THE RELATIONSHIP BETWEEN BLAME AND SYMPTOMATOLOGY AMONG FEMALE VICTIMS OF ACQUAINTANCE RAPE

BY

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A thesis
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ABSTRACT

In recent years, awareness of the rape of women by acquaintances has been brought to public attention. The empirical literature suggests that while the consequences of stranger rape (SR) victims are also common among acquaintance rape (AR), AR victims tend to blame themselves at a higher rate than their SR counterparts. Although blaming others for the victimization has received less research attention, a small body of literature indicated that other blame was related to negative consequences following threatening events. Out of a sample of 804 female Introductory Psychology students, 66 participants were identified as victims of AR. When the victim-offender relationship was restricted to include only romantic and non-romantic acquaintances and exclude victims of stranger rape, there was a trend toward significance suggesting that assaults by less intimate acquaintances were related to higher self-blame, not less, as predicted. Backward multiple regressions showed that low resistance by the victim was associated with high self-blame whereas high resistance was related to high perpetrator blame. As expected, AR victims reported more psychological symptoms compared to a matched comparison group of non-acquaintance rape victims or non-victims. Unexpectedly, prior childhood sexual victimization was unrelated to self-blame, perpetrator blame, or psychological distress. Self-blame was the only significant predictor of symptomatology. Implications for treatment and suggestions for future research are presented.

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DEDICATION

After proposing my doctoral research I moved to Saskatoon to complete a one-year pre-doctoral internship and stayed because I was offered a position here. This was positive in many ways but, in staying, I became isolated from my home university and the resources and consultants that were available there.

As I was completing the analyses and writing the final report of the project I became in the habit of getting up at about 3:00 or 4:00 in the morning, working for a few hours and then heading off to work. It was a grueling schedule but I kept slogging along. However, I had never undertaken such as large project and I tended to get overwhelmed by the task. There were many times I questioned whether I was going to finish.

One morning I woke up at my usual time (3:00 a.m.) and turned on the t.v. to watch anything I could find while I drank my coffee and waited for the caffeine to kick in. I came across a talk show and the guest on the show was talking about procrastination and how he helps people to get past procrastinating and get their work done.

The guest gave an example of how his son, having selected a topic for a class project, was having difficulties finishing it. His son had chosen to write an essay on the "Birds of North America". When the son started to do some preliminary research he discovered that there were a lot of birds in North America and he just couldn't get going on the task because he didn't know where to start or how to organize it, so he did nothing. He became paralyzed by the sheer enormity of the task. As the deadline for handing in the project loomed, the son became more and more anxious about it, but still didn't get to work.

He finally went to his father and said "Dad, I have this project that I have to do for class. I picked to do a project on the birds of North America. Do you know how many birds there are in North America? **A LOT!** I don't know how I am going to get this done before the deadline."

Having listened to his son, the father looked at him and calmly said; "Well, you just do it bird by bird". And, of course, the son was able to finish the project.

This example just resonated my own experience of becoming overwhelmed by all of the things I needed to do for my dissertation. But this example inspired me and I printed a poster of the text, "Bird by Bird", and placed it near my desk. If I became overwhelmed and looked around in panic, the first thing I saw was "Bird by Bird" and I could get back to work.

So, this project is dedicated to all of the birds in North America.

Bird by Bird
(my cats rather like that)

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INTRODUCTION

In the past fifteen years, the prevalence of date (or acquaintance) rape events experienced by young women has been brought into public awareness. Approximately 15 percent of female post-secondary students endure unwanted sexual experiences perpetrated by individuals known to them. Almost half (42 percent) of these acquaintance rape events go unreported (Koss, Gidycz, & Wisniewski, 1987).

The recent empirical literature indicates that some acquaintance rape survivors experience long-lasting deleterious effects, including: increased depression, anxiety, fears, and problematic interpersonal relationships (Burgess & Holmstrom, 1979; Ellis, Atkison, & Calhoun, 1981). Although these consequences are also common among stranger rape victims, acquaintance rape victims tend to blame themselves at a much higher rate than their stranger rape counterparts (Burt and Katz, 1988). Even after several years, among acquaintance rape victims who continue to experience negative after-effects, substantial levels of self-blame are present (Katz, 1991).

This literature review begins with the definitions of acquaintance rape and the research on the prevalence of sexual assault by an acquaintance. The overall focus of this project was to examine the relationships between self-blame, perpetrator blame, and symptomatology in female victims of acquaintance rape. A brief review of attribution theory follows and provides the foundation for discussion of theories of self-blame.

The exact nature of the relationship between self-blame and the long-term consequences of acquaintance rape is uncertain. One group of researchers suggest that self-blame is an immediate as well as a long-term consequence of acquaintance rape (Burgess & Holmstrom, 1974; Katz, 1991). Another group of investigators assert that

self-blame has adaptive qualities in that it permits the acquaintance rape victim to gain control over her experience by finding meaning in the event (Greenberg, 1995; Silver, Boon, & Stones, 1983; Bulman & Wortman, 1977). Janoff-Bulman (1979) goes further in suggesting that there are two types of self-blame, one adaptive because it allows the victim to gain control, and the other maladaptive, as it is linked with intractable characteristics within the individual. Despite this lack of consensus regarding the adaptive/maladaptive nature of self-blame, researchers agree that self-blame is a common sequelae of acquaintance rape (Burt & Katz, 1988; Koss, Dinero, Seibel, & Cox, 1988). Less research attention has been given to examining the effect of attributing blame to others (i.e., the offender) for acquaintance rape experiences and subsequent psychological functioning. Preliminary evidence is presented that suggests that blaming another person can also lead to negative psychological consequences (Tennen & Afflect, 1994).

Previous history of childhood sexual victimization, level of victim resiliency, and individual's attitudes towards rape have been found to differentially influence, either by mediating or exacerbating, the effects of trauma. For this reason, these experiences, beliefs, and characteristics were also considered in the current investigation. Relevant literature pertaining to each of these variables is presented.

Prevalence of Sexual Violence

There is considerable discrepancy regarding the prevalence of acquaintance rape in studies of sexual assault victims. Inconsistencies in prevalence rates are largely due to how acquaintance rape is defined. Both legal and empirical definitions are presented

below along with the dimensions on which definitions vary. Research on the incidence of acquaintance rape in both university and community samples are also reviewed.

Defining Acquaintance Rape

When people think of rape, they generally regard it as some act of forced or coerced sex involving a stranger who uses a weapon. The assault occurs at night, outside, usually in a dark, isolated area. Rape is also noted for its violence and significant injury to the victim. Substantial resistant by the victim and signs of a struggle are also evident. This "classic" definition of rape frequently excludes acquaintance rape primarily because the assault is perpetrated by someone known to the victim and rarely involves the use of a weapon or serious injury. In addition, there has usually been some form of interaction, however slight, that has taken place between them. Furthermore, the event usually takes place indoors, either at the victim's or the assailant's home. The stereotypic definition of rape perpetuates numerous problems for victims of acquaintance rape including difficulty in identifying herself as a rape victim, lack of support from others who may not believe her, and legal problems. However, feminists have advocated on behalf of rape victims and challenged many of the cultural myths held by legal and public institutions, and by the general public (Burt, 1980). Rape myth acceptance continues to be a factor related to psychological distress and recovery from acquaintance rape and is discussed in a later section.

Legal definitions

The term "acquaintance rape" is not defined independently under current laws, but is included within most legal definitions of rape or sexual assault. As Benson, Carlton, and Goodhart (1992) point out, "the adjectives of 'acquaintance' or 'date'

describe the social context in which some rapes take place" (p. 157). Researchers investigating acquaintance rape look to current sexual assault laws within their catchment area in operationalizing rape and acquaintance rape. For example, Koss et al. (1988) utilize Ohio's legal definition of rape and operationalize it as an affirmative response to one or more of the following questions:

(a) Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs?

(b) Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you?

(c) Have you had sex acts (anal or oral intercourse or penetration by objects other than the penis) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down) to make you? (p. 6).

Similarly, Russell (1984), using the legal definition in California, defined rape as: "forced intercourse (i.e. penile-vaginal penetration), or intercourse obtained by threat of force, or intercourse completed when the woman was drugged, unconscious, asleep, or otherwise totally helpless. Hence she is unable to consent" (p. 35).

Although most states have similar legal definitions, some variability exists. In defining rape, it is important to note that while researchers look to existing legal definitions for their protocol, additional acts are also viewed as representative of rape. For example, Koss et al. (1988) extended Ohio's legal definition by including penetration

by objects. Similarly, Russell (1984) included victims' spouses among the possible assailants of sexual assault, something that Californian law does not consider.

In Canada, sexual offences are classified into three levels of sexual assault according to the seriousness of the act: (a) sexual assault, (b) sexual assault with a weapon, threats to a third party, or causing bodily harm, and (c) aggravated sexual assault (Roberts & Gebotys, 1992). Sexual assault encompasses a broad range of acts, from unwanted sexual touching to sexual violence resulting in injury. Although rape is included within the offence, it is not considered an essential component of sexual assault (Johnson, 1995).

Empirical definitions

Although there have been a number of investigations into the scope and impact of acquaintance rape (e.g., Koss, 1985; Layman et al., 1996; Ullman & Siegel, 1993;), difficulties in finding an accepted definition have hampered comparison of results. Most researchers broadly define acquaintance rape as involving non-consensual sexual behaviour. Difficulties arise, however, with respect to variation in the identification of those sexual behaviours that exemplify acquaintance rape. Sexual acts that represent acquaintance rape have ranged from unwanted sexual contact, to coercive behaviours, to rape and attempted rape (DeKeseredy & Kelly, 1995; Koss et al, 1987). More restrictive definitions of acquaintance rape refer exclusively to penile-vaginal intercourse (Russell, 1984). However, Koss et al.'s (1987) definition includes oral and anal intercourse or penetration with objects.

Another dimension that varies is the consideration of which individuals can be referred to as "acquaintances." Some researchers require that the victim must, at least,

recognize the perpetrator in order to classify him as an acquaintance (Muelenhard, Powch, Phelps, & Giusti, 1992). Others (Koss et al., 1988) require that a certain degree of social relationship exists between the victim and offender, including (a) individuals simply recognized by her, (b) casual dates, (c) steady boyfriends, and (d) spouses. Other definitions are more restrictive, requiring the victim and offender to be involved in some form of dating relationship, irrespective of the duration of the relationship (Benson, Carlton, & Goodhart, 1992).

