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# Victims' Perspectives of Their Roles in Unwanted Sexual Experiences When Alcohol is Consumed

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VICTIMS' PERSPECTIVE OF THEIR ROLES IN UNWANTED SEXUAL EXPERIENCES  
WHEN ALCOHOL IS CONSUMED

by

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B.S., Appalachian State University, Boone, North Carolina, 2008

Thesis

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## Victims' Perspective of Their Role In Unwanted Sexual Experiences When Alcohol is Consumed

Chairperson: Christine Fiore, Ph.D.

Sexual violence among college students is recognized as a serious public health concern in the United States. Among college students, sexual violence is associated with high levels of PTSD symptoms and psychological consequences (Frazier et al., 2009). For ages 18 to 25 sexual violence is the only crime that is found to occur more frequently among college students than the same age group not attending college and is at its highest rate during the first year of attendance (Baum & Klaus, 2005). Research has already uncovered increased risk of victimization for young college students including heavy alcohol consumption (Messman-Moore, Coates, Gaffey, & Johnson, 2008), acquaintance with the perpetrator (B. Mason & Smithey, 2012), and previous victimization (Classen, Palesh, & Aggarwal, 2005; Messman-Moore & Brown, 2006). Although these risk factors are already recognized, it is still unknown how alcohol specifically affects the victim's perception of the experience. What the victim attributes to the circumstance involving alcohol may be important for greater understanding. With low report rates (40%, Truman & Planty, 2012), and an even lower acknowledgment of crime rate (25%, Cleere & Lynn, 2013) and high rates of alcohol consumption of either the perpetrator or victim prior to sexual violence (50%, Abbey, Ross, McDuffie, & McAuslan, 1996), it is important to understand how influential the voluntary consumption of alcohol is on a female's perception of her role in the unwanted sexual experience. Bystanders perceive that the victim has more responsibility when alcohol is involved (Girard & Senn, 2008). Therefore, if victims have similar perceptions they may fail to recognize a crime occurred, be less likely to seek social support, and feel responsibility, shame/embarrassment, or guilt for the sexual violence. A campus wide Safe Campus Survey was disseminated in the fall of 2014. Thirty-six students reported experiencing a sexual assault in the past year or since attending the university and completed the specific unwanted sexual experiences survey. Logistic regression and Chi-Square Test for Association were utilized to test the relationships between the victim's perception of intoxication on their likelihood to tell someone about the assault, feelings of responsibility, perception of a crime occurring, and shame/embarrassment or guilt. Significant associations were found with feelings of responsibility and perception of a crime, with and without the control for physical force. Future directions and limitations are discussed.

**TABLE OF CONTENTS**

ABSTRACT .....	ii
CHAPTER	
I.    INTRODUCTION .....	1
a. Alcohol Use .....	5
b. Social Support .....	7
c. Acknowledgement of Crime.....	10
d. Internalized Oppression and Rape Myth Acceptance.....	11
e. Rationale .....	13
f. Hypotheses.....	14
II.   METHODS .....	15
a. Participants .....	15
b. Measures .....	17
i. Demographic Questionnaire .....	17
ii. Abbreviated Sexual Experiences Survey .....	17
iii. Specific Unwanted Sexual Experience Survey.....	18
iv. Alcohol Questions .....	18
v. Barriers to Social Support.....	19
vi. Acknowledgment of Crime .....	19
c. Procedure .....	19
i. Analysis .....	20
III.  RESULTS .....	21
a. Demographics and Descriptive Statistics.....	21
b. Inferential Statistics.....	26
i. Logistic Regression .....	26
ii. Chi-Square Rest for Association .....	34
IV.  DISCUSSION.....	35
a. Strengths and Limitations .....	39
b. Future Directions.....	40
REFERENCES .....	43
APPENDIX A .....	51
APPENDIX B .....	62

## **Victims' Perspective of Their Role In Unwanted Sexual Experiences When Alcohol is Consumed**

Unwanted sexual experiences are more common in our society than is understood by the general public. A 2010 summary report by the Center for Disease Control and Prevention (CDC) concluded that sexual violence, in the form of rape, in the United States is estimated to affect 1 in 5 women and 1 in 71 men in their lifetime (Black et al., 2011). Sexual violence is a psychologically and emotionally damaging experience for survivors. Among common consequences of sexual assault, symptoms of Post Traumatic Stress Disorder (PTSD) are prominent; PTSD is a characteristic of severe psychological distress as a result of a traumatic experience (Frazier et al., 2009). Among college students, sexual assault was associated with the highest level of PTSD symptoms when compared to survivors of other forms of trauma (Frazier et al., 2009). In addition to PTSD, sexual assault survivors compared to other forms of trauma are more likely to experience a disruption in interpersonal functioning (Harris & Valentiner, 2002). Survivors of sexual assault can furthermore experience a wide array of problems as well as major depressive episodes (Burnam et al., 1988), anxiety disorders (Burnam et al., 1988), and substance abuse (Burnam et al., 1988). Both the incidence and the psychological consequences associated with sexual assault indicate that sexual assault is a serious public health concern in the United States.

Prior to 2012, the legal definition of rape and sexual assault was restricted by gender, types of touch, and physical resistance. The Department of Justice (DOJ, "An Updated Definition of Rape," 2012) modernized their 1927 definition of rape to include any

gender instead of strictly female, and the use of any body part or object rather than precisely penile penetration of the vagina. Physical resistance is also no longer necessary for a survivor to establish absence of consent. These modifications widen the formerly narrow definition of rape. An additional DOJ change ("Rape and Sexual Assault," 2014) separated the definition of sexual assault from rape; sexual assault includes an even wider range of victimization that involves broadly unwanted sexual contact.

In contrast with the legal definition of rape and sexual assault, the research community, such as the CDC, has their own definition: rape or sexual assault is the unwanted completed or attempted vaginal, anal, or oral penetration through the offender's use of physical force or threat of physical harm (Black et al., 2011). Some researchers use this definition, but include sexual coercion within the broader definition of sexual violence. Coercion of sexual acts includes subtle pressure and intoxication without the need for physical violence (Fossos, Kaysen, Neighbors, Lindgren, & Hove, 2011). Sexual coercion can be just as difficult to escape as physical force. For this document, all unwanted sexual encounters will be considered "sexual violence."

In addition to the large gender gap among survivors of sexual violence (Black et al., 2011), many factors have been found to influence a college student's risk of sexual assault. Some of the personal factors include the victim's relationship with the perpetrator (B. Mason & Smithey, 2012), alcohol consumption by either party (Messman-Moore et al., 2008), and the history of being a victim of sexual violence (Classen et al., 2005; Messman-Moore & Brown, 2006).

Contrary to popular belief that strangers primarily perpetrate sexual violence, most sexual violence is actually perpetrated by someone known by the victim (Abbey et al.,

1996; Black et al., 2011; Duryea & Frantz, 2011). Literature refers to sexual violence with a known perpetrator as date rape, acquaintance rape, courtship violence, sexual coercion, or as an unwanted sexual experience. Of sexual violent acts meeting the definition of rape, over 90% are perpetrated by someone known by the victim (Black et al., 2011). Just over half (51.1%) of the female victims from the CDC's national survey were perpetrated by an intimate partner who were currently or previously intimately involved with the victim, 40.8% by an acquaintance who are in some way familiar with the victim, and only 8.1% were perpetrated by a stranger (Black et al., 2011). Beyond knowing the victim, younger adults are also of concern based on higher frequency of assaults. The CDC's summary report (Black et al., 2011) states that 79.8% of women affected by sexual assault experienced their first sexual violence before the age of 25. This includes victims who were minors and non-students, but when comparing college students against the same age group (18-25) who were non-students, researchers found that, for students, the occurrence of all violent crimes was less except for sexual violence (Baum & Klaus, 2005). This comparison indicates that sexual violence is more evident among young adults 18-25 years old who are attending college, than those the same age not attending college.

Violence against women has been recognized as an issue on college campuses since the 1950s. Kanin (1957) conducted early research on male aggression specifically towards female college freshmen and found that 62% of these women experienced offensive male aggression with-in the previous 12-month period. In a replication study in 1977, Kanin again looked at female college freshmen and found that 50% of the women were victims specifically of sexual aggression during the academic year. This pioneering research helped initiate the focus on college student violence and lead to the realization that sexual violence

often peaks at the beginning of the first year after arriving at college (Graves, Sechrist, White, & Paradise, 2005).

The literature supports the concerns that first year college students are often targeted at college parties. Hines et al. (2012) theorizes that a young first year female may be specifically seen as an unguarded easy object; this theory is in congruence with other qualitative studies that show the targeting nature of perpetrators (Lisak & Miller, 2002). Lisak and Miller (2002) interviewed a random sample of college students and found 120 men who self-identified as rapists. Nearly two-thirds of the sample were repeat offenders and on average were responsible for 5.8 rapes (Lisak & Miller, 2002). This study helped to shed light on the reality that while a large number of women are sexually victimized, only a small percentage of men are perpetrating sexual violence. These same authors also have shown that perpetrators often target their victims based on vulnerability (Lisak & Miller, 2002), which is likely to be greatest during the first year. Research has found that sexual violence decreases each consecutive year of college (Graves et al., 2005; Hines et al., 2012). It is possible that as students' time at college progresses their wisdom and maturity reduce their appeal to perpetrators.

A common myth among parents of college students is that the large rates of sexual perpetration against first year college students means that it is unsafe on campus. Contrary to this belief, the Bureau of Justice Statistics has reported that for both students living on and off campus the overwhelming majority of sexual violence against college students happens off campus (Baum & Klaus, 2005). Additionally, sexual violence that occurred off campus occurred between the hours of 6 p.m. and 6 a.m. and often in an open-public area or near an acquaintance's home (Baum & Klaus, 2005). This may mean that the culture of



the college social scene, when alcohol is or is not involved, off campus may be of more concern than the college campus culture.

