Both surveys began with an IRB-approved consent form, and participants were encouraged to contact the researchers via the Prolific messaging system, email, or phone with any questions or concerns.

The Phase 1 survey included the SES-LFV, the acknowledgment questionnaire, and other questions not analyzed in the present study. A portion of individuals who participated in Phase 1 were invited to complete the Phase 2 survey (described in detail above). The Phase 2 survey included, in randomized order, the risk sensitivity paradigm and all other self-report questionnaires. Prior to the risk sensitivity paradigm, participants were provided with the following instructions (adapted from Marx & Soler-Baillo, 2005):

Your next task is to listen to the following audio file, which depicts an interaction between two college students, Tonya and James, who have just returned to James' apartment after a date. The couple has been on two dates before this occasion but have never had sexual intercourse. Your task is to listen to the situation and signal, by pressing the arrow at the bottom of the screen, when you feel that the man has gone too far. Please have the cursor ready on the arrow, so that you are ready to press the arrow when needed. If you decide to stop the audio file and move on to the next section, do so at the point in which you feel he has gone too far. If you decide not to stop the audio file before it concludes, advance on when you are ready to continue with the experiment.

These instructions were followed by the brief audio checks, then participants were reminded again:

Please eliminate any distractions at this time, for the next 5 minutes. You will not be able to pause the audio file. Please listen to the audio file and click the arrow at the bottom of the screen when you feel that the man has gone too far. When you are ready to continue, please press the arrow at the bottom of this screen to continue on to the main audio file. Both surveys concluded with the experimenters' contact information and a space to express any questions or concerns.

Statistical Analyses

Phase 1 Aims

The first aim of the study was to examine the prevalence of the acknowledgment of sexual violence. First, I determined the number of participants who reported that they had experienced an event on the SES-LFV consistent with completed rape (referred to henceforth as "rape victims"). I hypothesized that approximately 40% of rape victims would respond "yes" to the question "Have you ever been raped?", a proportion similar to rates of rape acknowledgment in previous research (e.g., Wilson & Miller, 2016).

Next, I compared the proportion of rape victims who acknowledged "rape" and the proportion of rape victims who endorsed any one of the four acknowledgment labels. A McNemar's chi-squared test was used to investigate whether my measure of acknowledgment captures a significantly larger number of acknowledged individuals. I hypothesized that I could capture a significantly greater portion of acknowledged individuals using this novel measure of acknowledgment compared with the traditional measure of rape acknowledgment (i.e., the question "Have you ever been raped?").

Participants were then divided into four mutually exclusive groups – non-rape victims, rape victims who acknowledged "rape" ("acknowledged rape" group), rape victims who denied

“rape” yet endorsed at least one of the three other acknowledgment labels (i.e., “sexual assault,” “a crime involving sexual activity,” and “sexually violated;” referred to henceforth as the “other acknowledged” group), and unacknowledged rape victims (i.e., those who denied all four acknowledgment labels; referred to henceforth as the “unacknowledged” group). Independent samples *t*-tests examined group differences in total number of reported SES-LFV events that occurred within the past year and since age 14. Exploratory analyses were then conducted to obtain descriptive information regarding the average number of labels individuals used (i.e., mean and standard deviation) in each of the four groups. For rape victims, I also examined the frequency with which each label was endorsed. McNemar’s chi-squared tests examined which acknowledgment labels were used most often (i.e., the proportion of participants who acknowledged “rape” were compared to the proportion who acknowledged “sexual assault,” the proportion who acknowledged a “crime,” and the proportion who acknowledged being “sexually violated;” analyses were repeated to compare each acknowledgment label to the other three).

Additional exploratory analyses were conducted on the certainty of endorsed and unendorsed labels. For each label, I calculated the mean certainty and standard deviation. Independent samples *t*-tests examined differences in the certainty with which participants endorsed or denied each label. Exploratory analyses were then conducted to examine the certainty of acknowledged and unacknowledged groups in the answers they provided for the four acknowledgment labels.

Phase 2 Aims

The next aim of the study was to examine risk sensitivity and its relationship to acknowledgment. First, I identified the individuals who failed the pre- and post-task audio checks ($n = 6$ and 25 , respectively), participants who ended the audio prior to any noise or

dialogue at 4 seconds ($n = 3$), and those who ended the audio prior to any indication of unwanted sexual contact at 72 seconds ($n = 5$). I excluded these individuals to be sure that participants heard the vignette clearly and understood the instructions that preceded the task. In the final sample ($n = 94$), I reported the mean answer of how distressing participants found the audio (i.e., the portion that they heard), as well as the number of individuals who ended the audio file early because of how distressing they found the audio vignette.

I then replicated the findings of Marx and Soler-Baillo (2005), who found that those who acknowledged “sexual assault” displayed higher risk sensitivity (stopped the audio-recording sooner) compared with those who did not acknowledge “sexual assault.” Acknowledgment/unacknowledgment was defined using “sexual assault” on the acknowledgment questionnaire, given that Marx and Soler-Baillo (2005) determined group status by the endorsement of “sexual assault (known assailant)” and “sexual assault (unknown assailant)” on the Posttraumatic Diagnostic Scale, the measure of trauma exposure they used. Examining the sample of the present study, a one-way ANOVA included group status (i.e., acknowledged, unacknowledged) as the predictor and risk sensitivity (i.e., the number of seconds before participants indicated the assailant had “gone too far”) as the outcome measure.

I then examined how other definitions of acknowledgment may predict risk sensitivity. First, I divided participants into those who acknowledged “rape” and those who denied “rape.” A one-way ANOVA included group status as the predictor and risk sensitivity as the outcome. Next, I divided participants into those who generally acknowledged sexual violence (i.e., those who endorsed at least one of the four acknowledgment labels) and those who remained unacknowledged (i.e., those who denied all four acknowledgment labels). Again, a one-way ANOVA included group status as the predictor and risk sensitivity as the outcome. I

hypothesized that, for both analyses, the acknowledged group would display higher risk sensitivity than the unacknowledged group.

I then examined how certainty of acknowledgment influences risk sensitivity, using two regression analyses. The first regression analysis only included participant data from the acknowledged group, with risk sensitivity as the dependent variable and the average certainty for the acknowledgment labels (i.e., “rape,” “a sexual assault,” “a crime that involved sexual activity,” and “a sexual violation”) they responded “yes” to as the independent variable. For example, if a participant only endorsed “a crime” with 25% certainty (i.e., on a scale of 0% to 100%) and “a sexual violation” with 75% certainty, this participant’s average certainty would be 50%. I hypothesized that, within the acknowledged group, greater certainty in using these four acknowledgment labels was associated with a higher level of risk sensitivity. Individuals in the acknowledged group who were certain that their past experience of sexual violence was rape, an assault, a criminal act, or a violation would have recognized that the perpetrator’s actions were “wrong” or nonconsensual, and it was likely that these individuals would also recognize the nonconsensual acts revealed in the risk sensitivity paradigm.

The second regression analysis only included participant data from the unacknowledged group. Average certainty with “no” responses to the four acknowledgment labels (i.e., for this group, they would have responded “no” to all four labels) served as the independent variable, and risk sensitivity served as the dependent variable. I hypothesized that, within the unacknowledged group, greater certainty in denial of the acknowledgment labels would be related to lower risk sensitivity. Individuals in the unacknowledged group who denied that their past experience of sexual was rape, an assault, a criminal act, or a violation and indicated high certainty in their denial of these labels would *not* recognize that the perpetrator’s actions were

“wrong” or nonconsensual, and it was likely that these individuals would also *not* recognize the nonconsensual acts in the paradigm.