A third dimension on which studies vary is the lower boundary of the age of the victim reporting sexual assault experiences. The age of the victim has ranged from fourteen years of age (Koss et al., 1987) to seventeen or older (Ullman & Siegel, 1993). Other researchers do not provide any age boundaries (Russell, 1984).

A related dimension that varies across studies is the age difference between the victim and offender. Although legal definitions do not consider this dimension, researchers in the area of child sexual abuse frequently refer to an age difference of more than 5 years between the child victim (17 years or younger) and the offender to constitute "child sexual abuse" (Finkelhor, 1979; Russell, 1984; Runtz, 1987). There has also been an attempt to differentiate childhood sexual abuse from sexual assault by considering the age of consent. Thus, consensual sexual play or intercourse prior to the age of 17 years was considered if the individual indicated that she consented, that the sexual involvement was with a peer less than 5 years older than themselves, and if force or threats of force were not involved (Messman-Moore & Long, 2000; Violence Against Women, 1993). A less than 5-year difference operationally defined "peer abuse" or "peer assault" (Proulx, 1993).

Incidence of Acquaintance Rape

Researchers studying rape and acquaintance rape agree that it is difficult to give accurate estimates of the problem due to substantial underreporting (Kilpatrick, Saunders, Veronen, Best, & Von, 1987; Koss, 1992, 1993). National Crime Surveys in the United States report that "rape is an infrequent crime" (Russell, 1984, p. 33) due to the low numbers of reported rapes. However, critics of the survey suggest methodological issues such as the nature of the screening questions, as well as the definition of rape, discouraged disclosure of rape incidence (Koss, 1992; Russell, 1984). National surveys generally ask direct questions about rape, a method that frequently fails to elicit endorsements because victims of acquaintance rape often do not recognize their experience as rape. In addition, some victims are embarrassed or blame themselves for the incident and consequently are reluctant to disclose (Koss, 1985).

It was not until the advent of two landmark studies in the 1980's that the issue of rape, and specifically acquaintance rape, was brought to public awareness. In one study, Russell (1984) attempted to obtain more accurate estimates of rape and other forms of sexual assault as well as child sexual abuse among the general population. In-person interviews were conducted with 930 women randomly selected from a probability sample of households in San Francisco. Results of the survey revealed that 24 percent of the women interviewed reported at least one completed rape and 31 percent reported at least one attempted rape over their lifetime. When these categories are combined, 44 percent of the women interviewed experienced at least one completed or attempted rape. Of these, only 8 percent were reported to the police (Russell, 1984).

Koss et al. (1987) surveyed a national sample of 6,159 students, including 3,187 women and 2,972 men at 32 institutions of higher education settings across the U.S. The goal of the study was to assess the incidence and prevalence of sexual aggression and victimization within this population. Results suggested that 27.5 percent of women reported experiencing, and 7.7 percent of men report perpetrating, acts that met legal definitions of rape or attempted rape. Furthermore, victimization rates showed the number of women who experienced a rape during the 6-month period preceding the survey, narrowly defined as penile-vaginal intercourse through force or threat of force, was 38 per 1,000. These results are considerably higher than those reported in national crime statistics.

Comparable prevalence rates of sexual assault have also been found in community samples. In a representative sample in Charleston, South Carolina, Kilpatrick et al. (1987) found 23.3 percent of their sample had been victims of completed rape and 13.1 percent of attempted rape. Similarly, approximately 15 percent of female respondents in a Los Angeles Epidemiological Catchment Area (ECA) study reported adult sexual assault (Ullman & Siegel, 1993).

Koss (1985) noted that the number of unacknowledged rapes is substantial and not accounted for in official statistics. These "hidden rapes" were more likely to take place in the context of a relationship that was appropriate to sexual intimacy whereas acknowledged rapes occur in inappropriate relationships (Koss, 1985). Thirteen percent of a national sample of college students was categorized as rape victims (Koss, 1987). Although 57 percent of these individuals believed they had been raped, a large proportion (43 percent) did not view themselves as rape victims although they reported non-

consensual oral, anal, or vaginal intercourse. Official statistics take on a considerably different meaning when this viewpoint is taken into account. Fifty-five percent of victims of stranger rape compared to only 23 percent of acquaintance rape victims considered their experience rape (Koss et al., 1988).

In Canada, the Violence Against Women Survey (VAWS), conducted by Statistics Canada in 1993, was intended to obtain detailed data regarding women's experiences of male violence (Johnson, 1996). Twelve thousand, three-hundred randomly selected women participated in telephone interviews about their adult experiences with sexual and physical assault by dates, boyfriends, spouses, other men known to them, and strangers. According to the results of the survey, 51 percent of Canadian women have experienced at least one incident of physical or sexual assault since the age of 16 and 1 in 10 reported victimization in the 1-year period prior to the survey. Thirty-nine percent of the women experienced sexual assault; 25 percent, unwanted sexual touching; 24 percent, violent sexual attacks; and 34 percent, nonsexual assault (Johnson, 1996). Unfortunately, variability within the definitions of sexual assault of Canadian and U.S. incidence figures make the comparison of studies difficult.

Utilizing a similar procedure as Koss and her colleagues, DeKeseredy and Kelly (1993) surveyed 3,142 students in a representative sample of Canadian college and university settings. The findings indicate that 45.1 percent of women reported experiencing and 19.5 percent of men reported perpetrating a sexual assault since leaving high school. Although the results are alarmingly high, this figure reflects the broad definition of sexual assault contained within the Canadian Criminal Code. When results are viewed in a more restrictive fashion consistent with Koss et al. (1987), comparable

findings emerge. Specifically, approximately 11 percent of female students reported victimization experiences and 3.2 percent of men reported perpetrating assaults that are operationally defined as rape (DeKeserdy & Kelly, 1993). The authors caution that conclusions may not be valid due to a slight rewording of some of the items on Koss' measure of sexual victimization. The revised items, in comparison with the original items, may have been interpreted differently by the participants. For example, one item, "Have you had sex play..." was reworded to read, "Have you engaged in sex play..."

In another Canadian study, Shimp (2000) surveyed participants from undergraduate classes in one western province. Utilizing the Sexual Experience Survey (SES: Koss & Oros, 1982), 2,552 women were screened for participation in the study. Of those participants 717 (28.1%) were identified as sexual assault victims, including 419 (16.4%) individuals reporting experiences that met the criteria for rape (Shimp, 2000).

When categories of relationship between the victim and the perpetrator are considered, Russell (1984) found that 35 percent of her sample was raped by an acquaintance. This proportion is in comparison to 11 percent by strangers. Koss et al. (1988) report the majority of cases in their sample were victims of acquaintance rape compared to victims of stranger rape. Categories of acquaintance types included: non-romantic acquaintances, casual dates, steady dates, and spouses or family members (Koss et al., 1988). Comparable results were reported in the VAWS (Johnson, 1996). Sixteen percent of the women surveyed had been victims of violence by a date or boyfriend; 29 percent, by a spouse; and 23 percent, by a stranger or other non-intimate acquaintance.

Other investigations have found similarly high numbers of sexual assault by intimate acquaintances. Kilpatrick, Best, Saunders, and Veronen (1988) found nearly twice as many women had been raped by husbands or dates as by strangers in their community sample of victims. Seventy-eight percent of the women in Ullman and Siegel's (1993) study knew their assailant, including: acquaintances (45.6 %), relatives other than spouse (2.6%), intimates including spouse (28.5%), and other known men (1.8%). Similarly, the participants in Shimp's (2000) study of university students reported that their assailant was an acquaintance or friend (58.4%), a date (29.4%), or fiancé, common-law partner, husband, or relative (4.6%).

Summary of Prevalence of Sexual Violence

Based on the preceding review, the issue of sexual violence towards women is a significant one. What is also noteworthy is that varied definitions yield different prevalence estimates. Even the most conservative definition yields high prevalence rates of sexual victimization of females. Further investigation is warranted in order to understand why sexual victimization of women is occurring at these alarming rates.

Reaction/Behaviour Following a Sexual Assault

When something "bad" happens, we tend to try to understand the reason that the event occurred by looking for the cause of the event, who was to blame, and how the event could be avoided in the future. These explanations are attributions people offer to help them understand the occurrence of events. In the area of victimization, investigators have used Weiner's (1985) attribution theory to explore victims' cognitions and emotional reactions to their victimization. A brief review of Weiner's (1985) attribution theory follows. Theories of self-blame and subsequent adjustment are also reviewed.

This section is concluded with a summary of how blaming others have been associated with adjustment.

Attribution Theory

Attributions are the explanations people offer to help them understand why events happen. Weiner (1985) proposed that individuals search for causal understanding to questions regarding success and failure in achievement-related situations, particularly when outcomes are unexpected, negative, and/or important. Research into attribution processes has demonstrated that attributions are important influences of mood changes. Weiner (1985) theorized that the outcome of an event is immediately followed by an evaluation of success or failure. This evaluation, in turn, leads to a general positive or negative affective reaction. For positive outcomes, the emotional response may include happiness. For negative outcomes, the affect may consist of sadness or frustration.

Individuals engage in a causal search to explain why the event occurred. In searching for underlying properties of causes, three dimensions have been identified: locus of causality, stability, and controllability (Weiner, 1983). Locus of causality refers to whether the cause is perceived to be within the individual (internal) or as external to the person. The stability dimension hinges on whether the cause is perceived as being constant (stable) or variable. The controllability dimension is dichotomized into causes that are perceived as controllable by anyone or those beyond anyone's control.

Weiner (1985) suggests that causal attributions along these dimensions are linked to specific emotions termed attribution dependent emotions. Locus of causality affects self-esteem and elicits either pride or guilt and shame. A positive outcome attributed to an internal cause will lead to increased self-esteem and pride. A negative outcome

attributed to an internal cause will lead to diminished self-worth and result in shame and guilt. The stability dimension affects future expectations and elicits either hope or hopelessness. A negative outcome attributed to a stable cause will create expectations of situation permanence and feelings of hopelessness. A negative outcome attributed to an unstable cause will create expectations that future outcomes may be different, thus leading to feelings of hope.