### **Alcohol Use**

When the DOJ updated their definition of rape, they also recognized the frequency of rapes that are facilitated by drugs and alcohol by adding that a victim may be unable to consent for sex due to incapacitation from drugs or alcohol ("An Updated Definition of Rape," 2012). The problem is that alcohol has become a central aspect for socializing with peers in college and may or may not be voluntary, pushed, or forced on an unsuspecting person. Additionally, a qualitative study by Luke (2009) reports a pattern in the college culture that includes the pursuit for sexual activity with heavy drinking during college parties. Using semi-structured interviews she found that the sexual encounters at house parties, fraternities, and bars are considered a standard part of the college culture (Luke, 2009). Frequent, heavy, episodic drinking accompanies the party environment. For example, students commonly "pre-game" in dorm rooms with the intention of being intoxicated before arriving to the party (Luke, 2009). According to the National College Health Assessment (NCHA), 73.6% of University of Montana (UM) students consumed alcohol in the last 30 days, a slightly greater percentage than the national average for college students (65.9%, Curry Health Center, 2012). By consuming five or more drinks the last time they "partied" 45.2% of students at UM participated in heavy drinking as defined by the NCHA (Curry Health Center, 2012).

College parties and late night drinking greater intensify the possibility of sexual violence (Curry Health Center, 2012). In particular, heavy drinking increases a woman's risk of experiencing sexual violence when she is too intoxicated to consent (Luke, 2009).

College students expect that when they party off campus at night there will be alcohol and drugs, and for some there is an understanding for an increased possibility of sexual interactions. If students do not recognize these possibilities, peers may make a hint or remind them before, during, or following an evening of drinking alcohol overtly implying fault of the drinker. Luke (2009) points out that being unable to provide consent due to intoxication appears to have become normalized through the college social culture.

The desire for peer acceptance when arriving new to college is coupled with the assumption that alcohol will help assist in developing friendship and romantic relationships (Luke, 2009). Supporting the role of alcohol being used to manage social anxiety, recent research has concluded that consumption of alcohol increases with the presence of anxiety-provoking social situations (B. A. Lewis & O'Neill, 2000). The alcohol may provide a sense of euphoria to help with the negative feelings of anxiety, but more often it fails in providing improvements in social functioning without continued use (K. Abrams, Kushner, Lisdahl Medina, & Voight, 2001). The negatively reinforcing effects of alcohol with anxious social situations, such as the experience of moving to college, may explain the motivation for new college students to drink alcohol when in social situations (K. Abrams, Kushner, Medina, & Voight, 2002).

Generally, alcohol has been accepted as the most widely and frequently used recreational drug among college students (K. Abrams et al., 2001). College age females were specifically studied for effectiveness of alcohol in relieving social anxiety symptoms and the results indicated an insignificant change in their performance (Curry Health Center, 2012). Even in those populations where alcohol may not decrease social anxiety, alcohol will still hinder the drinker's inhibitions and increase impulsivity, contributing to the

inability to provide consent (D. B. Abrams & Wilson, 1979). This is all stated with an understanding that additional recreational drugs are often consumed with alcohol, which can be further incapacitating.

A female's voluntary consumption of alcohol may affect the way her role is viewed by peers. In studies using vignettes, bystanders to sexual violence perceive victims as more accountable for sexual violence when victims use alcohol recreationally and voluntarily before an unwanted sexually violent act (Kazemi, Wagenfeld, Van Horn, Levine, & Dmochowski, 2011). Outsiders may see women drinking alcohol as an invitation for sex, but in reality the female could be drinking to fit in, make friends, and meet potential romantic interests. The impact of voluntary alcohol consumption on the individual's own attribution, as a victim, is not yet known. The role of alcohol may impact the survivors' own responses to sexually violent events.

### **Social Support**

**Impact on Social Support.** Following a sexual assault, positive social support has been found to reduce a victim's negative health symptoms and increase psychological health benefits (Sylaska & Edwards, 2014). There is a real need for social supports to react in a helpful manner and provide the positive reinforcement that will in turn encourage a reduction in health disparities as well as a reduction in re-victimization. A recent study looking at informal social support reactions for college women's disclosure of partner violence found that when the women received negative reactions that involved disbelief or victim blaming, these reactions were related to an increase in psychological distress (Sylaska & Edwards, 2014).

Encountering a negative reaction is a truly realistic fear for victims of sexual violence. In a college sample, 1 in 3 females and 1 in 5 males were sought by victims of sexual violence for support, but only about half of those contacted felt they could be helpful or supportive (Edwards, Dardis, Sylaska, & Gidycz, 2014). Such lack of knowledge of how to be helpful may contribute to the negative impact on victims psychological distress and PTSD symptoms (Banyard, Moynihan, Walsh, Cohn, & Ward, 2010). Furthermore, if a victim perceives she will receive negative reactions she may be less likely to seek support in the first place. Indeed, a history of victimization has been correlated with the erosion of a victim's perception of available social support (Bondurant, 2001).

**Barriers to Social Support.** Even though social support can be a strong determinant of a victim's health, the barriers women face in seeking social support often deter them from ever disclosing the sexual violence, thus vastly reducing their chances of ever receiving any help to overcome health disparities resulting from sexual violence (Yap & Devilly, 2004). Sable, Danis, Mauzy, and Gallagher (2006) performed a campus survey to develop a list of barriers in reporting rape and sexual assault. They found that the most important barriers among victims included guilt, embarrassment, and not wanting family or friends to know about the assault. In addition to these barriers, Sable et al. (2006) found that college students also had concerns about confidentiality and fear of not being believed. Guilt and embarrassment are common among survivors of sexual violence due to the mind's tendency to look inward for fault when faced with transgression or error in morality (Sable et al., 2006).

Both guilt and embarrassment follow a wrongdoing or error in behavior. Furthermore, they both carry a similar central desire to hide from and avoid the disclosure

of the behaviors that caused the guilt or embarrassment (Tangney & Dearing, 2003). Guilt differs from embarrassment in that the focus of guilt is feelings of responsibility and remorse about the particular behavior that leads to a desire to make amends for the behavior (H. B. Lewis, 1971). In contrast, embarrassment is the projection of an incompatible definition of oneself before others (Goffman, 1956). Embarrassment is deeper than guilt, because of the personal defect that is implied, and may be more difficult to amend.

While some researchers use the term embarrassment, others synonymously use the term shame, although some make the distinction between the two. Embarrassment is said to be encompassed within shame which is an internal affect that consists of a perceived weakness in the self (Nathanson, 1994; Wurmser, 1981). Shame is a sense of exposure, literal or figurative, and the shame diminishes the quality of the person (Nathanson, 1994). In other words, embarrassment is how we respond when we feel shame. There is a huge effect of shame on interpersonal functioning; from research related to social bonding, Scheff (2000) proposes a concept of shame as the central social emotion and that the emotion arises from relational bonds breaking apart.

Nathanson (1994) developed eight categories of cases in which shame may arise: failure or inadequacy in competition, self-concept or sense of self, personal attractiveness, sexuality, issues related to exposure, fears and wishes about interpersonal closeness, dependence or independence issues, and issues related to personal size, strength, skill or ability. With the exception of competition, which could be interpreted as power and control, all of these sources of shame can be directly related to experiencing sexual violence. Relatedly, Arata and Burkhart (2000) have shown that feelings of responsibility

and having a sense of self-blame are characterized with higher levels of PTSD symptomatology. According to Affect Theory (Tomkins, 1984), the typical response for shame is avoidance. Avoidance is potentially reinforced through averting potential consequences of being rejected, but unfortunately avoidance leads to distancing of interpersonal relationships, thus reducing access to social support. Shame and embarrassment are proposed as an influential barrier for victims of sexual violence to tell someone about their assault. Sense of responsibility, guilt, embarrassment, or shame could also contribute to a victim's view of the event as a crime, or not.

### **Acknowledgment of Crime**

A recent study by Cleere and Lynn (2013) reviewed female victims' viewpoints of their sexual assault as a crime and found that 75% of the women did not view their assault as a crime. There may be a psychological benefit to not acknowledging the crime and in turn not acknowledging themselves as a victim, since a clear majority of women from their study do not acknowledge forced or coerced sexual behavior as a crime. However, their findings suggested that there was no significant difference in psychological distress among acknowledged and unacknowledged victims (Cleere & Lynn, 2013). They also found that victims who acknowledge their assault were more likely to attribute responsibility to the perpetrator and press charges (Cleere & Lynn, 2013).

Another study explored the factors that influence women's acknowledgment of rape, and found that the majority of women did not acknowledge their experiences as rape, even though their experiences fit the legal definition of rape (Bondurant, 2001). Women who experienced higher levels of violence with more physical force were more likely to acknowledge the assault (Bondurant, 2001). This implies that women may have difficulty

acknowledging to themselves or to others that a sexual assault has occurred unless they perceive higher levels of physical force. Acknowledgment of a crime could be affected by additional factors that fit the stereotypic rape myth, such as imposed victim responsibility due to voluntary alcohol or drug use, the way they were dressed, or acquaintance with the perpetrator. Not acknowledging an assault has been found to increase a victim's likelihood of continuing a relationship with the perpetrator, therefore increasing the likelihood of being re-victimized (Bondurant, 2001), as well as the potential increase in shame and self-blame behaviors that might be associated due to lack of acknowledgement of the assault.

Despite sexual violence being detrimental and common among traditional college students, the rate of reporting (Littleton, Axsom, & Grills-Taquechel, 2009) or even acknowledgement of the event is astoundingly low (Fisher, Daigle, Cullen, & Turner, 2003; Krebs, Lindquist, Warner, Fisher, & Martin, 2007). This suggests that the victim's own perspective may contribute to victim blaming and to a rape prone culture (Abbey et al., 1996; D. B. Abrams & Wilson, 1979).