Power Analysis

In order to obtain power of .80 to detect a “medium” effect size ($g = .15$) using $\alpha = .05$, Cohen (1992) suggests using 64 participants for each of the two groups (acknowledged, unacknowledged), for a total of 128 participants in the Phase 2 sample. Based on estimates of self-identified rape and unacknowledged rape in the general population, I initially aimed to recruit 320 participants for the Phase 1 prescreening survey, in order to recruit 128 rape victims into the Phase 2 follow-up survey, balancing acknowledged and unacknowledged victims.

A higher number of participants were recruited than originally proposed to acquire the 128 participants needed in the Phase 2 sample. Recruitment in the Phase 2 sample was impacted by attrition, consent for future contact, and the “sexual assault” acknowledgment definition used. Three hundred and twenty participants were recruited in the first Phase 1 sample, as planned. One participant was excluded for significant missing data, 151 participants were excluded as they did not endorse rape on the SES-LFV (as defined previously), and an additional 16 were excluded as they did not consent to future contact. Of the remaining 152 participants, 106 acknowledged “sexual assault,” and 46 did not. Forty-three unacknowledged participants completed the first round of Phase 2. A random subsample of acknowledged participants was recruited to match the number of unacknowledged participants, resulting in 40 acknowledged participants who completed the first round of the Phase 2 survey. In order to increase the pool of potential participants for Phase 2, Phase 1 was repeated, recruiting another 25 unacknowledged and 28 acknowledged participants. In conclusion, a final sample of 136 participants completed

the Phase 2 survey, and three participants were excluded due to significant missing data and a gender identity of “other,” as previously noted.

CHAPTER III: RESULTS

Phase 1 Aims

In the Phase 1 sample ($n = 564$), 294 (52.1%) participants reported at least one experience that fit the definition of rape (i.e., completed, nonconsensual vaginal, oral, or anal penetration) on the SES-LFV (items 12, 13, or 14). Although 294 rape victims were identified, only 96 (32.7%) responded “yes” to the question “Have you ever been raped?” on the acknowledgment questionnaire. The remaining 198 participants, or 67.3%, responded “no” and would therefore be classified as unacknowledged. This proportion is slightly higher but similar to prior research which found that approximately 60% of rape victims would not acknowledge “rape” (Wilson & Miller, 2016).

My measure of acknowledgment captured 133 additional participants who denied “rape” yet demonstrated acknowledgment of nonconsensual penetration by endorsing at least one of the other three acknowledgment labels (i.e., “sexual assault,” “a crime involving sexual activity,” “sexually violated”). A McNemar’s chi-squared test confirmed that the proportion of individuals who endorsed any of the four acknowledgment labels ($n = 229$, 77.9% of rape victims) was significantly greater than the proportion of individuals who endorsed “rape” specifically ($n = 96$, 32.7% of rape victims; $\chi^2 = 40.46$, $\phi_c = .371$, $p < .001$).

Participants were then divided into four mutually exclusive groups – non-rape victims ($n = 270$), rape victims who acknowledged “rape” ($n = 96$), rape victims who denied “rape” yet endorsed at least one of the three other acknowledgment labels (i.e., “other acknowledged,” $n = 133$), and rape victims who denied all four acknowledgment labels (i.e., “unacknowledged,” $n = 65$). Demographic characteristics for each of the four groups are presented in Table 1, and independent samples t -tests were conducted to examine group differences between

acknowledged and unacknowledged victims. I found that non-rape victims, those who acknowledged rape, and the unacknowledged groups were all similar in age ($ts \leq 1.799$, $ds = .011$ to $.284$, $ps > .07$), yet all three groups were significantly older than the other acknowledged group ($ts \geq 2.326$, $ds = .272$ to $.597$, $ps \leq .021$). There also presented group differences in sexuality, such that non-rape victims and the unacknowledged group were similar in reports of heterosexuality (85.2% and 93.8%, respectively; $\chi^2 = 3.444$, $\phi_c = .101$, $p = .063$). The acknowledged rape and other acknowledged groups were similar in reports of heterosexuality (71.9% and 75.2%, respectively; $\chi^2 = .316$, $\phi_c = .037$, $p = .574$). The non-rape victims and the unacknowledged group were each significantly more likely to report heterosexuality than both the acknowledged rape and other acknowledged groups ($\chi^2s = 6.004$ to 12.034 , $\phi_c s = .122$ to $.273$, $ps \leq .014$).

For the full sample and each of the four groups, the mean frequency of unwanted sexual contact reported on the SES-LFV is reported in Table 3. For the full sample, participants reported a mean of 4.93 (SD = 16.78) SES-LFV events in the past year and a mean of 23.90 (SD = 32.71) events since age 14. It is important to note that a single event could result in the endorsement of multiple items on the SES-LFV. For example, an event in which the victim was subject to both penile and anal penetration (two penetration-specific sub-sections of the measure) involved both verbal threat and use of physical force by the assailant (two types of force or coercion) would be valid to endorse multiple items on the SES-LFV. Independent samples t -tests were conducted to examine group differences in the number of events reported on the SES-LFV. As expected, I found that, compared to the other three groups, non-rape victims reported significantly fewer events of unwanted sexual contact on the SES-LFV in the past year ($ts \geq 1.999$, $ds = .276$ to $.518$, $ps < .05$) and since age 14 ($ts \geq 5.357$, $ds = .740$ to 1.688 , $ps < .001$).

The three groups of rape victims reported similar rates of unwanted sexual contact in the past year ($ts \leq 1.658$, $ds = .143$ to $.260$, $ps > .09$). However, the acknowledged rape group reported a significantly higher rate of unwanted sexual contact since age 14 compared with the other acknowledged ($t[227] = 5.141$, $d = .689$, $p < .001$) and unacknowledged ($t[159] = 5.856$, $d = .941$, $p < .001$) groups. In addition, the other acknowledged group reported a significantly higher rate since age 14 compared with the unacknowledged group ($t[196] = 3.872$, $d = .586$, $p < .001$). These group differences suggest that, within the three groups who reported an occurrence of rape on the SES-LFV, participants were more likely to acknowledge “rape” or generally acknowledge nonconsensual penetration (i.e., using any of the other three acknowledgment labels) if they have experienced more SES-LFV events in their lifetime.