Controllability influences social emotions both for self-directed affects and emotions directed toward others. Attributing a personal failure to a controllable cause will promote feelings of guilt, whereas uncontrollability induces shame. Among the emotions directed toward others, anger results if the cause of failure is perceived as controllable by others. However, pity is experienced if another's misfortune is perceived to be due to uncontrollable causes. Success attributed to controllable causes by the individual leads to feelings of pride and self-esteem, whereas, success to controllable causes by others leads to feelings of gratitude (Weiner, 1985).

In a reformulation of the learned helplessness model of depression, Abramson, Seligman, and Teasdale (1978) proposed that a person's causal attributions and expectancies for the future mediate a response to uncontrollable situations. In addition to locus of causality and stability, universal or global attributions are also considered. Global causes occur across settings, whereas, some causes are specific to a situation. Internal, global, and stable attributions will lead the individual to believe that the failure to control an outcome is due to deficits within herself and that because of the stability dimension, the same state of affairs could be expected in the future and will across situations. These causal attributions will lead to both diminished self-esteem and a

hopeless view of the future. Depression will then result if the individual blames herself for her helplessness and sees the situation as unchangeable (stable). A substantial body of research exists supporting Abramson et al.'s (1978) proposition that depressed individuals make more global, stable, and internal attributions (e.g., Johnson & Miller, 1990; Seligman, Peterson, Kaslow, Tanenbaum, Alloy, & Abramson, 1984).

Attribution Theory and Trauma

Attribution theory has been one medium by which investigators have been able to explore victims' cognitions and emotional reactions to their victimization. Janoff-Bulman (1979) was the first to apply attribution theory to the area of trauma. She suggests that when an individual is victimized, her assumptions about the world are "shattered" in that she is unable to understand the experience within the boundaries of pre-existing assumptions (Janoff-Bulman & Frieze, 1983). The cognitive task for the individual then becomes fitting the experience into pre-existing cognitive schemata. Janoff-Bulman (1989) suggests that attributions are attempts to explain events and self-blame attributions seem to explain satisfactorily why the event occurred to the victim in particular.

Understanding Self-blame

A body of research exists that suggests attributions of self-blame facilitate the recovery from traumatic events including rape (Janoff- Bulman, 1979; Frazier, 1990), childhood sexual abuse (Hoagwood, 1990), cancer (Timko & Janoff-Bulman, 1985), and accidents (Bulman & Wortman, 1977). Miller and Porter (1983) observed that researchers have generally focused on the functions of self-blame where self-blame facilitates recovery by: (a) enabling the victim to perceive herself as in control, and is

able to avoid possible future rapes; (b) allowing the individual to maintain a view of the world as a just and orderly place in which bad things happen to people that deserve them (Lerner, 1980); and, (c) imposing meaning on certain events (Frankl, 1963 as cited in Janoff-Bulman & Frieze, 1983) and giving meaning to events that do not make sense (Silver & Wortman, 1980). However, empirical support for the various theories of self-blame has proven to be contradictory. For some victims, self-blame keeps them "stuck" because they are unable to make sense out of the experience (Greenberg, 1995). Furthermore, self-blame has also been implicated in the development of long-term negative sequelae including, depression, anxiety, and posttraumatic symptoms.

Attributions of Controllability

According to Abramson et al. (1978), attributions to internal controllable factors result in increased self-blame. One group of investigators suggest that self-blame can be considered an adaptive reaction to negative experiences as it permits the individual to perceive herself as in control and therefore able to avoid future negative events (Bulman & Wortman, 1977; Silver, Boon, & Stones, 1983).

This function of self-blame has received support in the empirical literature. In a review of the literature on cancer patients, rape victims, and others, Wortman found that victims tended to attribute more blame to themselves for negative outcomes often in the presence of objective evidence to the contrary. She suggested that:

> this may reflect a desire on the part of the victim to gain some measure of control over the victimizing experience. Blaming oneself may be more tolerable than the conclusion that no one is to blame, and/or that the

person is living in a meaningless, chaotic world where events occur at random (as cited in Wortman, 1983, p. 203).

In a study of accident victims with spinal cord injuries, Janoff-Bulman and Wortman (1983) found that the more victims blamed themselves, the better their adjustment. In contrast, the more victims blamed another, or the more they believed they could have avoided the accident, the worse they fared. Further, Davis, Lehman, Silver, Wortman, and Ellard (1996) found that for their sample of spinal cord injury patients, individuals who believed they could have avoided the accident had greater negative affect including guilt and depression.

Search for Meaning

Self-blame serves to help victims explain why a negative event happened. Attributions of causality assist the individual in ascribing meaning to an event. In an effort to explore the validity of the claim that searching for meaning follows traumatic experiences, Silver et al. (1983) interviewed 77 adult women who experienced incest as children. Searching for a reason for their incest experience was important to the majority of the participants in the study. Victims asked themselves "why it happened" and "what others did or didn't do" to precipitate the incestuous experience(s). Victims who had been able to find meaning in their experiences reported less psychological distress, higher self-esteem, and better social adjustment compared to those who were unable to find meaning. The age at which the abuse terminated and the duration of the abuse both predicted searching for meaning as an adult. Specifically, the older the child was at the termination of the abuse and/or the longer the duration of the encounters during

childhood, the more likely she was, as an adult, to search for meaning (Silver et al., 1983).

Attributions of causality have also been explored among bereaved individuals. Schwartzberg and Janoff-Bulman (1991) found bereaved subjects differed significantly from control subjects on assumptions related to meaning. Bereaved subjects were significantly less likely to believe in a meaningful world compared to control participants. Furthermore, those who were unable to make sense of their parent's death were grieving more than those who were able to maintain or redefine their beliefs about the world.

Although this line of inquiry provided some evidence regarding the link between self-blame, the search for meaning, and subsequent recovery, participants were only asked two items in the examination of the participants' search for meaning. One question focussed on "why me?" and the other dealt with "how often respondents found themselves searching for some reason, meaning, or way to make sense out of their incest experience" (Silver et al., 1983, p. 86). Therefore, only limited inferences may be made from the findings of this investigation.

Another research focus suggests that although blaming oneself can be adaptive, it can become maladaptive when the search for meaning does not result in any understanding of why the event occurred (Briere, 1989; Silver et al., 1983). Silver et al. (1983) observed that the more active the search for meaning, the more respondents reported recurrent, intrusive, and disruptive ruminations about the incest experience. Furthermore, the more active the search, the more current psychological distress was reported by respondents. Silver et al. (1983) concluded:

> To the extent that the search for meaning results in finding meaning in an undesirable event, it is likely to be an adaptive process...ruminations and cognitive rehearsal that accompany such a search serve an adaptive function in that they are likely to be the means by which individuals gain mastery over and make sense of their experience. However, finding meaning does not appear to terminate the search or the ruminations. Moreover, when after an extended period the search fails to bring understanding, the continuing process of searching and repeatedly ruminating appears to be maladaptive (p. 96).

Horowitz (1986) argues that intrusive recollection of the trauma is a necessary part in the adjustment process to trauma. A number of studies have found moderate to high levels of intrusion following traumatic stress (e.g., Burgess & Holmstrom, 1974; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992). Greenberg (1995) questions whether early intrusions associated with normal cognitive processing are qualitatively different than intrusive ruminations that result in the victim getting stuck in a particular (i.e. earlier) stage of processing (p. 1288). Briere (1989) asserts "many symptoms of post-abuse trauma are...logical, adaptive responses to victimization that become inappropriate in the post-abuse environment or as conditional reactions to abuse-related stimuli that persist in later life" (p. 56). This issue, however, has not been satisfactorily dealt with in the empirical literature.

Characterological and Behavioural Self-Blame

Janoff-Bulman (1979) suggested self-blame facilitates recovery because it helps the victim regain control and explains why the negative event happened. She extended

attribution theory by asserting that there are two types of self-blame: behavioural self-blame and characterological self-blame. Behavioral self-blame refers to the case in which an individual blames her behaviour for the outcome. Because behaviour can be changed, future rapes can be avoided. Characterological self-blame refers to the individual blaming some character flaw for the event and is associated with increased symptomatology, including lowered self-esteem and depression. In terms of attributional dimensions, both types of self-blame are internal. Behavioral self-blame is considered controllable and unstable, whereas characterological self-blame is considered uncontrollable and stable (Janoff-Bulman, 1979).

Janoff-Bulman (1979) explored the relationship between self-blame and depression in a college sample. She found depressed female college students engaged in more characterological self-blame than nondepressed female college students, whereas behavioral self-blame did not differ between the depressed and non-depressed groups. In another study, counsellors from 38 rape crisis centres were surveyed regarding self-blame among rape victims (Janoff-Bulman, 1979). Results indicated that 74 percent of victims blamed themselves. Of those, behavioral self-blame was more common than characterological self-blame. Similar results were found in one study of actual rape victims. Hill and Zautra (1989) found characterological self-blame significantly predicted post-rape adjustment, defined as demoralization, in their study of 36 rape survivors.

Studies have also been conducted examining the relationship between self-blame attributions and subsequent psychological adjustment. Characterological self-blame has been found to be linked to depression (Peterson, Schwartz, & Seligman, 1981; Hazzard,

1993) and low self-esteem (Janoff-Bulman, 1979; Hazzard, 1993). Janoff-Bulman (1982) asked college women to read an account of a rape, imagine that the incident had happened to them, and then makes attributions accordingly (Janoff-Bulman, 1982). Results suggested that behavioural self-blame was associated with high self-esteem and perceptions of future avoidability of victimization, whereas characterological blame was more likely to be related to low self-esteem. On the other hand, Anderson, Miller, Riger, Dill and Sedikides (1994) found that both behavioural and characterological self-blame contribute to depression and loneliness. Generally self-blame has been linked to interpersonal problems, anxiety, and overall psychological distress (Hazzard, 1993).

In studies examining post-rape adjustment among rape victims, evidence has been contradictory. In a university sample of rape survivors, Frazier and Schauben (1994) found both behavioural and characterological self-blame were associated with psychological symptoms. Increased symptomatology was also associated with victims who more often thought about why the rape occurred. Survivors who felt that future rapes were less likely reported fewer symptoms; however, this belief was unrelated to recovery. Neither behavioural self-blame nor beliefs about past control were related to perceptions of future control over being raped (Frazier & Schauben, 1994). Meyer and Taylor (1986) report both behavioural and characterological self-blame were associated with poor post-rape adjustment, defined as feeling demoralized. Although both types of self-blame were associated with depression, behavioural self-blame was also associated with sexual dissatisfaction and characterological self-blame was associated with increased fear. Similarly, Katz and Burt (1988) suggest that high levels of self-blame were indicative of distress rather than of recovery in their sample of rape victims.