### **Internalized Oppression and Rape Myth Acceptance**

Rape myth acceptance consists of both "attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression" (Lonsway & Fitzgerald, 1994, p. 134). These beliefs often result in attributing to victims partial or full responsibility, while trivializing the responsibility of the offender. Although sexual violence is perpetrated on all genders, the statistical prevalence of sexual violence indicates females are the most targeted and offenders are most likely to be male (Tjaden & Thoennes, 2006). Sexual violence can be theorized, like domestic violence, as a power and control problem involving the need for the perpetrator to enforce his power and

control over his victim (Berkowitz, 1992). Power and control by men is often linked to traditional gender roles. A significant predictor for endorsement of a rape myth is a belief in traditional gender roles that includes male expectations to be aggressive, sex driven, and dominant, while women are expected to be passive (Check & Malamuth, 1983; Kopper, 1996). Rape myths thus serve to minimize and justify the sexual violence of men against women.

Research has found repeatedly that both men and women believe in rape myths (Burt, 1980; McMahon, 2010; Struckman-Johnson & Struckman-Johnson, 1992). The belief of rape myths by both genders can lead to internalization of those myths by victims of sexual violence. Internalized oppression research has investigated the phenomenon where minorities internalize and take on the same demeaning beliefs imposed by the majority group (M. Mason, 1990).

Once oppression has been internalized, little force is needed to keep us submissive.

We harbor inside ourselves the pain and the memories, the fears and the confusions, the negative self-images and the low expectations, turning them into weapons with which to re-injure ourselves, every day of our lives. (M. Mason, 1990; p. 29)

Internalized oppression takes on a major role in the maintenance of oppression and is best contextualized in a system of “domination and subordination, advantage and disadvantage” (Williams, 2012, p. 17) just as the act of sexual violence has been conceptualized as a power and control phenomenon. Rape myths are pervasive negative cultural messages imposed on victims of sexual assault and are therefore at risk of being internalized by victims of sexual violence. The result of this exposure can lead to the internalization of the rape myth and traditional gender roles, subsequently adding more blame to the self and less blame on



the perpetrator and further perpetuating the submission of both women and victims of sexual violence. It is possible that the shame and sense of responsibility felt by victims of sexual violence is a product of internalized oppression rather than perception of actual fault. The role of alcohol could greater intensify this potential phenomenon (Richardson & Campbell, 1982).

### **Rationale**

Bystanders and society have a tendency to blame victims when alcohol is involved in unwanted sexual experiences (Girard & Senn, 2008), and shame and guilt have been identified as top reasons why victims do not seek social support following sexual violence (Sable et al., 2006). As outlined above, college populations, and specifically the University of Montana have high rates of alcohol consumption (Curry Health Center, 2012). The question remains to be answered regarding how alcohol consumption by victims is associated with shame, guilt, and sense of responsibility after the sexual violence. Furthermore, it is not clear what the likelihood of seeking social support is if there is increased shame and guilt, or an increased sense of responsibility associated with alcohol use by the victim. Additionally, the relationship between acknowledging the sexual experience as a crime and alcohol use by the victim is also unknown. The current study examines the effects of alcohol use on college student victims of sexual violence in terms of: sense of responsibility, seeking social support, and acknowledgment of a crime. This study will also explore the contribution of the factors interconnectedness with the internalized oppression model. As stated by a victim during a sexual violence protest rally: "Why does alcohol excuse his actions, but condemn mine?"

## Hypotheses

**Hypothesis one:** When the student victim of sexual violence (Abbreviated Sexual Experiences Survey [ASES]; questions: 5,9,11,13, & 15; see Appendix) have consumed alcohol and as their perception of intoxication increases, compared to those not consuming alcohol (Specific Unwanted Sexual Experiences Survey [SUSES]; questions: 7 & 9; see Appendix), the victim will be less likely to tell anyone about the incident (SUSES; question 14; see Appendix), while controlling for the existence of physical violence (SUSES; Question 5; see Appendix).

**Hypothesis two:** When student victims of sexual violence (ASES) have consumed alcohol and as their perception of intoxication increases, compared to those not consuming alcohol (SUSES), the victim will be more likely to endorse a sense of responsibility (SUSES; Question 20 [b & c]; see Appendix), while controlling for existence of physical violence (SUSES).

**Hypothesis three:** When student victims of sexual violence (ASES) have consumed alcohol and as their perception of intoxication increases, compared to those not consuming alcohol (SUSES), the victim will be less likely to label the act as a crime (SUSES; question 21; see Appendix), while controlling for existence of physical violence (SUSES).

**Hypothesis four:** When student victims of sexual violence (ASES) have consumed alcohol and as their perception of intoxication increases, compared to those not consuming alcohol (SUSES), the victim is more likely to endorse a feeling of shame/embarrassment or guilt, while controlling for existence of physical violence (SUSES, question 20 [a & d]; see Appendix).

**Hypothesis five:** In order to justify the use of physical violence as a covariate for sense of responsible we will look at the relationship between the two variables. When student victims of sexual violence (ASES) experiences physical violence (SUSES) the victim's likelihood of endorsing a sense of responsibility (SUSES; question 20 [a & b]; see Appendix) may decrease.

## **Method**

### **Participants**

Participants for this study consisted of a subset from a larger study conducted from a volunteer sample of University of Montana students surveyed through the Safe Campus Survey (SCS). The SCS was advertised for all students from mid-October through early December of 2014. The SCS included participants above the age of 18 and any gender. The SCS was expected to take 30 to 45 minutes for each participant to complete all sections.

As of Fall 2014 the total number of enrolled Missoula College and Mountain Campus students was 14,129. With completion of the survey by 2,645 students, this is a response rate of 18.72% for the SCS. There were 674 endorsements of sexual violence in the past year or since at UM. Participants had the opportunity to endorse more than one description of sexual violence; therefore we are unable to differentiate the exact number of people who endorsed just one from more than one experience of sexual violence. With any endorsement Even with the high number of endorsements for each description, only 38 individuals attempted the Specific Unwanted Sexual Experiences Survey [SUSES]. A subset

of 36 participants completed the Specific Unwanted Sexual Experiences Survey (SUSES) necessary for analysis<sup>1</sup>.

Table 1

*Endorsement of Unwanted Sexual Experiences (sexual assault and rape)*

Sexual experience	Past Year/Since at UM	Number	%
Sexual contact	past year	226	8.5
Sexual contact	since at UM	164	6.1
Attempted Intercourse	past year	55	2.1
Attempted Intercourse	since at UM	60	2.2
Sexual Intercourse with Penetration	past year	35	1.3
Sexual Intercourse without penetration	since at UM	31	1.2
Invasive sexual contact without Penetration	past year	31	1.2
Invasive sexual contact without penetration	since at UM	25	0.9
Invasive sexual contact with penetration	past year	22	0.8
Invasive sexual contact with penetration	since at UM	25	0.9

## Measures

The various measures were offered through a progressive nature. A "yes" response endorsing the experience of an unwanted sexual experience within the sexual experiences survey was followed by identification of the event he or she considers the most significant event to refer to for the remaining questions. Measures of the SCS utilized for this study included data from the sexual experiences survey (Koss & Oros, 1982); demographics

<sup>1</sup> It is not clear why so few participants completed the SUSES. It is possible that there was a glitch in the Qualtrics software and not every eligible participant was offered the survey, but this is currently inconclusive. It is also possible that the survey was too triggering and participants opted out of this particular portion of the survey or fatigue and lack of motivation ensued.

questionnaire; portions of the specific unwanted sexual experiences survey; alcohol use during the sexual experience; options to endorse coercive tactics; questions about social support seeking; follow-up questions about barriers to seeking social support; perception of responsibility; feelings of shame and guilt; and perception of the sexual experience as a crime. These various measures were provided in the same order for every participant, but not every participant had the opportunity to answer every measure due to the progressive nature mentioned.

**Demographic questionnaire.** Participants reported demographic characteristics at the beginning of the survey, including questions about age, class standing, sex, gender, living situation, relationship status, and alcohol use behaviors. Additional information collected in this section included current involvement in campus organizations (i.e. athletics or social fraternity/sorority) and courses previously taken that discuss sexual violence.

**Abbreviated sexual experiences survey.** An abbreviated portion of the sexual experience survey (Koss & Oros, 1982) was utilized to detect cases of sexual assault and rape (sexual violence). This section consists of six multiple choice questions that explicitly refer to sexual experiences that are associated with coercion, force, or threat of sexual assault or rape (i.e. Has anyone ever made sexual advances or requests for sexual favors toward you? Check all that apply: a) Yes, in the past year b) Yes, since I've been at UM [not including this past year] c) Yes, in my lifetime [not including since attending UM] d) No). Sexual assault is portrayed as an attempt or event of sexual contact without consent when penetration did not occur. Concurrently, the rape questions inquire about sexual intercourse with penetration. The abbreviated sexual experience survey was used to

determine inclusion into the study. Participants who checked either “yes, in the past year,” or “yes, since I’ve been at UM” were included in this study and were considered victims of sexual violence. A distinction was not be made between sexual assault and rape to fully encompass the experience of sexual violence. In 1982 the authors reported an internal reliability of .74 (Koss & Oros, 1982). A study in 2010 found an even better Cronbach’s alpha of .81 for the full sexual experiences survey (Humphreys & Kennett, 2010), indicating that this survey has internal consistency making it a valid and acceptable measure for detecting an unwanted sexual experience.

**Specific Unwanted Sexual Experiences Survey.** Participants who endorsed one or more unwanted sexual experiences from the Abbreviated Sexual Experiences Survey were provided the opportunity to answer specific questions regarding their most serious event. Questions included information about the perpetrator and the participant’s perceptions and experiences of the event. There are no known validity or reliability measures for this survey. Three specific questions were primarily used for analysis: “was physical force used,” “was alcohol involved,” and “did you tell anyone about the incident.”

**Alcohol question.** In addition to the alcohol behavior questions from the demographic questionnaire, there were alcohol consumption questions concerning the participant’s specific sexual experience. A direct question about the existence of alcohol was asked: Was alcohol involved? If alcohol was involved then the participant was asked about his or her own as well as the perpetrator’s use: How drunk was the other person? And how drunk were you? The response options included: Not at all drunk, somewhat drunk, drunk, or very drunk. Alcohol consumption by the victim was used in determining the experimental and comparison groups.