Table 3. Reported SES-LFV Events in the Phase 1 Sample

	Past 12 Months	Since Age 14	Acknowledgment Labels Used	Unacknowledgment Labels Used
	<i>M</i> (SD)	<i>M</i> (SD)	<i>M</i> (SD)	<i>M</i> (SD)
Full Sample	4.93 (16.78)	23.90 (32.71)	1.35 (1.39)	2.30 (1.38)
Non-Rape Victims	2.08 (5.04)	9.27 (10.36)	.66 (1.00)	1.54 (1.29)
Acknowledged “Rape”	10.69 (33.92)	59.03 (55.00)	3.41 (.70)	3.39 (.67)
Other Acknowledged (except “Rape”)	7.14 (15.41)	31.18 (25.23)	1.92 (.72)	3.31 (.85)
Unacknowledged	3.72 (8.78)	17.91 (16.06)	n/a	1.82 (1.03)

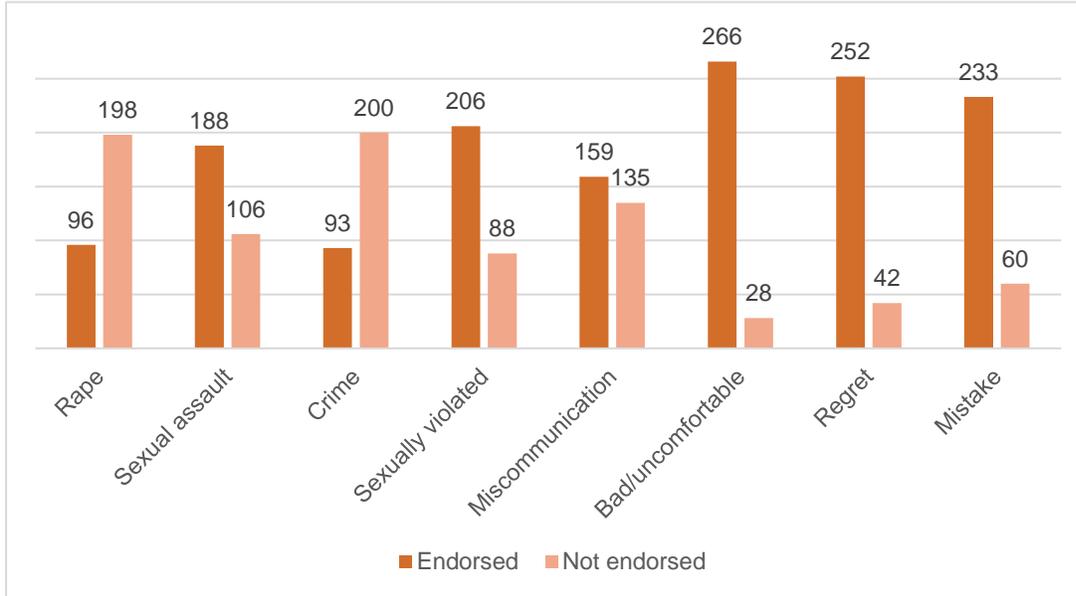
Note. The four groups presented here, with the exclusion of the “full sample,” are mutually exclusive.

The mean number of acknowledgment and unacknowledgment labels for the full sample and each of the four groups is reported in Table 3. For the full sample, participants endorsed a mean of 1.35 (SD = 1.39) acknowledgment labels and a mean of 2.30 (SD = 1.38) unacknowledgment labels. Independent samples *t*-tests showed that both acknowledged groups endorsed a similar number of unacknowledgment labels ($t[227] = .736$, $d = .099$, $p = .463$), yet

the acknowledged rape group endorsed a higher number of acknowledgment labels compared to the other acknowledged group ($M(SD) = 3.41(.70)$ and $1.92(.72)$, respectively; $t[227] = 15.447$, $d = 2.069$, $p < .001$). I also found that both the acknowledged rape ($M(SD) = 3.39(.67)$) and other acknowledged ($M(SD) = 3.31(.85)$) groups endorsed a higher number of unacknowledgment labels compared to the unacknowledged group ($M(SD) = 1.82(1.03)$; $ts \geq 10.779$, $ds = 1.631$ to 1.883 , $ps < .001$).

Next, I conducted McNemar's chi-squared tests to explore the frequency with which each of the four acknowledgment labels was endorsed by rape victims (Figure 1). I found that rape victims most often endorsed "sexually violated" (70.1%), followed by "sexual assault" (63.9%), "rape" (32.7%), and "a crime involving sexual activity" (31.7%). Rape victims were statistically more likely to endorse "sexually violated" than "sexual assault" ($\chi^2 = 82.625$, $\phi_c = .530$, $p = .03$), "rape" ($\chi^2 = 38.118$, $\phi_c = .360$, $p < .001$), or "a crime" ($\chi^2 = 42.934$, $\phi_c = .383$, $p < .001$). Rape victims were more likely to endorse "sexual assault" than "rape" ($\chi^2 = 37.404$, $\phi_c = .357$, $p < .001$) or "a crime" ($\chi^2 = 41.438$, $\phi_c = .376$, $p < .001$). Rape victims were similarly likely to endorse "rape" and "a crime involving sexual activity" ($\chi^2 = 46.604$, $\phi_c = .399$, $p = .82$).

Figure 1. Acknowledgment Questionnaires in Rape Victims of the Phase 1 Sample

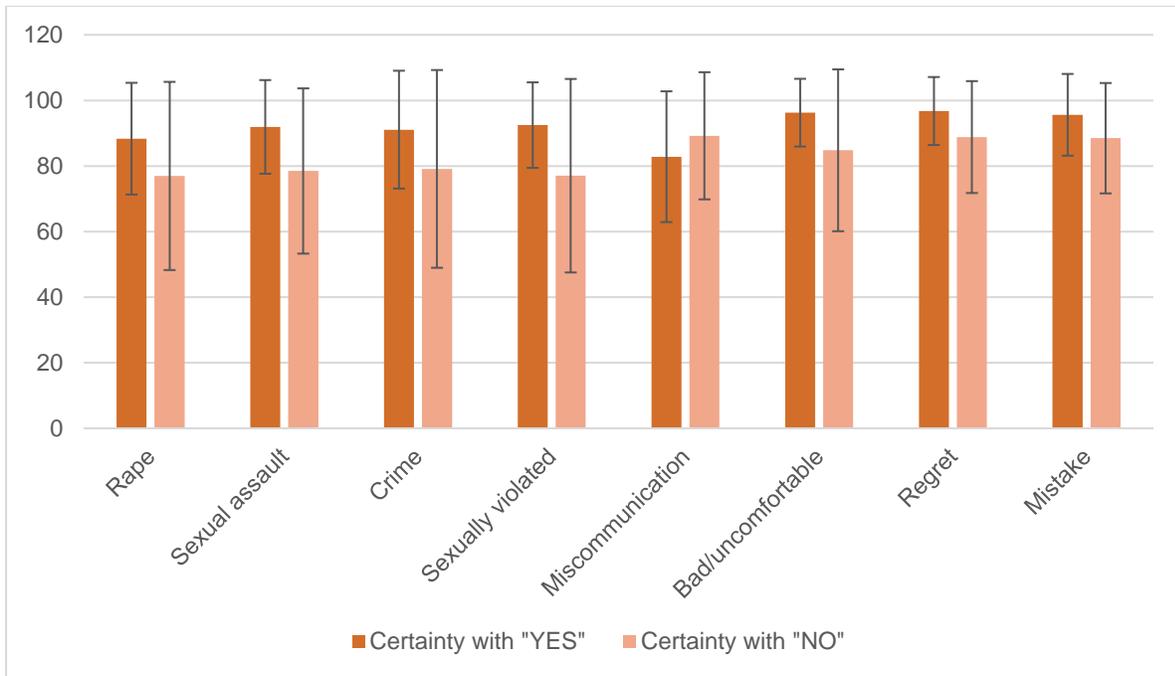


Note. $N = 294$. One response was missing for “a crime involving sexual activity,” and one response was missing for “a sexual experience that you view as a mistake.”