Summary of Self-blame

With the exception of Janoff-Bulman, who did not assess actual victims, available evidence of psychological adjustment of acquaintance rape and stranger rape victims suggest that self-blame results in increased symptomatology (Frazier, 1990; Katz & Burt, 1988; Meyer & Taylor, 1986). In addition to the observed lack of empirical support, there is a fundamental error in viewing self-blame as adaptive. Most would agree that the idea that rape victims engage in self-blame following such a personal violation is disconcerting. Furthermore, theories of self-blame perpetuate the notion of blaming the victim. The rape victim appears to be in a quandary. If she externalizes the blame, she gives up control and risks experiencing helplessness, powerlessness, and depression (Abramson et al., 1978; Browne & Finkelhor, 1986). However, if she internalizes the blame, she may gain control but at the expense of diminished self-esteem and shame.

Blaming Others

An area of research that has received considerably less attention is the relationship between blaming another person for a negative event and subsequent adjustment. Tennen and Afflect (1990) reviewed 25 studies and found, across a wide range of methodologies and samples, and found that other-blame was associated with poor adjustment. For example, in a study of women who have undergone a mastectomy, Timko and Janoff-Bulman (1985) found attributions to other people were associated with poorer adaptation. Similarly, in an investigation of accident victims resulting in severe spinal cord injuries, Janoff-Bulman and Wortman (1977) observed that post-accident adjustment was worse the more victims blamed another or believed that the accident could have been avoided. The notion that blaming another for a medical condition or an

accident would lead to poor adaptation makes intuitive sense since it is possible that poor adjustment was due to ruminating about why others would cause the event.

However, only one investigation reviewed by Tennen and Afflect (1990) examined other blame among victims of rape. Meyer and Taylor (1986) found that perpetrator blame was unrelated to ratings of depression, fear, or sexual dissatisfaction. Two other investigations of sexual assault victims conducted since the 1990 review by Tennen and Afflect, also found that perpetrator blame was unrelated to symptomatology (Frazier, 1990; Shimp, 2000). It is important to note that these investigations included both stranger rape and acquaintance rape victims.

Tennen and Afflect (1990) theorized that there are situational factors, such as: (a) presence of another; (b) authority, knowledge, and ability of the other; (c) relationship between the victim and the other person, and (d) outcome severity, that increase the likelihood that another will be blamed for an event. According to Tennen and Afflect's theory, the presence of another person increases the likelihood that the other person will be blamed. With respect to instances of rape, an individual is present and has perpetrated the negative event, thus perpetrator blame is likely. The relationship between the victim and the other person is also a factor influencing other blame. Tennen and Afflect (1990) theorized that individuals who are well known and well liked are less likely to be blamed for a negative event. In the case of acquaintance rape, the victim may be inclined look for more distal causes for his behaviour if they know the assailant well. However, if knowing the perpetrator also includes knowledge that he has acted violently toward women in the past she may be more inclined to blame him. The outcome is considered severe and as a result, ascribing blame to the offender is likely (Tennen & Afflect, 1990).

Perpetrator Blame and Acquaintance Rape Victims

In studies of acquaintance rape victims, the majority of victims attributed at least some blame to the perpetrator (Katz & Burt, 1988; Koss, 1985; Koss et al, 1988; Layman et al., 1996). Although the bulk of the clinical and empirical literature suggests that attributing blame to the assailant is considered adaptive, there is some evidence that suggests perpetrator blame may be maladaptive (Tennen & Afflect, 1990). Most clinicians would agree that a major therapeutic focus when working with victims of rape is to reduce self-blame and assist them to externalize the responsibility for the assault (Wiehe & Richards, 1995; Jackson, 1996; Katz, 1991). However, ascribing all of the blame for the event to the perpetrator can lead the victim to feel that she is not in control or that future incidents cannot be avoided. These feelings, in turn, can result in heightened anxiety, hypervigilance, and interpersonal difficulties.

As described in more detail later, characteristics within the assault have been found to be related to perpetrator blame (Katz & Burt, 1988; Koss et al., 1988; Layman et al., 1996; Murnen, Perot, & Byrne, 1989). Specifically, a more distant relationship with the offender (i.e., a stranger or someone not well known) has been linked with high perpetrator blame (Koss et al., 1988; Murnen et al., 1989). High force used by the assailant during the event and high resistance by the victim were linked with high perpetrator blame (Koss et al., 1988; Murnen et al., 1989)

With respect to psychological symptoms, women assaulted by husbands or boyfriends were more symptomatic compared to non-romantic acquaintances (Koss et al., 1988). Individuals who reported high resistance were less symptomatic (Ullman & Siegel; 1993) whereas high force by the assailant was linked to increased psychological

Siegel; 1993) whereas high force by the assailant was linked to increased psychological symptoms (Gidycz & Koss 1991a; Ullman & Siegel, 1993).

Summary of Perpetrator Blame

There is a small body of literature that suggests that blaming others is associated with poor adjustment. However, the literature regarding the relationship between perpetrator blame and symptomatology among acquaintance rape victims is sparse. The few studies that did consider this relationship reported that perpetrator blame was unrelated to psychological distress. There is also some indication that situational characteristics (e.g., the relationship between the victim and the offender, resistance by the victim, and the severity of the assault) may influence the amount of blame attributed to the assailant and related psychological distress.

Despite agreement that assisting victims of acquaintance rape to externalize the responsibility for the abuse events is the most appropriate course of treatment, Tennen and Affleck (1990) caution that externalizing blame should not occur at the expense of diminished feelings of control or beliefs about the ability to avoid future incidents. Since the literature regarding the relationship between perpetrator blame and subsequent psychological effects is meager and somewhat dated, further investigation is required to increase our understanding of these relationships.

Review of Literature on Acquaintance Rape

Outcomes of Acquaintance Rape

Although there is an abundance of research on the psychological effects of stranger rape, studies investigating the consequences of acquaintance rape are sparse. It was not generally recognized that the experience of acquaintance rape results in as

serious consequences for victims as stranger rape (Wiehe & Richards, 1995). However, recent empirical investigations have documented that women raped by an acquaintance do experience substantial negative after-effects. Although large numbers of victims of sexual assault are reported to have known their assailant (Koss, 1985; Ellis, et al., 1981; Russell, 1984), previous literature investigating the outcomes of rape often did not make the distinction among the victim-offender categories (e.g., Atkeson et al., 1982; Burgess & Holmstrom, 1974; 1979, Kilpatrick et al., 1981). A summary of the outcomes of rape, including stranger and acquaintance rape, are reviewed and summarized in Table 1. When available, information will be presented regarding the sub-categories of assaults (i.e., assaults by strangers, non-romantic acquaintances, or romantic acquaintances).

Initial Reactions

A large body of evidence has accumulated highlighting a consistent pattern of response to sexual assault (see Ellis, 1983; Gidycz & Koss, 1991b; Goodman, Koss, & Russo, 1993; Hanson, 1990; Jackson, 1996; Resick, 1993; Wiehe & Richards, 1995). Victims of stranger rape initially report significant distress in the areas of anger, anxiety, sleep disturbances, depression, interpersonal functioning, and sexual problems (Burgess & Holmstrom, 1974; Kilpatrick, Veronen, & Resick, 1979; Koss et al., 1988; Roth & Lebowitz, 1988).

Burgess and Holmstrom (1974) identified a characteristic pattern of responses to sexual assault they labelled the Rape Trauma Syndrome. The reaction to rape typically consists of an acute phase of disorganization, followed by a longer-term reorganization process. In the acute phase, the victim shows either a "controlled style" in which affect is masked or an "expressive style" in which feelings of anger, fear, anxiety, crying,

restlessness, and tension are released. In the second phase of adjustment to trauma, usually starting 2 to 3 weeks after the assault, the victim often manifests mild to moderate symptoms. This phase involves attempts at coping, behavioural changes such as changing one's phone number or residence, nightmares, phobias, and seeking support from family and friends. Hanson (1990) suggests that the rape trauma syndrome is a special case of PTSD where the first phase parallels acute stress disorder and the second phase parallels PTSD.

In a longitudinal study of the impact of rape, Veronen, Kilpatrick and Resick, (1979, cited in Resick, 1993) asked rape victims to describe their emotional and physical reactions at the time of the assault and a few hours afterwards. Almost all victims reported intense emotional and physical reactions. Ninety-six percent of victims reported being scared, worried, confused and experiencing physical reactions such as shaking and trembling. These reactions abated only slightly in the two to three hours following the rape, and depression (84%), exhaustion (96%), and restlessness (88%) increased (Resick, 1993).

Acute symptomatology appears to subside after 3 or 4 months. Kilpatrick, et al. (1979) found that while initially intense reactions were demonstrated, there appeared to be a levelling-off of symptomatology at approximately 3 months post-rape. However, anxiety and phobic anxiety, as measured by the SCL-90R, continued to discriminate between victims and non-victims. These changes were maintained at the six-month assessment (Kilpatrick et al., 1979).

Long-Term Consequences

Although the empirical literature suggests that most women recover from rape within a few months, symptomatology persists for approximately 25 percent of victims

Table 1

Outcomes of Rape

Symptom	Source	Participants	Significant Findings
Initial Reaction	2	92 rape victims presenting at hospital Second phase 2 to 3 weeks post-rape	Acute phase of disorganization; affect is either controlled or released. Behavioral changes, (changing phone number or residence), nightmares, phobic anxiety, seeking support.
	20	46 rape victims seeking counseling at rape crisis center.	96% report feeling scared, worried or displayed physical symptoms (e.g., shaking, trembling); 84 %, depressed; 96%, exhausted; and 88%, restless.
Long-term Consequences	9	46 recent victims and 35 non-victims	Groups differed in generalized distress
	13	41 women interviewed 1- 2½ years post-rape	27% report lasting negative effects
	3	81 female rape victims; 4 to 6 year follow-up	74% had recovered; 1/3 reported significant depression, anxiety, interpersonal difficulties, PTSD and self-blame.
Depression	1	115 female rape victims	Significant difference between victims and non-victims at 2 weeks, 1 month, 2 months, but not 8 and 12 months post rape.
	4	27 rape victims recruited through newspaper ads, counselors, or public speaking presentations.	Depressive symptoms magnified in victims of stranger rape.