***Barriers to social support.*** All participants whether or not they divulged the event to anyone were asked to check all that apply to the reason they chose not to discuss the incident with potential social supports. The options included: I would be ashamed/embarrassed, I would feel guilty, I would feel partial responsibility, and I would feel responsible. The primary focus for this sub-study includes whether or not a participant checks any of these boxes. Responses to I would feel partial responsibility and I would feel responsible were combined to form a sense of responsibility variable, due to the similarity in self-attribution assumed by either response endorsement (Banyard & Moynihan, in press ).

***Acknowledgment of a crime.*** After questions about barriers to social support, participants were asked to look back on the incident and decide whether they would label the incident as a crime or not. The options include: "I am sure that a crime *did not* occur," "I am *unsure* whether or not a crime occurred," or "I am sure that a crime *did* occur." This question determined the participant's acknowledgment of a crime occurring.

### **Procedure**

The Survey was advertised through flyers posted around campus, announcements by course instructors, and a link posted on a public university site for students (my.umt.edu) as well as an internal website for student courses (Moodle). Participation was entirely voluntary and anonymous. Qualtrics Online Survey System was utilized for online access. Incentives for participation included an opportunity following the survey to enter a drawing for various levels of gift cards (two \$500 Amazon, three \$100 Amazon, two \$50 Amazon, and twenty \$5 campus coffee cards). In some cases, instructors provided the opportunity for participants to earn research credit or extra credit in a course.

## **Analysis**

Prior to analysis the data and variables were examined to identify ineligible participants and incomplete surveys. Those who did not identify clearly as a student or quit the survey before answering the sexual experiences survey were deleted from the data set. Ultimately, 38 participants were identified as attempting the SUSES and 2 were deleted due to lack of response to the SUSES questions. The final 36 answered the necessary questions to run analyses.

Descriptive statistics were obtained on each of the basic demographic variables as well as the primary variables necessary for analysis of the five hypotheses. Logistic regression and multinomial logistic regression were utilized to obtain odds ratios that identify the probability of a participant's group membership on the basis of the dependent variables. Logistic regression is a quantitative measurement used for dichotomous measurements of the dependent variables (Meyers, Gamst, & Guarino, 2006). The odds ratios are determined by dividing the probability of belonging to one group by the probability of not belonging to that group. The probability can only range from 0 to 1, but the odds ratios could range from 0 to infinity. The odds ratio will be greater than one if the chances of belonging to the group are greater than the chances of not belonging. The odds ratios will be less than one if the likelihood of not belonging to the group is greater than belonging to the group. In this study, the null hypothesis is that there is equal chance of belonging or not belonging to the identified group. Failing to reject the null hypothesis would result in an odds ratio that does not significantly differ from one.

Most of the dependent variables (social support sought, responsibility, guilt, and shame/embarrassment) are dichotomous measures with simple "yes" or "no" answers.



The hypothesis regarding the acknowledgment of a crime is a multinomial dependent variable and will need multinomial logistic regression to obtain odds ratios for each predictor. The independent variable (alcohol intoxication) is a multinomial variable, with four possible categories of the victim's perception of intoxication. The independent variable was controlled by the presence or absence of physical force due to its already established relevance to the dependent variables (Bondurant, 2001).

### **Results**

Statistical Package for the Social Sciences (SPSS) was utilized to analyze all data. An Alpha level of .05 was used for significance for all parametric and non-parametric statistics. Multiple analyses were conducted to ensure that the appropriate method was used to appropriately represent the data and address the research hypotheses. Binomial logistic regression, multinomial logistic regression, and chi-square tests for association were the primary methods due to the dichotomous and nominal nature of the variables.

#### **Demographics and Descriptive Statistics**

Closely representative of Montana demographics, about four-fifths of participants from the study's subset were White/non-Hispanic (29, 80.6%), one was American Indian or Alaskan Native (2.8%), and six were of two or more races (16.7%). In concordance with national studies, the vast majority of the respondents who endorsed an unwanted sexual experience were female, thirty-one identified as "female" (86.1%), four identified as "male" (11.1%), and one identified as "other" (2.8%). The average age of the sample was older than expected at 26.7 (SD = 8.5) and ranging from 18 to 55 (Table 1). There was a somewhat even distribution for class standing as well. The largest class was senior (10, 27.8%), followed by sophomore (7, 19.4%), junior (6, 16.7%), graduate master degree (6,

16.7%), freshman (5, 13.9%), one graduate degree Ph.D. student (2.8%), and one UM law student (2.8%).

Table 1

*Age of sample (n=36)*

Mean	Std. Deviation	Range	Min.	Max.
26.742	8.514	37.00	18.00	55.00

As described in the introduction, acquaintance with the perpetrator and physical force are both recognized predictors for survivors to consider when determining the role they had in the unwanted sexual experience. In concordance with the literature about the rates of acquaintance rape versus stranger rape, 80.5% were at least slightly acquainted with their perpetrator. Most participants recognized they were “very acquainted” (47.2%), 19.4% were “acquainted,” 13.9% were “slightly acquainted,” and 19.4% “did not know [the perpetrator] at all.” Interestingly, physical force was almost split down the middle with 52.8% participants who experienced physical force, while 47.2% did not experience physical force.

Coercion and threatening behaviors are also factors to consider when describing a sexually violent event. The SUSES questions participants about various coercive tactics. Just over half (58.3%) reported at least one coercive tactic. Some participants reported more than one coercive tactic, but the most reported tactic was through continual argument and pressure (41.7%). The other forms of coercive tactics included: misuse of authority (25%), threats of physical force (38.9%), threats of a weapon (27.8%), and threat to kill the victim (19.4%). Coercion did not appear to be specific to acquaintance with the perpetrator.

Students were asked if alcohol was involved and the majority of respondents endorsed that alcohol was involved in the assault (58.3%). The follow-up questions asked about perceptions of intoxication of the perpetrator and the participant. Fifteen participants were not offered these questions because they declined that alcohol was involved in the first place, and 1 declined to answer the questions. Perception of intoxication of the perpetrator varied; 13.9% (5) were very drunk, 8.3% (3) were drunk, 25% (9) were somewhat drunk, and 11.1% (4) were not at all drunk. Perceptions of their own intoxication also varied; 19.4% (7) were very drunk, 11.1% (4) were drunk, 8.3% (3) were somewhat drunk, and 16.7% (6) were not at all drunk. The presence of drugs was also screened in this study and a minority of participants endorsed drug use (22.2%). The primary drug used was marijuana.

Whether or not a person used alcohol or drugs, when exposed to potentially life threatening situations, not all victims report fighting their perpetrator or making an attempt to escape the situation; instead they often freeze as a response for survival. The response of feeling frozen, referred in the literature as tonic immobility, is growing in understanding as a third response in addition to fight or flight responses (Marx, Forsyth, Gallup, & Fusé, 2008). Consistent with this idea, we found that 83.3% of the sample endorsed feeling frozen during the assault. As seen in the media, this sample also reported a relationship between feeling frozen during the event with being more responsible. Almost twice as many of the participants who felt frozen endorsed feeling responsible for the event in comparison to not feeling responsible. A chi-square test for association further supports this observation,  $X^2(1, 36) = 5.143, p = .023$ .

Nearly three-fourths of the sample told someone about their unwanted sexual experience. The amount of time it took for them to tell anyone ranged from within hours to longer than a year with wide variability. Only five participants told someone within hours and five more told someone within a day. For the majority of the participants (59.4%) it took some time before they decided to tell someone and ten participants never told anyone about their experience. Descriptive results can be found in Table 2.

Table 2

*How long after the incident did you first tell someone?*

Time	Frequency	Percent
Within hours	5	13.9
Within a day	5	13.9
Within a week	4	11.1
Within a month	1	3.8
Within a year	5	13.9
After a year	6	16.7
Never	10	27.8

The participants were asked about barriers they felt impeded telling someone about their unwanted sexual experience. Nineteen common options were provided as well as an open-ended option where they could include a barrier that was not listed. They were allowed to check all that applied. The primary endorsements from the list, in descending order, were that participants felt partially responsible, felt ashamed/embarrassed, felt guilty, were fearful of not being believed, wanted to forget it happened, and were fearful of being blamed (Table in Appendix B). There were no missing values among all of the options. From the four barriers utilized in analysis, a majority of the participants endorsed the combined variable of having feelings of either partial or full responsibility for the assault (58.3%). Half of those and a quarter of the participants endorsed full versus partial responsibility (25%). Exactly half of the participants endorsed feeling ashamed or

embarrassed (50%) and just under half of the participants endorsed feelings of guilt (47%). Feelings of responsibility and feelings of shame/embarrassment or guilt when merged into two variables were found to be strongly correlated,  $r = .890, p < .01$ .

When looking back on the incident, 22 (61.1%) were sure that a crime did occur and of those, five never told anyone about the incident. Eleven (30.6%) were unsure whether or not a crime occurred, and three (8.3%) stated they were sure that a crime did not occur. Surprisingly, one of the three who were sure a crime did not occur did not endorse feeling even partially responsible for the unwanted sexual experience. Surprisingly, only 56.6% of those who endorsed being sure that a crime did occur endorsed feeling responsible, meaning that the majority of individuals who are sure that a crime did occur still feel at least partially responsible for the unwanted sexual experience (Table 3).

Table 3

*Feelings of Responsibility and Interpretation of a Crime*

		Interpretation of a Crime			
		I am sure that a crime did not occur	I am unsure whether or not a crime occurred	I am sure that a crime did occur	Total
Feelings of Responsibility	Not- endorsed	1 (3%)	4 (11%)	10 (28%)	15 (42%)
	Endorsed	2 (5%)	7 (19%)	12 (33%)	21 (57%)
	Total	3 (11%)	11 (42%)	22 (85%)	36 (100%)

**Inferential Statistics**

Logistic regression was the primary method utilized due to the dichotomous nature of the dependent variables. In logistic regression, a non-significant Hosmer and Lemeshow Goodness-of-fit  $X^2$  indicates an acceptable match between predicted and observed

probabilities. This means that the independent variables accurately predict the actual probabilities (Meyers et al., 2006).