Rape victims’ certainty with “yes” or “no” answers on the acknowledgment questionnaire is presented in Figure 2. Independent samples t -tests showed that, overall, participants were more certain of their endorsement of each label than participants were in their denial of each label ($t_s < 3.542$, $d_s = .445$ to $.928$, $p_s < .001$), including the label “rape” ($t[292] = -3.585$, $d = .446$, $p < .001$). The exception was “a sexual experience you consider a miscommunication,” as individuals who denied this label were more certain in their answer compared with those who endorsed the label ($t[291] = 2.765$, $d = .324$, $p = .006$). We then examined group differences in certainty. Compared with both the acknowledged rape group and the other acknowledged group, the unacknowledged group presented a similar level of certainty in their answers to both the acknowledgment ($t_s \leq .892$, $d_s = .143$ to $.158$, $p_s > .2$) and unacknowledgment labels ($t_s \leq 1.444$, $d_s = .173$ to $.219$, $p_s > .1$). Although the acknowledged rape and other acknowledged groups

presented a similar level of certainty in their answers to the unacknowledgment labels ($t[227] = -.387, d = .052, p = .699$), the acknowledged rape group reported a higher level of certainty than the other acknowledged group in their answers to the acknowledgment labels ($t[227] = 2.704, d = .362, p = .007$).

Figure 2. Rape Victims’ Certainty with Answers on the Acknowledgment Questionnaire



Note. $N = 294$. Certainty was measured on a scale of 0% = *not at all sure* to 100% = *absolutely sure*, following participants’ “yes” or “no” answer to each label on the acknowledgment questionnaire.

Phase 2 Aims

The final Phase 2 sample included 133 participants. Six participants did not successfully complete the initial volume check, 25 additional participants indicated that they could not clearly hear the audio file, three additional participants ended the audio prior to any noise or dialogue at 4 seconds, and another five participants ended the audio prior to any indication of unwanted

sexual contact at 72 seconds. Based on these contingencies, 39 participants were excluded from risk sensitivity analyses due to failing pre- and post-task audio checks or ending the audio too early, leaving a final sample of 94 participants to be examined in risk sensitivity analyses. Demographic characteristics are presented in Table 3, for the full sample ($n = 133$), those who failed the audio checks ($n = 39$), and those who passed all audio checks ($n = 94$). Chi-squared tests and independent samples t -tests determined no statistically significant differences between those who passed all audio checks and those who failed any of the audio checks. In the final sample ($n = 94$), participants reported a mean of 2.53 ($SD = .88$) on a 1-to-5 Likert scale examining how distressing they found the audio vignette. Only four participants (4.3%) reported that they had stopped the audio vignette early because of how distressing they found it.

Table 4 presents reported SES-LFV events for the full sample, those who acknowledged and did not acknowledge “sexual assault” ($n = 56$ and 38 , respectively), those who acknowledged and did not acknowledge “rape” ($n = 30$ and 64 , respectively), as well as those who generally acknowledged sexual violence ($n = 71$; i.e., endorsed at least one of the four acknowledgment labels) and those who did not ($n = 23$; i.e., those who denied all four acknowledgment labels). Independent samples t -tests revealed that acknowledged groups reported more SES-LFV events since age 14, compared with the unacknowledged groups ($ts \geq 4.620$, $ds = .219$ to $.875$, $ps < .001$). No statistically significant differences were found for SES-LFV events in the past year ($ts \geq .638$, $ds = .158$ to $.219$, $ps > .09$).

Table 4. Reported SES-LFV Events in the Phase 2 Sample

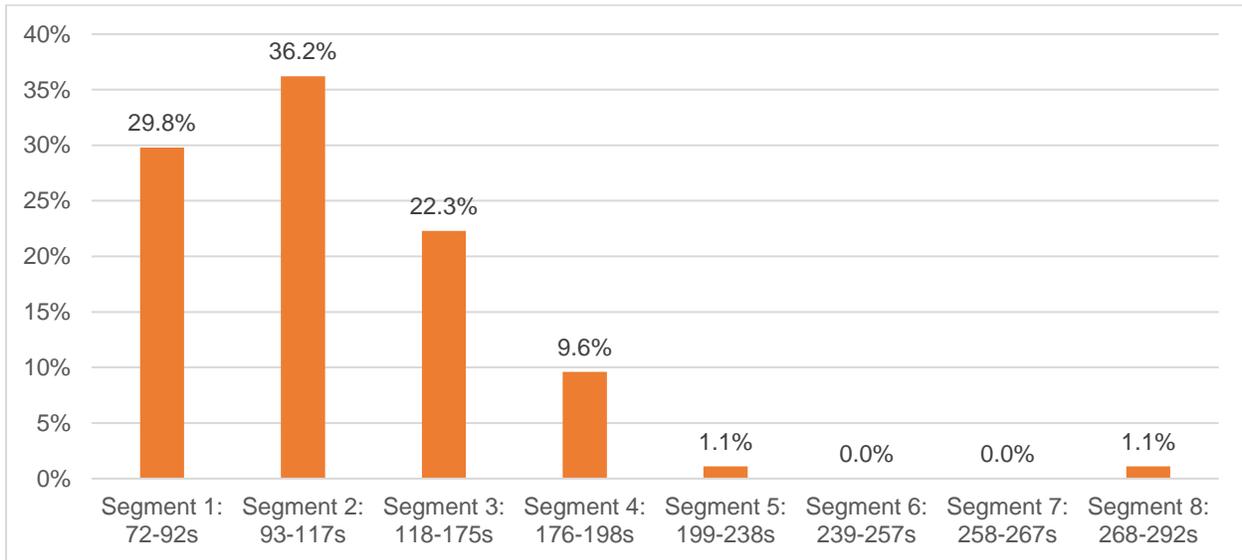
	Past 12 Months	Since Age 14
	<i>M</i> (SD)	<i>M</i> (SD)
Final Sample	5.21 (10.04)	37.05 (36.89)
“Sexual Assault”		
Acknowledged	6.66 (11.82)	44.77 (43.01)
Unacknowledged	3.21 (6.18)	25.68 (21.16)
“Rape”		
Acknowledged	6.23 (13.29)	58.27 (51.25)
Unacknowledged	4.81 (8.17)	27.11 (22.01)
General Acknowledgment		
Acknowledged	6.17 (11.21)	41.79 (40.26)
Unacknowledged	2.48 (3.94)	22.43 (17.24)

Note. The final sample here includes those who passed all required audio checks.

“General Acknowledgment” is defined as those who endorsed at least one of the four acknowledgment labels (“acknowledged”), as opposed to those who denied all four acknowledgment labels (“unacknowledged”).

Figure 3 illustrates the final sample’s ($n = 94$) presentation of risk sensitivity, based on the division of the audio file into eight segments. Generally, participants stopped the audio within the first four segments, or prior to 198 seconds. I then attempted to replicate the findings of Marx and Soler-Baillo (2005), who found that participants who acknowledged “sexual assault” demonstrated higher risk sensitivity compared with unacknowledged participants. In my sample, fifty-six participants acknowledged “sexual assault,” and 38 did not. A one-way ANOVA revealed that group status (acknowledged “sexual assault” $M(SD) = 107.41 (31.47)$), unacknowledged “sexual assault” $M(SD) = 117.94 (41.44)$) did not statistically predict risk sensitivity ($F[1, 92] = 1.958$, partial $\eta^2 = .021$, $p = .165$).