Symptom	Source	Participants	Significant Findings
Depression (continued)	5	1, 213 college students meeting criteria for sexual assault	Signs of depression among AR victims compared to non-victims.
	13	41 women interviewed 1 – 1 ½ years post-rape	41% reported depressive symptoms
	19	240 rape victims in ECA Study.	85% of AR victims reported depressive symptoms
Suicide Ideation	4	27 female rape victims	50% of sample had considered suicide.
	8	179 victims of rape or attempted.	1 in 5 rape victims had attempted suicide
	14	37 women in treatment program	43% have considered suicide 17% had attempted suicide
Anxiety	2	81 rape victims; 4 to 6 year follow-up	Intense fear common
	6	87 female sexual assault victims	AR victims significantly higher than non-victims on trait anxiety.
	8	46 recent victims 35 non-victims	Victims significantly differ on anxiety and phobic anxiety.
	16	7 rape victims in therapy group	All women reported fear
	19	240 female sexual assault victims from ECA sample	88% of SR victims and 67% of AR victims report experiencing fear or anxiety
Anger	2	92 rape victims presenting at emergency	Significant feelings of anger documented

Symptom	Source	Participants	Significant Findings
Anger (continued)	16	7 rape victims in therapy	100% experienced significant anger
Interpersonal problems	4	27 female rape victims	Impaired relationships with men
	13	41 women interviewed 1-2½ years post-rape	76% reported pervasive suspiciousness of others.
PTSD symptoms	10	391 females from probability sample	Completed rape, perceived life threat, and physical injury linked to PTSD.
	12	40 unacknowledged rape victims; 20 acknowledged victims	Significant higher PTSD symptoms in acknowledged versus unacknowledged victims.
	15	47 female victims of single crime; 96 non-victims	No significant main effect for PTSD.
	17	95 rape victims: 1 week post-rape; 3 months post-rape	94% met criteria for PTSD/week 47% met criteria for PTSD at 12 weeks
Self-blame	6	87 female rape victims in crisis	AR victims reported significantly more self-blame compared to SR victims.
	7	80 female sexual assault victims	Self-blame linked to increased symptoms; AR victims report significantly more self-blame compared to SR victims.
	16	7 rape victims in therapy group.	Almost all participants reported self-blame.
	18	238 sexual assault victims in college sample of 2,552	Self-blame associated with symptomatology

Symptom	Source	Participants	Significant Findings
Perpetrator blame	7	80 female sexual assault victims	SR victims ascribed more blame to offender compared to AR victims
	11	489 rape victims from national sample of college student	SR victims perceived perpetrators as more responsible compared to AR victims
	12	40 unacknowledged and 20 acknowledged rape victims	Majority of acknowledged victims blamed assailant compared to unacknowledged victims
	18	238 sexual assault victims in college sample of 2,552	Perpetrator blame not predictive of posttraumatic symptoms

NOTE: 1 = Atkeson et al., 1982; 2 = Burgess & Holmstrom, 1974; 3 = Burgess & Holmstrom, 1979; 4 = Ellis et al., 1981; 5 = Gidycz & Koss, 1991; 6 = Katz, 1991; 7 = Katz & Burt, 1988; 8 = Kilpatrick et al., 1979; 9 = Kilpatrick et al., 1985; 10 = Kilpatrick et al., 1989; 11 = Koss et al., 1988; 12 = Layman et al., 1996; 13 = Nadelson et al., 1982; 14 = Resick, 1993; 15 = Riggs et al., 1992; 16 = Roth & Lebowitz, 1988; 17 = Rothbaum et al., 1992; 18 = Shimp, 2000; 19 = Ullman & Siegel, 1993; 20 = Veronen et al., 1979

AR = Acquaintance Rape; SR = Stranger Rape

(Hanson, 1990; Burgess & Holmstrom, 1979; Kilpatrick et al., 1981). Nadelson, Notman, Jackson, and Gornick (1982) found that 27 percent of women raped in the previous two years reported lasting negative effects. Burgess and Holmstrom (1979), in a 4-to-6 year follow-up of rape victims, found that 74 percent of the 81 women re-interviewed had recovered by the time of the interview. However, approximately half of the women noted that it took years to recover with only one-third reporting feeling

recovered within a few months post-rape. For those women not recovered, substantial symptomatology was evident and included: depression, anxiety, interpersonal difficulties, PTSD symptomatology, and self-blame.

Depression. Depression, suicidal ideation, and suicide attempts are frequently found among rape victims (Ellis et al., 1981; Resick, 1993). In a study investigating the long-term reactions to rape, Ellis et al. (1981) found their sample of 27 adult female victims were significantly more depressed and reported less pleasure in day-to-day activities compared to non-victims. Negative after-effects were magnified in women who had been victims of sudden violent attacks by complete strangers in contrast to victims of other types of assaults (Ellis et al., 1981). Specifically, 36 percent of the victims of stranger rape fell within the severely depressed range, whereas none of the non-stranger victims fell in that range. In studies of college students, Gidycz and Koss (1991a) found acquaintance rape victims were significantly higher on a measure of depression compared to nonvictimized comparison participants. Similarly, 85 percent of the acquaintance rape victims in Ullman and Siegel's (1993) study experienced depressive symptoms.

Depressive symptoms appear to persist in a significant proportion of victims. In a 1 to 2½-year follow-up study, 41 percent of the women interviewed reported depressive feelings related to the rape (Nadelson et al., 1982). In an investigation of depressive symptoms in 115 female rape victims, Atkeson, Calhoun, Resick, and Ellis (1982) found higher proportions of their sample were significantly more depressed compared to a sample of non-victims, matched on age, race, and socio-economic level, recruited

through bulletins at a YWCA and human services agencies. This difference was evident at 2 weeks, 1 month, and 2 months post-assault, but not at 8 and 12 months post-rape.

Suicidal Ideation. Thoughts of suicide are common after a rape. Kilpatrick et al. (1985 as cited in Resick, 1993) reported that nearly one in five rape victims had attempted suicide. Half of the participants in the Ellis et al. (1981) investigation reported suicidal ideation at some point following the rape event. Similarly, 43 percent of rape victims seeking treatment had considered suicide following an assault and 17 percent had attempted suicide (Resick, Jordan, Girelli, Hunter, & Marhoefer-Dvorak, 1988 as cited in Resick, 1993).

Anxiety. Intense fear is a common initial response to rape trauma (Burgess & Holmstrom, 1974; Kilpatrick et al. 1979; Roth & Lebowitz, 1988). Gidycz and Koss (1991a) noted that victims of rape had significantly higher scores on trait anxiety compared to non-victims. Even 1-year post-rape, victims continued to suffer the effects of sexual assault specifically with respect to rape-related fear and anxiety (Kilpatrick, Resick, & Veronen, 1981). Ullman and Siegel (1993) noted that 88 percent of women sexually assaulted by strangers versus 67 percent of participants assaulted by known acquaintances reported experiencing fear or anxiety.

Anger. Anger directed both at oneself and the offender are common responses to an assault. Burgess and Holmstrom (1974) report that victims of rape expressed feelings of anger at the disruption the event has had on every aspect of their lives. Roth and Lebowitz (1988) interviewed 7 victims participating in a year-long therapy group to determine the women's experiences of sexual trauma and its aftermath. All of the women interviewed experienced significant anger. For some, the anger was directed at the

perpetrator, whereas for other women, anger was targeted at others (e.g., family, friends, therapists, and other professionals) who were perceived as not being supportive (Roth & Lebowitz, 1988).

Interpersonal Relationships. Unlike stranger rape, victims of acquaintance rape are assaulted by someone they know and implicitly trust. Janoff-Bulman (1985) pointed out that given the interpersonal violation inherent in assault by individuals known to the victims, it is not surprising that there is breakdown in feelings of trust and interpersonal safety. Nadelson et al. (1982) noted that 76 percent of the rape victims, re-interviewed 1-year post-assault, reported pervasive suspiciousness of others. This is consistent with Ellis et al.'s (1981) findings. In their sample of rape victims, of which almost half were assaulted by an acquaintance, most reported feeling uneasy with men, not trusting them, and avoiding intimacy. In this regard stranger rape victims did not significantly differ from acquaintance rape victims.

Posttraumatic Stress Disorder. The most frequently cited sequelae of sexual assault in the clinical literature is the formation of posttraumatic stress disorder (PTSD) (Hanson, 1990; Resick, 1993). Large proportions (from 30 to 70 percent) of sexual assault victims manifest symptoms consistent with PTSD 6 months to 3 years after the assault (Bownes, O'Gorman, & Sayers, 1991; Kilpatrick et al., 1987; Rothbaum, et al., 1992). It is important to note, however, that these proportions are somewhat misleading as they often represent women in treatment; recovered victims of stranger rape were not included in these estimates. Posttraumatic symptoms have been linked to completed rape and assaults that resulted in severe physical consequences (Kilpatrick, Saunders, Amick-McMullan, Best, Veronen, & Resnick, 1989; Riggs, Kilpatrick, & Resnick, 1992).

Kilpatrick et al. (1989) found that rape victims who had experienced physical injury were 3.1 times more likely to develop crime-related PTSD compared to victims of other crimes. Rape victims who had also experienced life threat and physical injury were 8.5 times more likely to develop PTSD. Although participants were instructed to describe any unwanted sexual experiences perpetrated by acquaintances, friends, or family members, as well as strangers, the authors did not report specific results for these categories of victims.

Riggs et al. (1992) did not find a significant main effect for PTSD symptomatology when comparing rape victims, including those assaulted by a stranger or an acquaintance, with those physically assaulted by a husband, date, or stranger. Victims of aggravated assault by either known or unknown assailants were more likely than rape victims to fear for their lives during the assault. Rape victims were more likely to be repeatedly sexually assaulted over time compared to physical assault victims. These results prompted the authors to hypothesize that the combination of a traumatic event, coupled with intense fear and injuries, is more likely to produce posttraumatic symptoms than a traumatic event alone.