**Logistic Regression.** Direct logistic regression was performed to assess the impact of impressions of intoxication and presence of physical force on the likelihood that participants would tell someone about their unwanted sexual experience (hypothesis 1). In the current analysis, the Homer and Lemeshow Goodness-of-fit Test was not significant,  $X^2(5, 36) = 3.117, p = .794$ , indicating that an acceptable model was found. The full model containing all predictors was not statistically significant,  $X^2(2, 36) = 5.355, p = .374$ , indicating that the predictors as a set were not able to reliably distinguish between those who told someone and those who did not tell someone about their unwanted sexual experience. Therefore it would not be appropriate to interpret the probabilities for these variables.

Direct logistic regression was performed to assess the impact of impressions of intoxication and presence of physical force on the likelihood that participants would endorse a sense of responsibility (hypothesis 2). The feeling of partial responsibility and feeling of responsibility variables were merged into a single variable for this analysis. If either variable were endorsed, then sense of responsibility was coded as endorsed. The Homer and Lemeshow Goodness-of-fit Test was not significant  $X^2(5, 36) = 0.727, p = .981$ , indicating that an acceptable model was found. The full model containing all predictors was statistically significant,  $X^2(2, 36) = 11.813, p = .037$ , which means that when physical force and perception of intoxication are considered together, they significantly predict whether or not someone will feel responsible for the unwanted sexual experience. The model as a whole explained between 28% (Cox & Snell R Square) and 37.7% (Nagelkerke R

Square) of the variance in feelings of responsibility explained by the participants' perception of intoxication and existence of physical force. The model correctly classified 72.2% of cases.

As shown in Table 4, only one of the levels of perception of intoxication variable, very drunk, approached statistical significance and possibly made a contribution to the model. The odds ratio for a perception being very drunk is 9.745, 95% CI [.829-114.623], indicating that the odds of feeling responsible is expected to increase on average by 9.745 for each unit increase in perception of being very drunk. Due to the wide range of the confidence interval, 95% CI [.829 to 114.623], indicating the increase in probability of feeling responsible due to a perception of being very drunk interpretation should proceed with caution. This large range could be indicative of the small sample size, therefore the odds ratio should be interpreted with the confidence interval in mind (Bergtold, Yeager, & Featherstone, 2011).

Table 4

*Logistic Regression Predicting Feelings of Responsibility*

Variable	B	SE	Odds Ratio	P
Physical Force	.597	.865	1.816	.49
Not at all drunk (1)	1.869	1.216	6.481	.124
Somewhat drunk (2)	20.994	23060.69	.000	.999
Drunk (3)	1.597	1.327	4.938	.229
Very Drunk (4)	2.277	1.258	9.745	.070*

\*Approaches significance with Alpha =.05

Multinomial logistic regression was performed to assess the impact of impressions of intoxication and the presence of physical force on the likelihood that the participants will identify the incident as a crime (hypothesis 3). Multinomial logistic regression was necessary in order to accommodate the dependent variable with more than two levels. The dependent variable had three ordinal categories: "I am sure a crime did not occur," "I am

unsure whether a crime occurred,” and “I am sure that a crime did occur.” When running these variables in SPSS, a problem occurred indicating a predictor variable was constant across the dependent variable resulting in a singularities issue that developed in an inability to assure validity within the model. To solve this problem meant attempting to merge categories within the variable that caused the problem, reclassifying the variable, or a consideration to exclude the variable from the equation.

Examination of the data indicated that the variable on impressions of intoxication was responsible. To address this occurrence, the five variables were merged into three and the multinomial logistic regression was performed again. The same problem occurred, so, instead of excluding this vital variable from the analysis, a similar variable was introduced in its place. The question preceding the impressions of intoxication, “Was alcohol involved” is a binomial variable, and it was used without problem. Simply, doing this just merged the five categories into two categories that consisted of a simple binomial “yes” or “no” for whether alcohol was involved in the unwanted experience or not.

Multinomial logistic regression requires a different model-fit statistic requiring a significant finding rather than a none-significant statistic as in binomial logistic regression. With the new binomial independent variable, the model-fit statistic consisted of a chi-square analysis that was significant,  $X^2(4, 36)=11.485$ ,  $p = .022$ , indicating that an acceptable model was found for a multinomial logistic regression. This statistic suggests that at least one independent variable is related to the dependent variable, impression of a crime. A more specific statistical test, the Likelihood Ratio Test is an alternative test for goodness-of-fit and when broken down by variable, physical force is the only variable that



shows a significant relationship,  $X^2 (2, 36) = 23.742$ ,  $p = .021$ , with the dependent variable of impression of a crime.

The multinomial model uses a level of the dependent variable as a reference. For this analysis the level of being sure that a crime did occur was chosen as the reference variable. The result is a comparison between the other two levels with the reference level based on the independent variables. Only one independent variable, absence of physical force, at one level of the dependent variable presented as significant. A participant who did not experience physical force is more likely than someone who did experience physical force to indicate they are unsure whether a crime occurred,  $X^2 (1, 36)$ ,  $p = .014$ . The odds ratio indicates that a person who did not experience physical force is 10.24 times more likely to endorse they are unsure a crime occurred in comparison to being sure that a crime occurred (Table 5).

Table 5

*Multinomial Logistic Regression Predicting Impression of a Crime*

Variable		B	S.E.	Odds Ratio	P
I am sure that a crime did not occur	Physical force (0)	1.560	1.324	4.759	0.239
	Alcohol involvement (0)	0.677	1.324	1.968	0.612
I am unsure whether or not a crime occurred	Physical force (0)	2.326	0.949	10.240	0.014*
	Alcohol involvement (0)	1.443	0.987	4.234	0.144

a. The reference category is: I am sure that a crime did occur.

\* Significant at Alpha level = .05

Another option for running the multinomial model, without concern for the validity of the model, was to keep the interpretation of intoxication as it was created, but run it as a covariate in the analysis. This resulted in an inability to see a breakdown of the relationship of the various levels of intoxication with the dependent variable, but it also resulted in significant values in both physical force and impressions of intoxication ( $p < .05$ ). In this model the participants' perception of how intoxicated they were during the unwanted sexual experience is significantly related to being unsure whether a crime occurred compared to being sure that a crime occurred ( $p = 0.015$ ). The odds ratio, 4.303, 95% CI [1.322 - 14.003], suggests that the odds of being sure that a crime did occur are increasingly greater as perception of intoxication increases. In this model the lack of physical force continues to be a significant predictor for indicating being unsure a crime occurred compared to being sure that a crime occurred ( $p = .026$ ). The odds ratio drops slightly when using perception of intoxication as a covariate, 9.783, 95% CI [1.309 - 73.081], indicating those participants who did not experience physical force are 9.783 times more likely to endorse that they were unsure a crime occurred compared to being sure that a crime did occur (Table 6).

Table 6

*Multinomial Logistic Regression Predicting Impression of a Crime*

Variable		B	S.E.	Odds Ratio	P
I am sure that a crime did not occur	Impressions of intoxication (category)	0.182	0.807	1.200	0.821
	Physical force (0)	1.667	1.316	5.294	0.206
I am unsure whether or not a crime occurred	Impressions of intoxication	1.459	0.602	4.303	0.015*

(category)				
Physical force (0)	2.281	1.026	9.783	0.026*

- a. The reference category is: I am sure that a crime did occur.
- Significant at Alpha level = 0.05

Direct logistic regression was performed to assess the impact of impressions of intoxication and presence of physical force on the likelihood that participants would endorse a feeling of shame/embarrassment or guilt (hypothesis 4). The feeling shame/embarrassment and feeling guilt variables were merged into a single variable for this analysis. If either variable was endorsed, then feeling shame/embarrassment or guilt was coded as endorsed. The Homer and Lemeshow Goodness-of-fit Test was not significant  $X^2 (5, 36) = .782, p = .978$ , indicating that an acceptable model was found. The full model containing all predictors was not statistically significant,  $X^2 (2, 36) = 6.974, p = .223$ , indicating that the predictors as a set were not able to reliably distinguish between those who endorsed a feeling of shame, embarrassment, guilt or did not endorse these feelings.

Direct logistic regression was performed to assess the presence of physical force on the likelihood that participants would endorse a sense of responsibility (hypothesis 5). The Homer and Lemeshow Goodness-of-fit Test was significant indicating that this model is a poor fit for the variables of physical force and sense of responsibility. If we still interpret the full model containing all predictors, the outcome was not significant  $X^2 (2, 36) = .003, p = .995$ , indicating that the predictor of physical force was not able to reliably distinguish between those who endorsed a feeling responsibility or not.

Physical force was originally chosen as a control variable for all other hypotheses due to the strong support from the literature of physical force as a predictor for bystanders to interpret sexually violent scenarios as a crime. Due to the non-significant prediction of physical force to predict feelings of responsibility through logistic regression with this small sample size, a follow-up analysis of chi-square test of association was conducted for each dependent variable with physical force to determine the appropriateness to include physical force as a control variable for each hypothesis. The chi-square test for physical force and feelings of responsibility still found a non-significant relationship (Table 8). Results of the chi-square tests of association with physical force and the dependent variables can be found in Table 7. Physical force and labeling the act as a crime was the only significant relationship. The two variables, sense of responsibility and labeling the act as a crime, did not have a significant correlation within this dataset,  $r(35) = -.095$ ,  $p = .583$ .

Table 7

<i>Pearson Chi-Square Test for Association, <math>X^2</math></i>			
<i>Association with physical force</i>	<i>Value</i>	<i>df</i>	<i>p</i>
Feeling of Responsibility	0.003	1	0.955
Tell anyone about the incident	1.648	1	0.199
Label the act as a crime	9.251	2	0.010*
Feelings of shame/embarrassment and guilt	0.358	1	0.549

\*  $p < 0.05$

The lack of significant association between physical force and feelings of responsibility, telling someone about the incident, and feelings of shame/embarrassment and guilt make the researcher question the necessity to control for physical force in the

logistic regression models. Redoing the logistic regression without controlling for physical force still resulted in a non-significant relationship between perception of intoxication with telling someone about the incident,  $X^2(4, 36) = 4.108, p = .392$ . The result was the same with the ability for perception of intoxication to predict feelings of shame/embarrassment or guilt. When physical force was removed from the model, the relationship remained not significant,  $X^2(4, 36) = 5.445, p = .245$ .