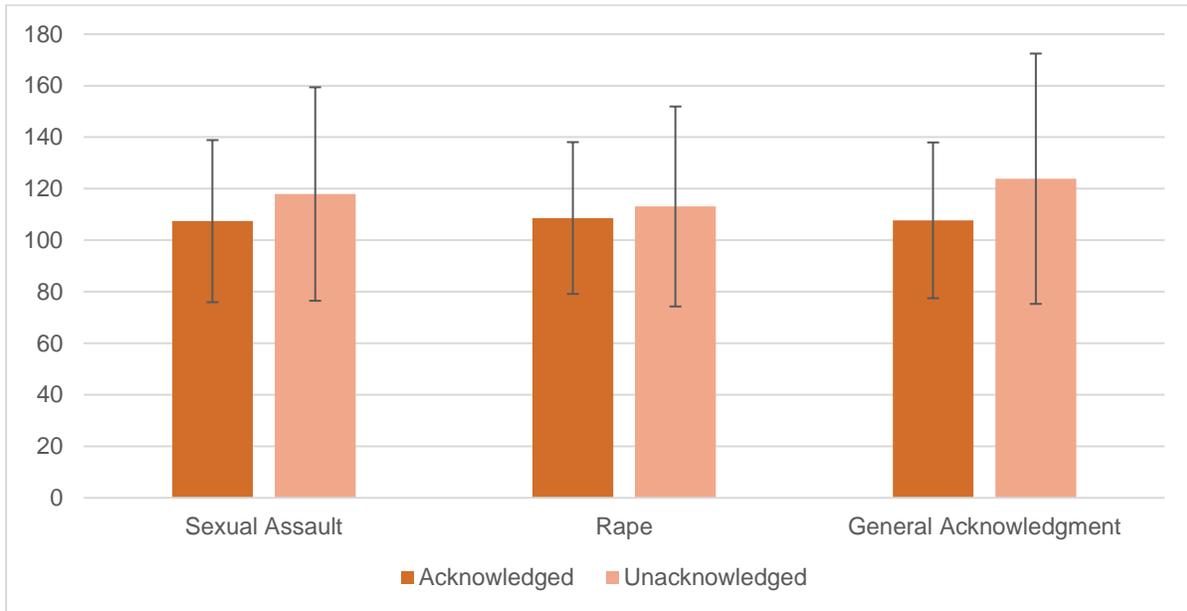
Figure 3. Risk Sensitivity in the Phase 2 Sample



Note. $N = 94$. Bar heights indicate the percentage of the sample that displayed each level of risk sensitivity.

Next, I investigated potential differences in risk sensitivity within the other definitions of acknowledgment, starting with the term “rape” (acknowledged $n = 30$, unacknowledged $n = 64$). Results are presented in Figure 4. However, a one-way ANOVA revealed that group status (acknowledged “rape” $M(SD) = 108.62 (29.46)$, unacknowledged “rape” $M(SD) = 113.10 (38.82)$) did not statistically predict risk sensitivity ($F[1, 92] = .315$, partial $\eta^2 = .003$, $p = .576$). I then examined group status in regard to general acknowledgment of sexual violence by comparing those who endorsed at least one of the four acknowledgment labels ($n = 71$) with those who denied all four acknowledgment labels ($n = 23$). Again, group status (acknowledged $M(SD) = 107.72 (30.24)$, unacknowledged $M(SD) = 123.87 (48.59)$) did not statistically predict risk sensitivity ($F[1, 92] = 3.593$, partial $\eta^2 = .038$, $p = .061$), a finding that was only “marginally significant.”

Figure 4. Risk Sensitivity Based on Acknowledgment



Note. Participants were divided into groups based on acknowledging “sexual assault” (acknowledged $n = 56$; unacknowledged $n = 38$), acknowledged “rape” (acknowledged $n = 30$; unacknowledged $n = 64$) and general acknowledged (acknowledged $n = 71$; unacknowledged $n = 23$). “General Acknowledgment” is defined as those who endorsed at least one of the four acknowledgment labels (“acknowledged”), as opposed to those who denied all four acknowledgment labels (“unacknowledged”). Bar heights indicate the mean number of seconds individuals waited before decided the man in the risk sensitivity paradigm had “gone too far.”

I then examined how certainty of acknowledgment influences risk sensitivity. The first regression analysis only included participants who endorsed at least one of the four acknowledgment labels ($n = 71$). Risk sensitivity was regressed on participants’ average certainty across all endorsed acknowledgement labels). A linear regression analysis found that certainty with endorsed labels did not significantly predict risk sensitivity ($F[1, 69] = .009$, $\beta = -.025$, $R^2 = 0$, $p = .926$). The second regression analysis only included unacknowledged

participants who denied all four acknowledgment labels ($n = 23$). Risk sensitivity was regressed on participants' average certainty with their denial across all four acknowledgment labels. A linear regression analysis found that certainty in denial did not significantly predict risk sensitivity ($F[1, 21] = .001, \beta = .014, R^2 = 0, p = .981$).

CHAPTER IV: DISCUSSION

Given the high prevalence of rape among women and the increasing frequency of conversations surrounding rape, the present study expanded the definition of rape acknowledgment, assessed certainty with acknowledgment, and examined acknowledgment's prediction of risk sensitivity. My novel measure of acknowledgment captured a significantly larger proportion of acknowledged individuals than current measures. Individuals were, on average, highly certain of their answers on the acknowledgment questionnaire. However, those who endorsed a label were significantly more certain of their answer than those who denied that particular label. I did not find supporting evidence that risk sensitivity was predicted by various definitions of acknowledgment (e.g., sexual assault, rape, general acknowledgment of sexual violence). These findings are discussed in more detail below.

I found that approximately half of my sample experienced rape since age 14, as reported on the SES-LFV. This prevalence of rape was similar to that of prior research, such that studies using a more restrictive definition of rape (i.e., completed penetration) reported that approximately 56% of their samples reported rape on the Sexual Experiences Survey (Wilson & Miller, 2016). I then found that approximately one-third of rape victims in my sample acknowledged "rape," which is relatively similar to prior research.

However, approximately three-quarters of rape victims acknowledged that nonconsensual sexual penetration occurred, whether they described it as rape, sexual assault, a crime, and/or a sexual violation. I found that those who acknowledged "rape," specifically, reported a larger number of unwanted sexual contact events compared with those who acknowledged sexual violence in another fashion (i.e., sexual assault, crime, sexual violation) and those who remained unacknowledged. I hypothesize that the severity of violence within the event may prompt those

who acknowledged rape to justify the use of the word “rape, and vice versa, those who denied rape may feel as though their personal victimization of rape was not severe enough in comparison to events that better match the aforementioned blitz rape script. As evidence, additional exploratory analyses investigated a measure that was presented to a subset of the Phase 1 sample and assessed peritraumatic characteristics. Independent samples *t*-tests revealed that those who acknowledged “rape” reported a higher severity of verbal resistance ($t[103] = 3.008, d = .589, p = .003$) and physical resistance ($t[85] = 3.515, d = .755, p < .001$), compared to individuals who denied “rape.” Of course, as an alternative explanation, the likelihood of acknowledging rape may also increase simply with the cumulative frequency of unwanted sexual contact, given that those who acknowledged rape also reported multiple events of victimization by the same assailant ($\chi^2 = 8.221, \phi_c = .244, p = .004$).