In a study examining the likelihood of developing PTSD following rape or attempted rape, Rothbaum et al. (1992) assessed 95 victims for 12 consecutive weeks post-assault. Ninety-four percent of the victims met the symptom criteria for acute posttraumatic stress disorder (PTSD) one week post-rape, 65 percent at 4 weeks post-rape, and 47 percent at 12 weeks post-rape. Women whose PTSD symptomatology persisted throughout the 3-month study did not show improvement after 4 weeks, whereas women not meeting criteria for PTSD 3-months post-assault showed steady

improvement over time. Victims who met diagnostic criteria for PTSD at 3 months reported greater symptomatology at the onset of the study including: greater rape-related fear and distress, trauma-related intrusive thoughts and images, anxiety, and depression (Rothbaum et al., 1992).

In a college sample, Layman, et al. (1996) found victims of acknowledged rape reported higher PTSD levels and rape-related stress than unacknowledged victims. It is important to note that in this college student sample, only 3 percent of rape victims met the DSM-III-R criteria for a current diagnosis of PTSD and no victims met the criteria for a past diagnosis of PTSD. This low rate of PTSD is in contrast to that reported for community samples. The authors note that significant posttraumatic symptomatology could preclude or interfere with college attendance.

Blame and Acquaintance Rape

Self-blame. Significant levels of self-blame are reported by victims of sexual assault (Burgess & Holmstrom, 1974; Katz, 1991; Katz & Burt, 1988, 1991; Koss et al., 1988; Murnen et al., 1989). In a study of 87 women recruited via media advertisements, Katz (1991) reported that women raped by non-strangers (acquaintances, friends, and intimate others) compared to women raped by total strangers, attributed more blame to themselves. Almost all of the victimized women in Roth and Lebowitz (1988) study reported experiencing self-blame. Similarly, in a recent survey of university students, Shimp (2000) reported that self-blame was significantly predictive of posttraumatic symptoms.

Katz and Burt (1988) note that, although acquaintance rape and stranger rape victims share similar long-term sequelae, a significant difference between these two

groups exist in that victims of acquaintance rape experience greater self-blame. In a study of 80 women who had experienced sexual assault, Katz and Burt (1988) found survivors with greater self-blame reported higher levels of psychological distress, longer recovery time, and lower levels of self-esteem compared to survivors with low self-blame. The authors indicated that acquaintance rape victims blame themselves more and had lower self-ratings of recovery than stranger-rape victims for up to 3 years post-rape. The more intimate the relationship with the assailant, the more self-blame the victim reported, whereas stranger-rape victims reported the least amount of self-blame (Katz, 1991).

Katz (1991) also explored the role of time elapsed in the relationship of self-blame and acquaintance rape, categorizing women into three groups; 6-18 months, 1½ - 3 years, and over 3 years post-rape. Of interest, women in the intermediate group experienced less self-blame than other groups suggesting a curvilinear relationship between time elapsed and self-blame. When the function of time elapsed since the rape was held constant, women assaulted in the non-strangers group reported the most post-rape self-blame compared to those assaulted by strangers.

Perpetrator Blame. The empirical literature indicates that acquaintance rape victims ascribe considerable blame to their assailants (Katz & Burt, 1988; Koss, 1985; Koss et al., 1988; Layman et al., 1996). The amount of perpetrator blame, however, is influenced by certain characteristics within the rape event (e.g., victim-offender relationship, the amount of violence and injury sustained during the incident). Koss et al. (1988) reported that although stranger rape and acquaintance rape groups did not differ in the extent to which they felt personally responsible for their victimization, stranger rape

victims perceived their assailant as more responsible for the rape compared to acquaintance rape victims. Similarly, Katz and Burt (1988) reported victims assaulted by strangers ascribed more blame to the offender. A related finding described by Layman et al. (1996) indicated that the majority of acknowledged victims placed the blame for the assault on the offender compared to unacknowledged victims. None of these studies, however, directly explored the relationship between other blame and psychological adjustment. However, in a recent survey of university students Shimp (2000) found perpetrator blame was unrelated to posttraumatic symptoms.

Characteristics of the Event

Specific characteristics within the assault have been found to be related to the psychological consequences of rape and acquaintance rape. Furthermore, circumstances of the assault have also been linked to levels of self-blame and perpetrator blame. However, these links have been inconsistent. Characteristics of the acquaintance rape assault include: the relationship between the victim and the offender, level of aggression by the perpetrator used during the assault, resistance by the victim, and involvement of alcohol/drugs. Research related to these variables will be reviewed and is summarized in Table 2.

Victim-Offender Relationship

Categories of Acquaintance. Recent empirical findings suggest that the woman's relationship with her offender can result in more persistent psychological consequences stemming from the assault. According to Koss et al. (1988), women raped by husbands or family members, compared with women raped by non-romantic acquaintances or casual dates, give more severe ratings of their anger, depression, and offender's

aggression. In addition, women raped by husbands or family members viewed themselves as less responsible for what had happened than the other groups of acquaintance rape victims (Koss et al., 1988). Not surprising, women who were raped by their spouses or family members had lower ratings of relationship quality than the other groups of acquaintance rape victims.

In a cross-sectional study of 1,213 victims of sexual assault, Gidycz and Koss (1991b) found that the victim/offender relationship was not a significant predictor of

Table 2

Circumstances of Assault, Symptomatology and Blame

Characteristics	Symptomatology	Blame
Victim – Offender Relationship	Significant difference	Significant difference
	Women raped by husbands or boyfriends reported more symptoms compared to nonromantic acquaintances (Koss et al., 1988)	Women raped by husbands or family members reported less self-blame (Koss et al., 1988).
	SR victims reported more fear during assault compared to AR victims (Koss et al., 1988)	Women reported more self blame if knew perpetrator well; reported more perpetrator blame if not known well (Murnen et al., 1989)
	SR victims significantly more depressed compared to AR victims (Ellis et al., 1981)	AR victims significantly reported more self-blame compared to SR victims (Katz, 1991)
	No difference	No difference
	Victim-offender relationship unrelated to post-assault trauma (Gidycz & Koss, 1991a)	ARs and SRs not different in reported self-blame (Koss et al., 1988)

Characteristics	Symptomatology	Blame
Victim – Offender Relationship (continued)	AR & SR comparable with regard to psychological symptoms (Koss et al., 1988)	
Resistance by Victim	Significant difference	Significant difference
	Increased symptoms to passive resistance (Herman, 1992)	SRV's blamed themselves less than ARV's (Katz, 1991)
	Victims who used active resistance were less symptomatic (Ullman & Siegel, 1993)	More self-blame evident if victim did not resist (Murnen et al., 1989)
Force	Significant difference	Significant difference
	Force related to increased symptoms (Gidycz & Koss, 1991a)	SRV's rated offender as more aggressive (Koss et al., 1988)
	Force related to assault severity and psychological symptoms (Ullman & Siegel, 1993)	Higher perpetrator blame if any form of physical coercion used compared to coercion involving persuasion (Murnen et al., 1989)
	Force unrelated to symptoms (Koss et al., 1988)	
Acknowledgment of Rape	Significant difference	Significant difference
	ARVs reported more PTSD symptoms compared to URV (Layman et al., 1996)	ARVs reported significantly more perpetrator blame (Layman et al., 1996)
	No difference	No difference
	ARVs and URVs; both groups reported greater emotional response (Koss et al., 1988)	ARVs and URVs not significantly different in self-blame (Layman et al., 1996)

sexual assault trauma. Given the inconsistencies within the literature, the authors suggested that other factors such as pre-assault trauma may better account for existing symptomatology.

Stranger Versus Acquaintance. Although the empirical research investigating the psychological sequelae of acquaintance rape is meagre, studies suggest that acquaintance rape victims manifest similar physical and emotional reactions compared to those women who were raped by strangers (Mills & Granoff, 1992). In a college student population, Koss et al. (1988) found stranger and acquaintance groups to be similar with respect to feelings of anger and depression during the assault and in the extent to which they felt responsible for what happened. However, stranger rape victims reported more fear during the episode compared to acquaintance rape victims (Koss et al., 1988). When acquaintance rape was further divided into sub-categories including non-romantic acquaintance, casual date, steady date, and spouse or family, Koss et al. (1988) reported women raped by husbands gave more severe ratings compared to women raped by non-romantic acquaintances or casual dates. Furthermore, women assaulted by husbands or family viewed themselves as less responsible compared to the other acquaintance categories. Women assaulted by strangers rated their assailant as more aggressive and more responsible for what happened compared to acquaintance rape victims.

In an investigation of the long-term reactions to rape, Ellis et al. (1981) found that women who had been victims of sudden violent attacks by complete strangers were significantly more depressed and reported less pleasure in daily activities compared to non-victimized comparison participants (Ellis et al., 1981). Furthermore, victims of

stranger rape were significantly more depressed compared to acquaintance rape victims Ellis et al. (1981).

These findings are opposite of those reported by Murnen et al. (1989) and Katz and Burt (1988). Murnen et al. (1989 found that victims who did not know her offender reported high perpetrator blame, while high self-blame was evident when the victim and offender knew each other well. Similarly, Katz (1991) found that victims of stranger rape blamed themselves less, perceived themselves in a more positive light, and felt more completely recovered after the assault. However, acquaintance rape and stranger rape groups were not differentiated by levels of psychological distress (e.g., fear, anxiety, depression) (Katz, 1991).

A possible explanation for these contradictory results may be due to how the term acquaintance is defined in the various studies. Because there is no uniform definition of an acquaintance in the literature, comparison of results is difficult. Another reason for the discrepant findings may be due to the unequal sample sizes of stranger rape and acquaintance rape groups. There was a substantially larger proportion of stranger rape victims (62%) included in Katz and Burt's (1988) sample compared to the 11 percent found in Koss et al.'s (1988) study, thus results of the studies are not easily compared.

Level of Aggression

The interaction between relationship of offender and degree of force used has also yielded inconsistent findings. Compared to acquaintance rape victims, stranger rape victims viewed perpetrators as more aggressive, themselves as more fearful, and the perpetrator as more responsible for what happened (Koss et al., 1988). Stranger rapes were more likely to involve threats of bodily harm, hitting and slapping, and use of a

weapon. However, when compared with any other form of acquaintance rape, assaults involving husbands or close family member were significantly more violent (Koss et al., 1988). Thus, a non-linear relationship between intimacy and assault violence was evident with both stranger and marital/familial rapes rated more violent than other forms of rape (Koss et al., 1988).