Interestingly, for hypothesis two, using perception of intoxication to predict feelings of responsibility resulted in a significant model with physical force acting as a control variable. Once the binomial logistic regression was performed with the absence of physical force, the model remains significant,  $X^2(4, 36) = 11.325, p = .023$ , but the significance of being very drunk became less significant ( $p=0.087$ ). The odds ratio slightly dropped to a 7.714, 90% CI [0.746-79.771], from 9.745. This indicates that physical force may not have a direct association or predictable value with feelings of responsibility, but it acted as an important factor in conjunction with perception of intoxication, particularly if the participant was very drunk.

Contrary to the reduced influence of perception of intoxication on predicting feelings of responsibility, the removal of physical force from the multinomial logistic regression analysis on acknowledgment of a crime while running perception of intoxication as a covariate by itself resulted in a significant relationship,  $X^2(1, 36), p = .003$ , indicating that as impressions of intoxication increase there is an increased chance of a participant endorsing they are unsure a crime occurred in comparison to being sure that a crime occurred. The odds ratio of 2.364, 95% CI [1.332 - 4.196], indicates that victims are about 2.3 times more likely to indicate they are unsure of a crime than indicating they are sure.

Possibly due to the significant relationship between physical force, and acknowledgment of crime and the already significant model including physical force in the equation, suggests that the most complete model when predicting acknowledgment of a crime is to include perceptions of intoxication with physical force.

**Chi-Square Test for Association.** Logistic regression was originally proposed with the expectation of having a sufficient sample size to maintain optimal power for two to three variables. Unfortunately due to the unexpectedly small sample size the appropriateness for the use of logistic regression has come into question. Logistic regression is very sensitive to sample size and for two to three variables the model should have a bare minimum of 60 participants, and an optimum 150 to 200 participants. A chi-square test for association can still be used with the nature of the nominal variables, both binomial and multinomial and is less sensitive to sample size, but is limited to only reflecting association between two variables. Results of the chi-square analyses can be found in Table 8. Perception of intoxication has a significant relationship with sense of responsibility,  $X^2(4) = 9.759$ ,  $p = 0.045$ , and labeling the incident as a crime,  $X^2(4) = 18.885$ ,  $p = 0.015$ . These results correspond well with the logistic regression results.

Table 8

*Pearson Chi-Square Test for Association,  $X^2$* 

<u>Association</u>	<u>Value</u>	<u>df</u>	<u>p</u>
Perception of intoxication and tell anyone about the incident	3.377	4	0.497
Perception of intoxication and sense of Responsibility	9.759	4	0.045*
Perception of intoxication and Label as a crime	18.885	4	0.015*
Perception of intoxication and feeling shame/ Embarrassment or guilt	5.194	4	0.268

\*  $p < 0.05$

### Discussion

Seventy-five percent of victims of sexual violence, without consideration of alcohol consumption, fail to recognize their experience of sexual violence as a crime (Cleere & Lynn, 2013), and nearly half of sexual violence acts involve alcohol use by the victim or the perpetrator (Abbey et al., 1996). This study found similar rates of alcohol use involved with the assault (58.3%). The hypotheses focused on the involvement of alcohol during an unwanted sexual experience, and an expectation to increase internalized blame, decrease the likelihood to seek social support, or decrease chances to see their assault as a crime. In other words, this study investigated whether there is evidence that may be helpful for sexual assault educators to inform victims of sexual violence of the increased risk of falsely identifying their unwanted sexual experience as consensual when alcohol is involved, but they could not clearly consent to the sexual experience.

The current study found that impressions of being very drunk did have an effect on increasing the likelihood participants' endorsed feelings of responsibility and decreased their probability of recognizing the sexual violence as a crime. Both remained significant without the control for physical force. There was no connection between alcohol use and seeking social support or feelings of shame/embarrassment and guilt in this sample of college students.

Due to the connection found between alcohol intoxication with physical force on the participants' feelings of responsibility, the current study supports a possible understanding of the change in attribution of blame of any form of sexual violence by the victims as alcohol use of any kind and the use of physical force increase. We know that bystanders perceive victims as more responsible when alcohol is involved (Girard & Senn, 2008);

therefore, we can also state the perception of the victims' sense of responsibility when alcohol is involved is likely to impact their ability to attribute blame to the perpetrator or consider they had an inability to consent. This knowledge could help friends of a victim discuss the possibility of inaccurate attributions. This finding when explored in psycho-education may be important to the likelihood that a victim will report and seek assistance on campuses.

This research provides preliminary evidence that what victims perceive about their experience of sexual violence may indeed influence internal attributions and ultimately actions. Because problems with campus sexual violence have persisted since first identified by Koss and Colleagues (1982), and are clearly of serious concern in today's college and university climate (Tjaden & Thoennes, 2006; White House Task Force, 2014), the importance of finding new and innovative areas and ways to educate and prevent victimization is the forefront of this field. Furthermore, changing the status quo in our culture of victim blaming for sexual violence is essential to community change.

Given that internalized oppression may prohibit people from actions that honor and advance themselves, identifying impediments to the victims may be an important part of this question for community and cultural change. Currently, victims may experience internal responsibility and imposed responsibility from outsiders when they may have been victims of sexual violence. This study assisted in exploring the probability of these barriers and the role of alcohol in current victim attitudes. Future education may increase the likelihood of altering the tendency to blame victims, and for victims to blame themselves, who have been drinking for the sexual violence that was imposed on them through force or coercion.



The test for association between perception of intoxication and telling anyone about the incident was found to be not significant. This is a surprising finding in consideration of the large endorsements of barriers to seeking social support; therefore the dichotomous nature of the social support question may not tell a complete story. Telling anyone about sexual violence is not a black and white matter. For most of the victims from this study it took more than a day to tell anyone about the event. For sexual violence, twenty-four hours is a crucial time period for data collection if the victim were to ever press criminal charges. The importance of whom victims chose to tell, how much they shared, and the barriers they experienced when telling someone could use further consideration.

Out of the 19 barriers questioned in the survey, internalized blame was the focus of this study. The connection between perceptions of intoxication and sense of responsibility is very telling. This provides a strong connection between internalized blame and a victim's alcohol use. Sexual violence is not the fault of those intoxicated. We know through previous research (Lisak & Miller, 2002) that college perpetrators prey on their victims who are least likely to fight back and alcohol intoxication is their primary weapon. Although ingestion of alcohol, especially when voluntary, should never be considered a person's fault if assaulted.

The strongest association found was the connection between perception of intoxication and the victim's labeling their unwanted sexual experience as a crime. This further demonstrates the power of alcohol use on a victim's ability to see the act as a crime. If a victim's alcohol use is related to whether one attributes sexual assault as a crime or influences one's uncertainty, it can impede their ability to inform professionals or the criminal justice system. Thus, this perception may influence likelihood of consideration in

making a police report or informing the university about the event. Potentially not acknowledging the event as a crime, or similarly taking responsibility, could be psychologically protective or a result of accepting or perceiving blame.

Shame, embarrassment, and guilt all imply emotional responsibility and may imply the need for repair or hiding. This study did not find a significant association between perceptions of intoxication with these barriers to seeking social support. Such a finding may be connected to the low number of respondents to this section of questions and be a demand characteristic of choosing to answer questions of this nature; therefore the power to detect this group of emotional reactions may have been insufficient. Finally, the predicted association may not exist.

### **Strengths and Limitations**

A huge strength for this study includes the campus wide sample with a potential for comparison data to be collected from other universities. An equally large limitation is the resulting sample size of participants who completed this section of questions obtained from the study. There was possibly a glitch with the software program that did not allow all who qualified to see the SUSES, which would make the sample used less valuable. For future use of this survey through Qualtrics it will be vital to confirm why so few respondents of those who could answer the question did so. The 36 people who answered the SUSES may be distinct for being more willing than most to answer personal questions about their specific unwanted sexual experiences.

With regards to validity of the findings, the focus is on the participants' perceptions. The self-report measure is suitable for measuring this focus. For some studies retrospective recall is often considered a weakness, but the goal of this study includes the

lasting impacts on the participants' perceptions. This methodology can be useful in gaining more detailed information about the perception of survivors of sexual violence that has been minimally studied.

Another limitation is a need for consideration of more factors in addition to shame/embarrassment, guilt, and feelings of responsibility that contribute to fears of reporting sexual assault that were not tested directly in this study or listed as options (Chan, Straus, Brownridge, Tiwari, & Leung, 2008). Additionally, the question about physical violence is dichotomous and this variable may be more informative if the survey measured physical violence on a continuum.

Finally, the intention for this study was to primarily analyze the effects on traditional age college students, typically 18-25 year olds. With enough participants to answer the SUSES it would be possible in the future. The current age range was 18-55 with 44.4% being over the age of 25. Only 19 were the traditional college age of 18-25. The largest age group was 22 (16.7%) and thus, only partially represented the intended study group.

### **Future Directions**

To the knowledge of the researcher, this study is one of the first of its kind to directly inquire from victims of sexual violence on college campuses about their internalized attributions based on their unwanted sexual experiences. The majority of research projects on this topic that have investigated attributions about victims involved in sexual violence, have utilized fiction narratives to be judged by "bystanders." This study provided the distinctive approach of asking victims directly to provide information on a victim's true internal perspective. Thus, this study provides increased understanding that

victims can have similar reactions as bystanders to factors, like alcohol and physical force that feed into rape myth attitudes. Future research may extend this knowledge, through additional measurement of the effects of these beliefs on a victim's mental and physical wellbeing. Additionally, research investigating victim attributes could contribute to the development of prevention and intervention models that more directly account for internalized oppression among victims of sexual violence. Such explorations may explore further associations between the development of depression, anxiety, eating behaviors, self-care behaviors, and physical health as linked in the Adverse Child Experiences (ACE) studies (Anda et al., 2006; Felitti et al., 1998).