Surprisingly, participants were relatively certain of their answers on the acknowledgment questionnaire (average certainty of 89.8% in rape victims). However, I still found significant differences on seven of the eight labels between those who endorsed and those who denied the label. Those who endorsed each label were significantly more certain of their answer compared with those who denied the label. The exception was the label “miscommunication,” for which those who denied the label were more certain of their answer than those who endorsed the label. This may be because a miscommunication implies that the victim was aware of the assailant’s thoughts and intentions, something that victims may be less certain of. In addition, the average certainty in the endorsement of unacknowledgment labels was higher than certainty in endorsing the acknowledgment labels. The relationship between individuals’ certainty with a label and their endorsement of that label may be because, as described above, individuals were more likely to use the word “rape” if they experienced an event that fits common rape scripts (e.g., more

violent, Ryan, 1988). Endorsing unacknowledgment labels, with or without acknowledgment labels, may feel more comfortable, given the vague nature of the labels. For example, a rape is almost certainly likely to be characterized as “a bad sexual experience,” and given what is known about the relationship between sexual victimization and self-blame, victims may be likely to characterize the event as “a regret.” Certainty of acknowledgment/unacknowledgment may be helpful to clinicians who are treating rape victims who have experienced incidences of rape that are often unclear. Given that past research has focused on how peritraumatic factors may affect later rape acknowledgment, future research may examine how external factors may later predict acknowledgment. External factors may include prior education surrounding rape and sexual violence, previously learning about the victimization of individuals close to them, exposure to victim-supportive media, and the reactions from those to whom they have disclosed their experience.

I did not find evidence to support prior findings that acknowledgment of “sexual assault” was related to a higher level of sensitivity to risky cues (i.e., Marx & Soler-Baillo, 2005). Although Marx and Soler-Baillo (2005) did not report the effect size of their analysis, the effect size of the present analysis was partial $\eta^2 = .021$, which may be regarded as a relatively small effect. The original sample of 133 participants in Phase 2 (67 acknowledged “sexual assault,” 66 unacknowledged) may have been sufficient to detect a significant effect for a larger effect size. However, 39 of the original sample failed to pass all audio checks, which resulted in a substantially smaller sample of 94 participants (56 acknowledged, 38 unacknowledged). With the final sample of 94 participants, the analysis would be powered at 80% to detect a “medium” to “large” effect (Cohen’s $f = 0.29$). At the observed effect size (Cohen’s $f = 0.15$), the achieved power was lower than desired (29%), indicating that this analysis was underpowered. In addition,

the present findings resulted from a sample that is significantly different from that examined by Marx and Soler-Baillo (2005). For example, participants primarily resided in the United Kingdom (i.e., compared with prior research conducted in the United States), and the present experiment was conducted entirely online, which may impair participants' focus on the paradigm that may be otherwise mitigated by an experimenter present. In addition, data collection occurred many years later, when conversations surrounding sexual violence are occurring more frequently and widespread (e.g., via social media).

I did, however, find a marginally significant prediction ($p = .061$) of general acknowledgment of sexual violence (i.e., this novel/expanded definition of acknowledgment) on increased risk sensitivity. This may be because the unacknowledged group defined here is *truly* unacknowledged by denying *multiple* labels of acknowledgment, beyond the term "rape." These results may suggest that denying or being oblivious to the nonconsensual nature of the event may have a more dramatic effect on later risk sensitivity compared with the effect we see when solely examining acknowledgment of "rape." Thus, the expanded definition of acknowledgment explored within this study sheds light on the potential relationship between risk sensitivity and a victim's classification of their past experiences in a manner more complicated than prior research has previously supported. However, given the marginal significance of this finding, this interpretation should be appropriately considered with caution, and future research may enhance on the use of this methodology in a larger sample.

Several methodological strengths of the present study may be continued in future research. For example, the SES is a well-known measure for sexual violence history that has been consistently used in the prior research (see Wilson & Miller, 2016 for a review). However, some prior studies included a broader definition of rape that is often inconsistent with legal

definitions. For example, some did not use a definition that is specific to completed intercourse or penetration and instead included any unwanted sexual act or attempted rape (Cleere & Lynn, 2013; Orchowski et al., 2013). Other prior research was limited exclusively to incidences that occurred within participants' college years (Pitts & Schwartz, 1993; Fisher et al., 2003). Limiting participants' experiences to their time in college may confuse findings of acknowledgment within participants who experienced rape outside of that timeframe.

The present study provided multiple labels that imply acknowledgment and unacknowledgment to gain an accurate assessment of participants' perspective of their experiences. This is especially important given that the prevalence of unacknowledged rape is somewhat unclear as it has been measured in prior research. As mentioned previously, the most updated review of rape acknowledgment (i.e., Wilson & Miller, 2016) included studies that did not use "rape" specifically in their assessment of acknowledgment. The present study clarified the prevalence of rape acknowledgment and other forms of acknowledgment (e.g., using "sexual assault" instead of "rape") by simultaneously assessing multiple labels that signify victims' acknowledgment of the nonconsensual nature of the event. I also allowed participants to indicate certainty with their answer, which few studies have previously done. The four labels of acknowledgment used in the present study were derived from the researchers' knowledge of past literature. The purpose of this study was to explore whether acknowledgment exists outside the use of "rape." In future research, qualitative measures may be helpful in identifying other ways in which victims may acknowledge nonconsensual sexual acts.

The sample used in the present study primarily resided in the United Kingdom and identified as White heterosexual cisgender women. I exclusively recruited women to remain consistent with prior literature and to build a foundation for this expanded definition of

acknowledgment. However, future research may recruit cisgender males and those who identify as LGBTQ+, as these groups are also frequently victims to sexual violence and often neglected from relevant research. Given that the sample was primarily White and residing in the United Kingdom, future research on acknowledgment may be conducted in samples of other races and ethnicities and in other cultures, such as cultures in which conversations surrounding rape and sexual violence are less prevalent.

Recruiting participants and conducting the experiment entirely online allowed us to sample a large number of participants to examine differences in acknowledgment and sexual violence history. Online assessment was especially helpful as data collection occurred during the COVID-19 pandemic, during which in-person visits were prohibited. However, the risk sensitivity paradigm required participants' focus, which is difficult to accomplish without an experimenter present and in the participant's home environment. As such, a number of participants failed the required audio checks, which reduced the final sample size and likely contributed to low statistical power in the analyses, as I discussed above. Future research may revert back to assessing risk sensitivity within a lab setting by presenting audio-recorded or even written vignettes.

Given that there does not appear to be consistent evidence to support an advantage of rape acknowledgment to the victim within the current state of prior research, I suggested that researchers in this field take a step back and revisit our understanding of how rape victims interpret their own experience(s). This is especially important, given that rape culture has dramatically changed in the last 50 years, with the growing literature on "acquaintance rape," alterations in legal definitions of rape, and the rise of conversations regarding sexual consent by the general public (e.g., the #MeToo movement). Knowing that a large number of rape victims

are comfortable using other terms besides “rape” may change the conversations we have regarding rape. This knowledge may clarify that events of rape do not need to be severely violent, extraordinary, or shocking to be important and to have a significant impact in one’s life. In actuality, rape often occurs under instances in which consent is unclear to one or both parties. Resistance by the victim is not necessary for rape to have occurred (in fact, freezing is a common response among rape victims). Intoxication may prevent consent from being given, and assailants may be romantic partners, friends, or family members. The present study found that rape victims more commonly endorse the labels “sexual assault” and “sexual violation,” as opposed to “rape” or “a crime.” If discourse within the general public is specifically limited to “rape,” this may exclude victims who do not acknowledge “rape,” which may affect the likelihood of them speaking up and seeking treatment. Changing the conversation, educating the general public about what actually constitutes as rape (i.e., outside the parameters of the blitz rape script), and fostering discourse about obtaining clear consent may positively impact the reactions provided by social supports, which may ultimately improve psychological outcomes.