This result is consistent with a Canadian study of women presenting to a clinic for sexual assault assessment and/or treatment (Stermac, Du Mont, & Dunn, 1998). The authors of this study noted that sexual assaults committed by current or previous husbands/boyfriends were most similar to those committed by strangers, compared to other forms of acquaintance rape, and were characterized by significant violence and physical trauma to the victim (Stermac et al., 1998).

Findings regarding the psychological effects of aggression among acquaintance rape victims are contradictory. Gidycz and Koss (1991a) observed that assaults involving a greater level of force were associated with increased symptomatology. Similarly, Ullman and Siegel (1993) found that the use of force was related to severe assault and to more psychological symptoms. In contrast, Koss et al. (1988) found the degree of violence was unrelated to overall psychological symptoms. Psychological effects were not assessed in the Stermac et al. (1998) investigation.

Resistance by Victim

Although there is empirical support suggesting that the level of resistance by the victim during an assault is associated with both the final outcome and to subsequent adjustment, findings are inconsistent. Resistance can refer to active behaviours, such as

crying out, pushing the offender, running away, or fighting. Non-resistance refers to passive responses, such as becoming immobilized, turning cold, freezing, or dissociating.

Research examining the level of resistance and the degree of acquaintance to the assailant has not found consistent relationships. Koss et al. (1988) found that victims of stranger rape compared to victims of acquaintance rape were more likely to run away or to report screaming for help. In addition, Ullman and Siegel's (1993) community sample reported more physical resistance when attacks were by non-romantic acquaintances compared to women attacked by intimate acquaintances (spouses or boyfriends). When the level of resistance was controlled, individuals assaulted by intimate acquaintances were more likely to endure completed intercourse compared to assaults by non-intimate acquaintances.

Levine-MacCombie and Koss (1986) found that active resistance was related to uncompleted assault whereas passive reactions were linked to completed rape. Since the degree of resistance was not related to offender aggression but was related to sexual assault completion, the authors encouraged active resistance during an assault. Similarly, Ullman and Siegel (1993) found that the level of resistance was linked to the outcome of the assault. Women using active resistance experienced less severe sexual abuse as opposed to those who did not actively resist.

The literature on the relationship between level of resistance and psychological adjustment is sparse. Herman (1992) suggests that increased symptomatology is associated with a passive response during victimization. Victims who tended to react in a passive manner, dissociate, or become immobilized experienced more serious psychological outcomes (Herman, 1992). In a sample of 35 rape survivors, Galliano,

Noble, Travis and Puechl (1993) reported that women who used immobilization as a reaction during the rape maintained a belief that greater resistance would have stopped the assault and would have led more people to believe that the rape had occurred. Consistent with this finding, Ullman and Siegel (1993) report those rape victims who utilized active resistance strategies were less symptomatic than those victims who did not resist.

Acknowledgement of the Event

As stated previously, substantial numbers of women experience sexual victimization that meet the criteria for rape, however, they do not label the incident as such. The number of unacknowledged victims in studies of rape victims has ranged from 42 percent to 73 percent (Koss, 1985; Layman et al., 1996; Pitts & Schwartz, 1993; Shimp, 2000). Several of these investigators have examined if differences exist between acknowledged rape victims and unacknowledged rape victims with respect to situational factors (i.e. circumstances of the assault) and post-assault symptomatology (e.g., global symptoms, PTSD (Koss, 1985; Layman et al., 1996; Shimp, 2000).

Both Layman et al. (1996) and Shimp (2000) reported that acknowledged rape victims did not differ from unacknowledged rape victims with respect to the relationship between the victim and her offender. Layman et al. (1996) noted that unacknowledged rape victims were more likely to have had previous sexual intercourse with the perpetrator compared to acknowledged rape victims. Consistent with these results, Koss (1985) observed that unacknowledged rape victims reported a closer relationship with the offender and had greater prior intimacy compared to acknowledged rape victims. This was not the case in Shimp's (2000) investigation.

Aggression by the offender and resistance by the victim have been inconsistently found to be related to victim acknowledgement of the event as rape (Layman et al., 1996; Koss, 1985). All acknowledged rape victims in the Layman et al. (1996) study reported significant aggression by the assailant compared to 65 percent of the unacknowledged rape victims. Furthermore, acknowledged rape victims experienced significantly higher incidence of aggressive strategies such as threats, twisting arm/holding down, or hitting /slapping. Similar findings were reported by Shimp (2000) in whose study acknowledged rape victims experienced significantly more aggression, namely threats of force and twisting arm/holding her down, compared to unacknowledged rape victims or victims who were uncertain/undecided regarding their perception of the sexual assault incident. Layman et al. (1996) found that acknowledged rape victims compared to unacknowledged rape victims were significantly more likely to have resisted during the attack. In contrast, severity of offender aggression and strength of resistance by the victim did not discriminate acknowledged rape victims from unacknowledged rape victims in Koss's (1985) study.

With respect to symptomatology, Layman et al. (1996) found acknowledged rape victims reported higher PTSD levels and rape-related stress than unacknowledged rape victims. Koss (1985) found no differences among groups with respect to the after-effects of the assault. However, significantly more acknowledged rape victims believed they should receive therapy compared to unacknowledged rape victims (Koss, 1985).

Acknowledged rape victims did not differ from unacknowledged rape victims in the amount of responsibility that they attributed to themselves, although they reported significantly more perpetrator responsibility in comparison to unacknowledged rape

victims (Layman et al., 1996). Although Shimp (2000) did not find a direct relationship between self-blame and sexual assault acknowledgement, greater self-blame was associated with more posttraumatic symptoms which, in turn, was associated with greater sexual assault acknowledgement. Consistent with Layman et al. (1996), greater perpetrator blame was related to greater sexual assault acknowledgement (Shimp, 2000).

Use of Alcohol/Drugs

Few studies investigating alcohol and drug use by the victim or the perpetrator have explored the effects of these behaviours on subsequent psychological functioning and attributions of blame. Nonetheless, alcohol consumption is frequently implicated in acquaintance rape occurrence. In fact, Koss and O'Neil (1989) found that alcohol consumption was one of the strongest predictors of acquaintance rape. Over half of the victims in Layman et al. (1996) study were classified as rape victims according to the alcohol question on the SES. That is, victims responded affirmatively to the question "Has anyone ever given you intoxicants to lower your resistance?"

Researchers have theorized that alcohol can impair a victim's ability not only to decode cues of an impending sexual assault, but can also impair her cognitive and motor response to resist an attempted assault (Abbey, 1991; Russell, 1984; Ullman, Karabatsos, & Koss, 1992). Koss and Dinero (1989) noted that sexually aggressive men could interpret alcohol consumption as a willingness to have sex. Kanin (cited in Abbey, 1991) suggested that women might report more responsibility because they feel their drunkenness caused the attack. This suggestion is consistent with Layman et al.'s (1996) proposition that victims who consume alcohol may blame themselves for the assault more readily than those who do not consume alcohol.

Ullman et al. (1999) utilized path analysis to examine the role of sexual assault characteristics (e.g., victim propensity to abuse alcohol, pre-assault victim and offender drinking, aggression, resistance, and victim-offender relationship) to predict the severity of sexual victimization. Victim propensity to abuse alcohol and pre-assault alcohol use by the victim and the perpetrator were found to be directly associated with assault severity. Although perpetrator pre-assault drinking was strongly positively associated with offender aggression, there was no evidence that alcohol use interacted with offender aggression to increase sexual assault severity. The authors surmise that a drunk or drinking victim may be a target for sexual assault without the offender engaging in coercive behaviours or aggressive behaviours (Ullman et al., 1999).

Brecklin and Ullman's (2001) findings did not support previous research that pre-assault alcohol use was associated with more serious assault outcomes. In fact, offender alcohol use predicted less completed rapes and was unrelated to victim physical injury and medical attention. Results also revealed that offender pre-assault alcohol use was associated with stranger assaults, assaults that occurred at night and/or outdoors. Offender alcohol use was associated with increased victim resistance and, as previously found, was unrelated to offender aggression (Brecklin & Ullman, 2001). That offender alcohol use and aggression were unrelated, this result counters the excuse often given that sexual aggression is the result of disinhibiting effects of alcohol on the offender (Ullman et al., 1999).

Stermac et al. (1998) looked at the relationship between the victim and offender and alcohol or drug use at the time of assault. They found that alcohol use was found least often during assaults by husbands/boyfriends (19%) and most frequently (65%) in

assaults by acquaintances known for less than 24 hours. A similar pattern was found for drug use (Stermac et al., 1998). This result is consistent with Ullman et al.'s (1999) finding that victims and offenders were more often in spontaneous social situations in which they did not know each other well.

Characteristics of the Assault and the Current Study

As the current literature review demonstrates, findings regarding the associations between the characteristics of the event, blame, and symptomatology are inconsistent. Despite the inconsistencies, a picture is beginning to emerge that suggests increased self-blame is evident when victims do not actively resist or were using alcohol or drugs at the time of the assault. Furthermore, increased perpetrator blame is linked to incidents that involve more force and injury where the victim perceived herself as clear in her resistance to the assault. The associations between the victim and offender relationship, blame and symptomatology remains equivocal.

Mediating Variables

Empirical findings suggest that previous history of childhood sexual victimization (e.g., Gold, Milan, Mayall, & Johnson. 1994; Proulx, Koverola, Fedorowicz, & Kral, 1992), level of victim resiliency (e.g., Herman, 1992; Werner, 1989), and individual's attitudes towards rape (e.g., Mazelton, 1988; Roth & Lebowitz, 1988) differentially influence, either by mediating or exacerbating, the effects of trauma. The literature is reviewed with respect to these experiences, beliefs, and characteristics as relevant to self-blame, perpetrator blame, and symptomatology.