In addition to internalized attributes, women's applied attributes of their perpetrator(s) could be more directly explored. This study exclusively focused on the victims' perspective of themselves related to the sexual violence. More fully examining ideas regarding attributions such as responsibility applied to their perpetrators may also shed light on how to address ongoing education programs and likelihood of contact with perpetrators. The perception of the perpetrators' power and intentions could have just as great of an influence on a victim's perception of the sexual violence.

This study was able to demonstrate the connection between physical force and perception of intoxication on one's ability to identify the event as a crime. A valuable follow-up to this finding would examine the degree that acknowledgment of a crime would contribute to filing a report.

The endorsement of freezing in this study and the findings related to the presence of physical force both point to worthy future research regarding perceptions of responsibility and use of force. Legal definitions have changed since recognition that use of force is not

necessary as a factor in whether it is rape. About 80% of this sample experienced feeling frozen or immobile during the event. Tonic immobility needs to be explained as a legitimate fear reaction when someone experiences sexual violence and better understood to its relationship to perceiving the event as a crime.

In conclusion, this study provides important preliminary findings to help guide future research on the effects of internalized attributions and oppression for victims of sexual violence. Alcohol is the top drug used by college students and the current findings suggest that it is related to self-blame.

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## Appendix A

### Safe Campus Survey Instructions and Consent Form

Thank you for agreeing to participate in this survey. There are four sections contained within the survey: (1) Tell us about YOU, (2) Tell us what you know, (3) Tell us what you believe and feel, and (4) Tell us your experiences.

#### **Who should complete this survey?**

The survey should be completed by all University of Montana and Missoula College students who attend classes, either full or part time in the current academic year. During the questionnaire, we will ask about your experiences on either campus; however, both will be referred to collectively as UM. Please note: this refers to either campus. To ensure the results accurately represent all students at UM, it is important that it be completed by ONLY YOU! The survey is completely voluntary and anonymous. The survey will only be available on Moodle until the end of semester in Fall 2013.

#### **How do I complete this survey?**

The survey contains two types of questions: Questions that require you to check a box associated with the response that best describes your experiences and questions where you are asked to type your answers in a text box presented beneath the question. For the questions that ask you to type in your answers, please be sure to give as complete a response as you can. Please answer as honestly and openly as you can.

#### **How long does it take to complete the survey?**

Answering the survey should take approximately twenty-five to forty (25-40) minutes to complete the survey. The completion time will vary: take enough time to answer each of the questions. Please do not skip sections or questions unless prompted to do so.

#### **Are there any risks associated with taking this survey?**

We believe that the likely risks of completing this survey are minimal. However, because we are asking about sexual experiences some of the questions may make you uncomfortable or be distressing to you. If you become distressed or desire assistance during or after taking the survey, you should contact either or both the following numbers:

Counseling Services.....243-4711

Student Advocacy Resource Center.....243-6559

*Please also note that you may exit out of the survey at any time. There will be an option at the end of every page that allows you to discontinue the survey.*

#### **Are there any benefits for me in completing this survey?**

There are no direct benefits anticipated for you from answering questions on this survey. However, this survey will provide the campus with needed information about knowledge, attitudes, program use and satisfaction information, and experiences of our students. This

can be very helpful to the campus community, and may help with the development of effective programs, and in creating positive change in sexual and interpersonal violence. The summary findings will also be made available to the Department of Justice and Office of Civil Rights and may help other schools learn from us as well.

There are also two potential ways in which you may be compensated for your time. First, students who complete this survey have the opportunity to enter a drawing to win one of: 2, \$500 Amazon gift cards, or 5, \$100, Amazon gift cards or 8, \$50 Amazon gift cards or 20, \$5 campus coffee cards. If you are interested in being entered into the drawing, please follow the link at the end of this survey. This link will take you to a separate page where you can enter your contact information. Your contact information will in no way be connected to your responses.

Second, some faculty members are offering extra credit/research credit to students who complete the survey. Please check with your professor in order to see if this is a possibility in your class. In order to receive credit, please follow the instructions at the end of the survey. At the end, there will be an option to print off a confirmation of your participation. This confirmation page will in no way be connected to your responses.

To request more information about this questionnaire or the study, please call 243-2081 or email Christine Fiore, Ph.D. at christine.fiore@umontana.edu.

Clicking below indicates that I have read the description of the study and I agree to participate in this study.

-----I agree

-----I disagree

### Demographic Questionnaire

#### Section One: Tell us about YOU

1. Did you attend the University of Montana or Missoula College (from here on out referred to collectively as UM) in the fall semester of 2012?
  - a. Yes
  - b. No
2. How many semesters have you attended UM?
3. What is your current class standing?
  - a. Freshman
  - b. Sophomore
  - c. Junior
  - d. Senior
  - e. Graduate (Master Degree)
  - f. Graduate (Ph.D.)
  - g. Graduate (EdD)
  - h. UM Law Student
  - i. UM Missoula College Student
4. What is your overall GPA?
5. What is your major? (Write "Undecided" if not decided)
6. Are you a member of an athletic team? YES NO
7. Are you a member of a social fraternity or sorority? YES NO
8. What is your sex?
  - a. Male

- b. Female
  - c. Transwoman
  - d. Transman
  - e. Other \_\_\_\_\_
9. How old are you? \_\_\_\_\_
10. What is your racial/ethnic background?
- a. White/non-Hispanic
  - b. Black
  - c. Hispanic
  - d. Asian or Pacific Islander
  - e. American Indian/Alaska Native
  - f. Two or more races
  - g. Other
11. Which of the following is the highest level of education achieved by either of your parents or guardian?
- a. Elementary school
  - b. High school
  - c. Trade/tech school
  - d. Some college, but did not graduate
  - e. Associate's degree
  - f. Bachelor's degree
  - g. Master's degree
  - h. Ph.D./Ed.D./law degree
12. What is your current relationship status?
- a. Single
  - b. Dating, in a non-committed relationship
  - c. Dating, in a committed relationship
  - d. Married
  - e. Divorced or separated
  - f. Widowed
13. (If yes to relationship) How long have you been in this relationship? (in months)
14. (If yes to relationship) Are you in a same-sex relationship?
- a. Yes
  - b. No
15. Where do you currently live?
- a. Residence Halls
  - b. Sorority or fraternity house
  - c. Off-campus University housing
  - d. Home of parent or relative
  - e. Other off-campus housing
16. Have you lived there since September 2012?
- a. Yes
  - b. No
17. Which of the following sexual orientations do you most identify with?
- a. Straight
  - b. Gay



- c. Bisexual
  - d. Other
18. Prior to the age of 18, did you have any experiences with sexual abuse or physical abuse? Physical abuse defined as a parent, stepparent, or guardian (such as a teacher, sibling, etc.) ever: throwing something at you that could hurt; pushing, grabbing, or shoving you; pulling your hair; slapping or hitting you; kicking or biting you; choking or attempting to drown you; hitting you with some object; beating you up; threatening you with (or using on you) a gun, a knife, or other object.
- a. Yes, physical abuse only
  - b. Yes, sexual abuse only
  - c. Yes, both physical and sexual abuse
  - d. No
19. Have any courses you have taken through UM discussed sexual assault or rape?
- a. Yes
  - b. No
20. (If yes) Which one(s)?
21. (If yes) When did you take this course or these courses? (Please write semester [Fall, Spring, Winter, Summer] and year; e.g., Fall 2012. If more than one, separate by comma)
22. Which of the following best describes your use of alcohol?
- a. Never
  - b. 1-3 times a year
  - c. Once a month
  - d. 1-3 times a week
  - e. More than 3 times a week
23. (If any other response beside never) When you drink alcohol, do you typically have:
- a. 1-3 alcoholic drinks
  - b. 4-6 alcoholic drinks
  - c. 7-10 alcoholic drinks
  - d. More than 10 alcoholic drinks
24. Which best describes your drug use?
- a. Never
  - b. 1-3 times a year
  - c. Once a month
  - d. 1-3 times a week
  - e. More than 3 times a week
25. How often do you go out to a bar?
- a. Never
  - b. 1-3 times a year
  - c. Once a month
  - d. 1-3 times a week
  - e. More than 3 times a week
26. How often do you attend parties where people are consuming alcohol (or drugs)?
- a. Never
  - b. 1-3 times a year
  - c. Once a month

- d. 1-3 times a week
- e. More than 3 times a week

### **Abbreviated Sexual Experiences Survey**

The following questions concern sexual experiences you may have had while attending UM. Some of the questions may look similar, so please be sure to read all of them carefully. Please respond how many times each of the following incidents have occurred within the time period of September 1, 2012 to the present.

1. Has anyone ever made sexual advances or requests for sexual favors toward you?  
Check all that apply.
  - a. Yes, in the past year
  - b. Yes, since I've been at UM (not including this past year)
  - c. Yes, in my lifetime (not including since attending UM)
  - d. No
2. (If yes, in the past year) How many times since September 1, 2012?
  - a. One time
  - b. Twice
  - c. Three times
  - d. More than three times
3. (If yes, in the past year) Did the sexual advances or requests for sexual favors impact the following? (Y/N)
  - a. Terms or conditions of employment
  - b. Educational benefits
  - c. Academic grades or opportunities
  - d. Living environment
  - e. Participation in a university activity
  - f. Other \_\_\_\_\_
4. (If yes, in the past year) Did the sexual advances or requests for sexual favors create a hostile environment that seriously limited your ability to participate in or benefit from university programs or opportunities?
  - a. Yes
  - b. No
5. Has anyone ever made sexual contact with you (sexual contact meaning kissing, touching, grabbing, fondling of the breasts, buttocks, or genitals) without your consent? Check all that apply.
  - a. Yes, in the past year
  - b. Yes, since I've been at UM (not including this past year)
  - c. Yes, in my lifetime (not including since attending UM)
  - d. No
6. (If yes, in the past year) How many times since September 1, 2012?
  - a. One time
  - b. Twice
  - c. Three times
  - d. More than three times