Beyond the findings of the present study, there remain several important directions for future research on rape acknowledgment. From a developmental standpoint, future research should address at what time in sex education conversations may arise (e.g., teenage years versus young adulthood), what factors influence how individuals develop their understanding of sexual violence (e.g., peers, open conversation with parental figures), and how this understanding may change throughout one’s lifetime and across generations. In terms of clinical practices, there is a plethora of research supporting trauma-focused evidence-based psychotherapies (see Lewis et al., 2020 for a systematic review and meta-analysis). Effective trauma-focused treatments include Cognitive Processing Therapy (Resick et al., 2017) and Prolonged Exposure (Foa et al.,

2007), both of which have shown to be effective and are even supported by the clinical practice guidelines produced by U.S. Department of Veterans Affairs and the Department of Defense as “front-line” treatments for PTSD in military personnel and veterans (U.S. Department of Veterans Affairs & Department of Defense, 2017). The present study supports the conclusion that how rape victims describe and characterize sexual violence occurs at an individual level. When considering various advantages and disadvantages of acknowledgment versus unacknowledgment, we know that a major disadvantage of rape acknowledgment, mentioned previously, is its association with a higher severity of PTSD symptoms (Wilson et al., 2017; Littleton et al., 2006, 2009; Littleton & Henderson, 2009; Cohn et al., 2013), even within all symptom clusters of PTSD diagnostic criteria (Layman et al., 1996; Marx & Soler-Baillo, 2005). If acknowledged rape victims exhibit more severe PTSD symptoms, and we know there are multiple evidence-based trauma-focused treatments that are effective, the question remains whether acknowledged rape victims are actively seeking the type of treatment they need. This may be addressed in future research by thoroughly assessing for acknowledgement prior to the start of a randomized control trial.

In treatment, the present research may inform clinicians on how to approach rape victims who are unacknowledged, as well as treatment planning. Clarifying that an unwanted sexual act is within the realm of the legal definition of rape may be helpful to an individual, given what we know about unacknowledged rape’s association with various negative outcomes (e.g., substance use, revictimization). However, future research is needed to understand whether a broader definition of acknowledgment (e.g., acknowledging “sexual assault”) predicts similar outcomes. Instead, clinicians may be encouraged to use whatever term(s) their client uses to meet the client

where they are, thus building rapport and dismantling barriers often created by the use of “the ‘r’ word.”

Future research involving randomized clinical trials of trauma-focused treatments may include assessments as to how rape acknowledgment may impact treatment outcomes. Research has consistently shown those who acknowledge rape demonstrate a higher severity of PTSD symptoms. However, it is unclear whether this research was conducted prior to or following trauma-focused treatment. Despite higher severity of PTSD symptoms, the question remains if acknowledged victims show greater symptom improvement because they may hold a deeper understanding of the reality of their trauma and may more accurately attribute blame for the event.

The present study contributes important findings to inform our understanding of how rape victims understand and characterize sexual violence. How rape is understood may not only influence posttraumatic psychopathology but may also have an impact on the victims’ potential for self-blame, how the victim understands themselves and the world, if treatment is sought, if legal action is taken, whether the victim seeks social support, and the indirect education of others. Although the findings of this study are significant, the implications only lay a foundation. There is much more work to be done to change the broader conversation to ultimately better advocate for and support rape victims and their recovery.

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APPENDIX A: DEMOGRAPHICS QUESTIONNAIRES

What is your Prolific ID number? _____

How old are you? _____

What sex were you assigned at birth?

- Male
- Female
- Other

What is your gender identity?

- Man
- Woman
- Transgender man
- Transgender woman
- Nonbinary
- Other – How would you describe your gender identity? _____

How would you describe your sexuality?

- Heterosexual or straight
- Homosexual
- Bisexual
- Pansexual
- Asexual
- Other – How would you describe your sexuality? _____

How would you identify your racial/ethnic background?

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White
- Biracial or Multiracial
- Other – What is your country of origin? _____

How would you describe your religious affiliation?

- Christian (for example, Protestant, Catholic, other Christian)
- Jewish
- Buddhist

- Hindu
- Muslim
- Other – How would you describe your religious affiliation? _____
- None (non-religious, secular, atheist, agnostic)

How would you describe your marital status?

- Single, never married
- Married
- Separated
- Divorced
- Widowed
- Other – How would you describe your marital status? _____

What is the highest level of education you have achieved?

- Less than high school
- High school graduate
- Some college
- Associate's degree
- Bachelor's degree
- Professional degree (e.g., Master's, MBA)
- Doctorate

What is your current annual income (before taxes)?

- Less than \$20,000
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$59,999
- \$60,000-\$69,999
- \$70,000-\$79,999
- \$80,000-\$89,999
- \$90,000-\$99,999
- \$100,000 and above

APPENDIX B: SEXUAL EXPERIENCES QUESTIONNAIRE – LONG FORM VERSION

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly.

Please click on the answer showing the number of times each experience has happened to you. If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both items describing lies and drinking.

The "past 12 months" refers to the past year going back from today. "Since age 14" refers to your life starting on your 14th birthday and stopping one year ago from today.

		How many times in the past 12 months	How many times since age 14
1.	Someone stared at me in a sexual way or looked at the sexual parts of my body after I had asked them to stop.	0 1 2 3+	0 1 2 3+
2.	Someone made teasing comments of a sexual nature about my body or appearance after I asked them to stop.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	Someone sent me sexual or obscene materials such as pictures, jokes, or stories in the mail or over the Internet, after I had asked them to stop. - <i>- Do not include mass mailings or spam.</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.	Someone showed me pornographic pictures when I had not agreed to look at them.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.	Someone made sexual or obscene phone calls to me when I had not agreed to talk with them.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.	Someone watched me while I was undressing, was nude, or was having sex, without my consent.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.	Someone took photos or videotapes of me when I was undressing, was nude, or was having sex, without my consent.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8.	Someone showed me the private areas of their body (ex. butt, penis, or breasts) without my consent.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9.	Someone made sexual motions to me, <i>such as</i> grabbing their crotch, pretending to masturbate, or imitating oral sex without my consent.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10.	Someone masturbated in front of me without my consent.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

The next set of questions refers to different sexual experiences that you might have had.

Each question appears at the top of each new page. After each question you will see statements labeled A through M. For each statement you are asked to indicate how many times that has occurred during the past 12 months. Then indicate how many times you have had that experience going back to your 14th birthday.

		How many times in the past 12 months	How many times since age 14
		0 1 2 3+	0 1 2 3+
11.	Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:		
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Using me when I was asleep or unconscious <i>from drugs</i> and when I came to (<i>regained consciousness</i>) I could not stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f.	Using me sexually after I had taken drugs and was conscious but too incapacitated (<i>out of it</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g.	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h.	Using me sexually when I was asleep or unconscious <i>from alcohol</i> , and when I came to (<i>regained consciousness</i>) I could not give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i.	Encouraging or pressuring me to drink alcohol until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

j.	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
l.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
m.	Acting together with <i>two or more people</i> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times in the past 12 months	How many times since age 14
		0 1 2 3+	0 1 2 3+
12.	Someone had oral sex with me or made me have oral sex with them without my consent by:		
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Using me when I was asleep or unconscious <i>from drugs</i> and when I came to (<i>regained consciousness</i>) I could not stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f.	Using me sexually after I had taken drugs and was conscious but too incapacitated (<i>out of it</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g.	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.		
h.	Using me sexually when I was asleep or unconscious <i>from alcohol</i> , and when I came to (<i>regained consciousness</i>) I could not give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i.	Encouraging or pressuring me to drink alcohol until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j.	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
l.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
m.	Acting together with <i>two or more people</i> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Are you a biological male?