7. (If yes, in the past year) Did the sexual contact without your consent impact the following? (Y/N)
  - a. Terms or conditions of employment
  - b. Educational benefits
  - c. Academic grades or opportunities
  - d. Living environment
  - e. Participation in a university activity
  - f. Other \_\_\_\_\_
8. (If yes, in the past year) Did the sexual contact without your consent create a hostile environment that seriously limited your ability to participate in or benefit from university programs or opportunities?
  - a. Yes
  - b. No
9. Has anyone ever attempted to have sexual intercourse with you (sexual intercourse meaning oral, anal, or vaginal penetration with the penis) without your consent, but penetration did not occur?
  - a. Yes, in the past year
  - b. Yes, since I've been at UM (not including this past year)
  - c. Yes, in my lifetime (not including since attending UM)
  - d. No
10. (If yes, in the past year) How many times since September 1, 2012?
  - a. One time
  - b. Twice
  - c. Three times
  - d. More than three times
11. Has anyone ever had sexual intercourse with you without your consent, and penetration did occur?
  - a. Yes, in the past year
  - b. Yes, since I've been at UM (not including this past year)
  - c. Yes, in my lifetime (not including since attending UM)
  - d. No
12. (If yes, in the past year) How many times since September 1, 2012?
  - a. One time
  - b. Twice
  - c. Three times
  - d. More than three times
13. Has anyone ever attempted to have invasive sexual contact with you (invasive sexual contact meaning penetration of the vagina or anus with a tongue, finger, or object) without your consent, but penetration did not occur?
  - a. Yes, in the past year
  - b. Yes, since I've been at UM (not including this past year)
  - c. Yes, in my lifetime (not including since attending UM)
  - d. No
14. (If yes, in the past year) How many times since September 1, 2012?
  - a. One time
  - b. Twice

- c. Three times
  - d. More than three times
15. Has anyone ever had invasive sexual contact with you without your consent, and penetration did occur?
- a. Yes, in the past year
  - b. Yes, since I've been at UM (not including this past year)
  - c. Yes, in my lifetime (not including since attending UM)
  - d. No
16. (If yes, in the past year) How many times since September 1, 2012?
- a. One time
  - b. Twice
  - c. Three times
  - d. More than three times

### Specific Unwanted Sexual Experience Questionnaire

You answered yes to one or more of the following items:  
(IF YES TO ANY 12-27)

1. Has anyone ever made sexual advances or requests for sexual favors toward you?
2. Has anyone ever made sexual contact with you (sexual contact meaning kissing, touching, grabbing, fondling of the breasts, buttocks, or genitals) without your consent?
3. Has anyone ever attempted to have sexual intercourse with you (sexual intercourse meaning oral, anal, or vaginal penetration with the penis) without your consent, but penetration did not occur?
4. Has anyone ever had sexual intercourse with you without your consent, and penetration did occur?
5. Has anyone ever attempted to have invasive sexual contact with you (invasive sexual contact meaning penetration of the vagina or anus with a tongue, finger, or object) without your consent, but penetration did not occur?
6. Has anyone ever had invasive sexual contact with you without your consent, and penetration did occur?

Please focus on the single event that you consider to be the most significant. Please answer the following questions about that single event.

1. To which of the questions are you referring? (Please write 1, 2, 3, 4, 5, or 6)
2. Where did the event occur?
3. What was your relationship to the other person(s) involved?
4. How well did you know the other person(s)?
  - a. Did not know at all
  - b. Slightly acquainted
  - c. Acquainted
  - d. Very acquainted
5. Was physical force used?
  - a. Yes

- b. No
- 6. (If yes) What sort of physical force was used?
- 7. During the incident, did you feel as though you were frozen (e.g. unable to move, unable to talk.)?
  - a. Yes
  - b. no
- 8. Was alcohol involved?
  - a. Yes
  - b. No
- 9. (If yes) How drunk was the other person?
  - a. Not at all drunk
  - b. Somewhat drunk
  - c. Drunk
  - d. Very drunk
- 10. (If yes) How drunk were you?
  - a. Not at all drunk
  - b. Somewhat drunk
  - c. Drunk
  - d. Very drunk
- 11. Were drugs involved?
  - a. Yes
  - b. No
- 12. (If yes) How high was the other person?
  - a. Not at all
  - b. Somewhat high
  - c. High
  - d. Very high
- 13. (If yes) How high were you?
  - a. Not at all
  - b. Somewhat high
  - c. High
  - d. Very high
- 14. This question refers to coercive tactics that may have been used. Would you say that the event involves: (Yes or No)
  - a. Continual arguments and pressure
  - b. Misuse of authority (boss, teacher, supervisor)
  - c. Threats of physical force
  - d. Threat of a weapon
  - e. Threat to kill you
- 15. Did you tell anyone about the incident?
  - a. Yes
  - b. No
- 16. (If yes) The following are people who you may have told about the incident. Please select all that apply.
  - a. Roommate
    - i. (IF selected) How helpful was/were this/these individual(s)?

1. Not at all helpful
  2. Somewhat helpful
  3. Helpful
  4. Very helpful
- b. Close friend other than roommate
- i. (IF selected) How helpful was/were this/these individual(s)?
    1. Not at all helpful
    2. Somewhat helpful
    3. Helpful
    4. Very helpful
- c. Parent or guardian
- i. (IF selected) How helpful was/were this/these individual(s)?
    1. Not at all helpful
    2. Somewhat helpful
    3. Helpful
    4. Very helpful
- d. Other family member
- i. (IF selected) How helpful was/were this/these individual(s)?
    1. Not at all helpful
    2. Somewhat helpful
    3. Helpful
    4. Very helpful
- e. Counselor
- i. (IF selected) How helpful was/were this/these individual(s)?
    1. Not at all helpful
    2. Somewhat helpful
    3. Helpful
    4. Very helpful
- f. Faculty or staff
- i. (IF selected) How helpful was/were this/these individual(s)?
    1. Not at all helpful
    2. Somewhat helpful
    3. Helpful
    4. Very helpful
- g. Residence hall staff
- i. (IF selected) How helpful was/were this/these individual(s)?
    1. Not at all helpful
    2. Somewhat helpful
    3. Helpful
    4. Very helpful
- h. Campus police
- i. (IF selected) How helpful was/were this/these individual(s)?
    1. Not at all helpful
    2. Somewhat helpful
    3. Helpful
    4. Very helpful

- i. City police
    - i. (IF selected) How helpful was/were this/these individual(s)?
      - 1. Not at all helpful
      - 2. Somewhat helpful
      - 3. Helpful
      - 4. Very helpful
  - j. County sheriff
    - i. (IF selected) How helpful was/were this/these individual(s)?
      - 1. Not at all helpful
      - 2. Somewhat helpful
      - 3. Helpful
      - 4. Very helpful
  - k. Romantic partner (other than the one who did this to you)
    - i. (IF selected) How helpful was/were this/these individual(s)?
      - 1. Not at all helpful
      - 2. Somewhat helpful
      - 3. Helpful
      - 4. Very helpful
  - l. Campus sexual assault advocate
    - i. (IF selected) How helpful was/were this/these individual(s)?
      - 1. Not at all helpful
      - 2. Somewhat helpful
      - 3. Helpful
      - 4. Very helpful
  - m. Title IX/EO Office
    - i. (IF selected) How helpful was/were this/these individual(s)?
      - 1. Not at all helpful
      - 2. Somewhat helpful
      - 3. Helpful
      - 4. Very helpful
  - n. Other (specify)
    - i. (IF selected) How helpful was/were this/these individual(s)?
      - 1. Not at all helpful
      - 2. Somewhat helpful
      - 3. Helpful
      - 4. Very helpful
17. (If yes to #14) Were there any negative consequences for you because you told somebody?
- a. Yes
  - b. No
18. (If yes to #16) What were the negative consequences?
19. (If yes to #16) Did you receive any help or assistance to address the negative consequences?
- a. Yes
  - b. No
20. (If yes to #14) Was a formal report made to one of the following? (Y/N)

- a. Campus Police
- b. City Police
- c. County Sheriff
- d. Title IX/EO Office
- e. Other University Faculty/Staff

21. Why did you choose not to discuss this incident with anyone? (Check ALL that apply)

- a. I would be ashamed/embarrassed
- b. I would feel partially responsible
- c. I would feel responsible
- d. I would feel guilty
- e. I think it is a private matter – I would want to deal with it on own
- f. I would be concerned others would find out
- g. I would not want the person who did it to get in trouble
- h. I would be afraid of retribution from the person who did it
- i. I would be afraid of not being believed
- j. I would be afraid of being blamed
- k. I would think what happened was not serious enough to talk about
- l. I would think others would think it was not serious or not important
- m. I think people would try to tell me what to do
- n. I would feel like I was a failure
- o. I would be worried others would overreact
- p. I don't think others would understand
- q. I wouldn't have time to deal with it due to academics, work, etc.
- r. I wouldn't want others to worry about me
- s. I would want to forget it happened
- t. Other (specify)

22. Looking back on the incident, which of the following best characterizes your perception of what happened?

- a. I am sure that a crime *did not* occur
- b. I am unsure whether or not a crime occurred
- c. I am sure that a crime *did* occur



**Appendix B***Barriers to Seeking Social Support*


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Barriers	Frequency	Percent
Combined ashamed/embarrassment and guilt	23	63.9
Partial and full responsibility	21	58.3
I felt partial responsibility	20	55.6
Ashamed/embarrassed	18	50
I felt guilty	17	47.2
Fear of not being believed	17	47.2
Wanted to forget it happened	17	47.2
Fear of being blamed	16	44.4
Fear of retribution from the person who did it	14	38.9
Didn't think others would Understand	14	38.9
Didn't think others would think It was serious...	14	38.9
Is a private matter, wanted to deal with it on own	13	36.1
Concerned others would find out	11	30.6
Didn't think what happened was Serious enough to talk...	12	33.3
Didn't want others to worry About me	12	33.3
Thought people would try to Tell me what to do	10	27.8
I was worried that others would overreact	10	27.8
I felt responsible	9	25.0
Didn't have time to deal with It due to academics...	9	25.0
Would feel like admission To failure	8	22.2
Didn't want the person who did it to get into trouble	7	19.4

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