- Yes – Skip items #13 and #16
- No

		How many times in the past 12 months	How many times since age 14
13.	A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:	0 1 2 3+	0 1 2 3+
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	knowledge that made me too incapacitated (<i>out of it</i>) to consent or stop what was happening.		
d.	Using me when I was asleep or unconscious <i>from drugs</i> and when I came to (<i>regained consciousness</i>) I could not stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f.	Using me sexually after I had taken drugs and was conscious but too incapacitated (<i>out of it</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g.	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h.	Using me sexually when I was asleep or unconscious <i>from alcohol</i> , and when I came to (<i>regained consciousness</i>) I could not give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i.	Encouraging or pressuring me to drink alcohol until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j.	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
l.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
m.	Acting together with <i>two or more people</i> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times in the past 12 months	How many times since age 14
14.	A man put his penis into my butt, or someone inserted fingers or objects without my consent by:	0 1 2 3+	0 1 2 3+

a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Using me when I was asleep or unconscious <i>from drugs</i> and when I came to (<i>regained consciousness</i>) I could not stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f.	Using me sexually after I had taken drugs and was conscious but too incapacitated (<i>out of it</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g.	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h.	Using me sexually when I was asleep or unconscious <i>from alcohol</i> , and when I came to (<i>regained consciousness</i>) I could not give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i.	Encouraging or pressuring me to drink alcohol until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j.	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
l.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
m.	Acting together with <i>two or more people</i> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times in the past 12 months	How many times since age 14
		0 1 2 3+	0 1 2 3+
15.	Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:		
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Using me when I was asleep or unconscious <i>from drugs</i> and when I came to (<i>regained consciousness</i>) I could not stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f.	Using me sexually after I had taken drugs and was conscious but too incapacitated (<i>out of it</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g.	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h.	Using me sexually when I was asleep or unconscious <i>from alcohol</i> , and when I came to (<i>regained consciousness</i>) I could not give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i.	Encouraging or pressuring me to drink alcohol until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j.	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

1.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
m.	Acting together with <i>two or more people</i> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times in the past 12 months	How many times since age 14
		0 1 2 3+	0 1 2 3+
16.	Someone TRIED to put fingers, objects (such as a bottle or a candle) or their penis into my vagina but stopped before genital contact after:		
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Using me when I was asleep or unconscious <i>from drugs</i> and when I came to (<i>regained consciousness</i>) I could not stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f.	Using me sexually after I had taken drugs and was conscious but too incapacitated (<i>out of it</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g.	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h.	Using me sexually when I was asleep or unconscious <i>from alcohol</i> , and when I came to (<i>regained consciousness</i>) I could not give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

i.	Encouraging or pressuring me to drink alcohol until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j.	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
l.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
m.	Acting together with <i>two or more people</i> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times in the past 12 months	How many times since age 14
		0 1 2 3+	0 1 2 3+
17.	Even though it didn't happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:		
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Giving me a drug such as Rohypnol, GHB, "fry cigarettes", "ecstasy" or "Ketamine" without my knowledge that made me too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Using me when I was asleep or unconscious <i>from drugs</i> and when I came to (<i>regained consciousness</i>) I could not stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Encouraging and pressuring me to use drugs such as pot, or Valium until I became too incapacitated (<i>out of it</i>) to consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f.	Using me sexually after I had taken drugs and was conscious but too incapacitated (<i>out of it</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

g.	Serving me high alcohol content drinks when they appeared to be regular strength drinks until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h.	Using me sexually when I was asleep or unconscious <i>from alcohol</i> , and when I came to (<i>regained consciousness</i>) I could not give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i.	Encouraging or pressuring me to drink alcohol until I was too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j.	Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (<i>drunk</i>) to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
l.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
m.	Acting together with <i>two or more people</i> to do these things to me even though I objected or was unable to give consent or stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times in the past 12 months	How many times since age 14
18.		0 1 2 3+	0 1 2 3+
	I woke up several hours later with a sore vagina or anus, and had little or no memory of what had happened.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

19. My age is _____ years and _____ months.

20. Did any of the experiences described in this survey happen to you one or more times?

- Yes
- No

21. What was the sex of the person or persons who did them to you?

- Female only
- Male only
- Both females and males
- I reported no experiences

Koss, M. P. Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2006). The Sexual Experiences Long Form Victimization (SES-LFV). Tucson, AZ: University of Arizona.

APPENDIX C: ACKNOWLEDGMENT QUESTIONNAIRES

1. Have you ever been raped?

Yes No

If Yes, how sure are you that you had been raped on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

If No, how sure are you that you have never been raped on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

2. Have you ever been the victim of a sexual assault?

Yes No

If Yes, how sure are you that you had been the victim of a sexual assault on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

If No, how sure are you that you have never been the victim of a sexual assault on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

3. Have you been ever been the victim of a crime that involved sexual activity?

Yes No

If Yes, how sure are you that you had been the victim of a crime that involved sexual activity on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

If No, how sure are you that you have never been the victim of a crime that involved sexual activity on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

4. Have you ever been sexually violated by another person?

Yes No

If Yes, how sure are you that you had been sexually violated by another person on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

If No, how sure are you that you have never been sexually violated by another person on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

5. Have you ever had a sexual experience that you considered a miscommunication?

Yes No

If Yes, how sure are you that you had a sexual experience was a miscommunication on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

If No, how sure are you that you never had a sexual experience was a miscommunication on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

6. Have you ever had a bad or uncomfortable sexual experience?

Yes No

If Yes, how sure are you that you had a bad or uncomfortable sexual experience on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

If No, how sure are you that you never had a bad or uncomfortable sexual experience on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

7. Have you ever had a sexual experience that you regret?

Yes No

If Yes, how sure are you that you had a sexual experience that you regret on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

If No, how sure are you that you never had a sexual experience that you regret on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

8. Have you ever had a sexual experience that you view as a mistake?

Yes No

If Yes, how sure are you had a sexual experience that you view as a mistake on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

If No, how sure are you that you never had a sexual experience that you view as a mistake on a scale of 0% (not at all sure) to 100% (absolutely sure)? _____ %

APPENDIX D: RISK SENSITIVITY PARADIGM

Segment		Time from Onset
I.	(m) "I'd like to touch your breasts" (w) "Oh James, don't do that." (m) "You really turn me on. Kiss me."	72-92s
II.	(w) "James! I'd like you to touch my chest but not right now." (m) "Okay, I'm sorry, but you know that when I get close to you, I just about lose control."	93-117s
III.	(w) "James, haven't you been listening to me? I just got done telling you that I don't want you touching my chest and then you go and touch me on my butt?"	118-175s
IV.	(w) No James, get your hands out of my pants!" (m) "Tonya, if you don't let me do this, I don't know what I'll do ... I might have to stop seeing you."	176-198s
V.	(w) "Please don't do this James! I don't think you understand, but I don't want sex right now." (m) "You act as if you want it!"	199-238s
VI.	(m) "You know you want it, Tonya!" (w) No James, get away from me!" (m) "Tonya, don't push it! If you don't sleep with me right now, I'll have to hurt you, and I know you don't want that to happen."	239-257s
VII.	(m) "These pants are going to come off right now, and you are going to f*** me! Don't fight it, Tonya, you know you want it!" (w) "Get off of me!"	258-267s
VIII.	(m) "Oh yeah, that's more like it." (moans)	268-292s

Note. m = man; w = woman; s = seconds.