Re-victimization

The empirical literature suggests that childhood victimization may predispose victims to subsequent abuses (Briere & Runtz, 1987; Mayall & Gold, 1995). Wyatt, Guthrie, and Notgrass (1992) reported that women sexually abused during childhood were 2.4 times more likely to be re-victimized as adults. In a university student sample, 44 percent of women with a history of CSA were also victims of sexual assault as teenagers or young adults (Runtz, 1987). The experience of re-victimization was associated with physical force, intercourse, incest, later age of onset and non-disclosure (Runtz, 1987). Similarly, two-thirds of the women who had been incestuously abused in childhood in Russell's (1984) survey were subsequently raped as adults.

In a study assessing the relationship between childhood sexual abuse and unwanted sexual contact in adulthood, Messman-Moore and Long (2000) found women who had experienced early victimization were more likely to experience unwanted intercourse by acquaintances due to the use of force compared to non-victims. In addition, these women were also more likely to experience unwanted sexual intercourse with both acquaintances and strangers due to the assailant's misuse of his authority. These results support other findings (e.g., Koss & Gidycz, 1985; Wyatt et al., 1992) suggesting that the experience of child sexual abuse place a woman at greater risk for further abuse in adulthood (Messman-Moore & Long, 2000)

In studies investigating acquaintance rape, significant proportions of individuals report previous victimization (Gidycz, Coble, Latham, & Layman, 1993; Gidycz, Hanson, & Layman, 1995; Koss & Dinero, 1989; Layman et al., 1996; Sanders & Moore, 1999). Two-thirds of the acquaintance rape victims in the Layman et al. (1996)

investigation experienced some form of childhood victimization, ranging from exhibitionism (63%) and fondling (7%) to rape (6%) and attempted rape (13%). In another study of sexual assault victims, over half of the respondents (56%) also reported being victims of childhood sexual abuse (Mackey et al., 1992). These results are consistent with other investigations (e.g., Ellis et al, 1982; Koss & Dinero, 1989; Sanders & Moore, 1999; Ullman & Siegel, 1993) that document high rates of re-victimization among sexual assault victims.

Childhood Sexual Victimization

Over the past 20 years, there have been numerous investigations into the causes, effects, and prevalence of childhood-sexual abuse. Although no one sexual abuse syndrome has been identified, a large body of research has accumulated documenting the various problems reported by adults sexually victimized as children. Briere (1992) suggests that this initial surge of investigations may be considered the "first wave" of exploration in the area of childhood victimization. The "second wave" of research is devoted to ascertaining the relationship between aspects of the abuse and specific psychological symptomatology (Briere, 1992). A brief review of the findings on the prevalence and consequences of childhood sexual abuse follows.

Prevalence of Childhood-Sexual Abuse

Several researchers have attempted to assess the prevalence of childhood-sexual abuse. Surveys of university students have found between 15 and 25 percent of respondents reported experiencing childhood-sexual abuse as children. In a survey of 530 university students, 19 percent of respondents reported sexual victimization (Finkelhor, 1979). Both Runtz (1987) and Proulx (1993)

found that 15 percent of their respective samples of female college students had been sexually abused as children.

Substantial proportions of victims have also been identified in community samples. Thirty-eight percent of women, from a random sample of households in the San Francisco area, were identified as abuse victims by Russell (1984). Bagley and Ramsey (1985) found 22 percent of the women in a community sample of 377 women in a Canadian city had experienced sexual abuse. Results of the Badgley Commission, a committee appointed to enquire into the incidence and prevalence of sexual offenses against children and youth, indicated that one in two females have been a victim of a sexual offense with 80 percent of those incidents occurring before the individual was an adult (Minister of Justice, 1984). In summary, the research literature suggests that the prevalence of childhood-sexual victimization ranges from 19 to 50 percent.

Outcomes of Childhood-Sexual Abuse. The outcome of early sexual experiences on victims has been the focus of numerous studies. Some of the problems and symptoms reported to be manifested by victims include: significant depression and suicidal ideation (Bagley & Ramsey, 1985; Briere & Runtz, 1986; Gold, 1986); lack of trust in men, sexual dysfunction, and promiscuity, (Bagley & McDonald, 1984; Herman, 1981); drug and alcohol abuse and runaway behaviour (Briere & Runtz, 1987); re-victimization, dissociation, anxiety, and somatization (Briere & Runtz, 1988); low self-esteem (Bagley & McDonald, 1984; Curtois, 1979; Finkelhor, 1979), and posttraumatic stress (Kiser, Heston, Millsap, & Pruitt, 1991; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988).

Researchers have also assessed the specific characteristics of the abuse episode(s) to evaluate if the nature of victimization is associated with the degree of trauma.

Evidence suggests that negative effects are more pronounced if the abuse occurs at a young age (Bagley & McDonald, 1984; Russell, 1984), the perpetrator is the father or stepfather of the victim (Adams-Tucker, 1982; Herman, Russell, & Trocki, 1986), the sexual abuse occurs frequently (Tsai, Feldman-Summers, & Edgar, 1979), or occurs over a long period of time (Herman, 1981; Tsai et al., 1979). Additionally, a high degree of physical violation within the assault (vaginal, oral, or anal penetration) is thought to be associated with greater negative effects (Herman et al., 1986; Elwell & Ephross, 1987). Finally, the degree of force used during the perpetration of the abuse has been hypothesized to be predictive of serious negative after-effects (Brunngraber, 1986; Elwell & Ephross, 1987; Herman et al., 1986).

In a comparison of patient victims and a community sample of survivors, Herman et al. (1986) found that the patient sample reported a significantly greater proportion of incestuous involvement with the father or stepfather. Herman et al. (1986) concluded abuse that is prolonged, violent, or intrusive, or that is perpetrated by a primary caregiver almost always produces long-lasting traumatic sequelae. Their conclusion was supported by Adams-Tucker (1982) who reports that emotional disturbances were more severe when abuse involved genital molestation by a father or by more than one relative, began at an early age, and continued for a long period of time. Similarly, Arata (1999b) noted that victims with PTSD in her study reported sexual abuse experiences that involved more physical contact and victimization that occurred at younger ages compared to victims without PTSD symptomatology.

Clinical observations revealed that significant differences between victims in treatment and non-clinical victims were evident for age of last victimization, duration of

abuse, and frequency of molestation (Tsai et al., 1979). Specifically, women in the clinical group reported a later age of molestation, a higher frequency and longer duration compared to the nonclinical group. Briere and Runtz (1988) found that greater anxiety, dissociation, and somatization are characteristic of women when the sexual abuse is of long duration and involves paternal incest or older abusers.

Blame and Childhood Sexual Abuse

Research focusing on victims of child sexual abuse has yielded divergent results among child victims and adults victimized as children with respect to their attributions of blame. In a clinical sample of 31 women who were sexually abused as children, Hoagwood (1990) found that women who blamed themselves as children for having been sexually abused had poor adjustment as adults. They were more depressed and had lower self-esteem. In contrast, women who were able to externalize the blame appeared better adjusted with higher self-concept and less depression (Hoagwood, 1990). Feinauer and Stuart (1996) examined the influence on recovery from sexual abuse of four ways of attributing blame; blame self, blame fate, blame both self and fate, and blame other. When survivors blamed themselves, fate, or both self and fate, they experienced greater symptomatology. Survivors who blamed the offender experienced much less distress.

McMillen and Zuravin (1997) examined the relationships between attributions and adjustment in a sample of 154 women sexually abused as children. Self-blame was negatively associated with self-esteem and positively associated with relationship anxiety. Perpetrator blame, on the other hand, was found to be unrelated to adjustment variables in adulthood.

Dutton (1992) described the attribution dilemma facing children who learn to tolerate inconsistency when faced with parents who are needed to provide basic nurturance, including emotional nurturance, but who are also abusive. One could speculate that this tolerance for inconsistency may interfere with a child's ability to place blame on the offender for the abuse. However, this theory is not congruent with the findings of Hunter, Goodwin, and Wilson (1992) research. In Hunter et al.'s (1992) study, self-blame was assessed in a cross-section of child, adolescent, and adult sexual abuse victims. Few children acknowledged any degree of self-blame with the majority of blame placed on the perpetrator. In contrast, approximately one-half of the adult victims blamed themselves to some extent.

Hunter et al. (1992) speculated that maturation might affect the attributional process. As children develop they accumulate knowledge, understanding, and the ability to reason abstractly. They also, especially if the issues related to victimization have not been worked through, may re-interpret their experiences. Self-blame, can result from attributing a cause to an event which has, until ascribing the blame to oneself as an adult, been incomprehensible (Hunter et al., 1992).

Re-victimization and Psychological Outcomes

Although there is some indication that women who have been re-victimized demonstrate greater symptomatology not only in comparison to non-victims, but also compared to victims of child sexual abuse or sexual assault alone (Gold et al., 1994; Proulx et al., 1992), findings remain equivocal. Wyatt et al. (1992) examined sexual re-victimization in a community sample of women and found childhood sexual experiences

to be unrelated to psychological outcomes. The authors suggested that results should be interpreted with caution due to methodological difficulties within the study.

In their representative sample of 3,187 college students, Gidycz and Koss (1991a) did not find prior childhood sexual victimization to be associated with current sexual assault trauma. Given that this study had substantial statistical power, these findings should provide a convincing argument against the association between childhood victimization and subsequent effects, including re-victimization. However, the definition of sexual assault included the mildest forms of sexual victimization, for example, fondling and exhibitionism. Perhaps only serious childhood sexual abuse is related to adult victimization and subsequent psychological symptomatology.

Gidycz et al. (1993) surveyed college students in a prospective study assessing the linkages between early victimization, re-victimization, and psychological functioning. Participants were assessed at the start of the academic year for victimization in childhood (abuse that occurred prior to the age of 14) or adolescence (from 14 years to current age). Psychological functioning was also assessed. Participants were resurveyed approximately 9 weeks later for victimization within that time period (labelled adult victimization) and current psychological functioning. Results indicated that 18 percent of women had experienced some form of sexual victimization in that time period (ranging from sexual coercion and sexual contact to rape and attempted rape). Ninety-two percent of these incidents were perpetrated by acquaintances. Results also indicated victims with abuse histories had poorer adjustment than women without a history of victimization at both assessments. Although childhood and adolescent victimization were not directly related to current adjustment, they appeared to indirectly influence

psychological functioning through their relationship with adult sexual victimization and adjustment at the initial assessment. These results are consistent with Arata (2000) who found that women with a re-victimization histories reported higher levels of posttraumatic symptoms compared to victims of child sexual abuse alone.

In a follow-up study, Gidycz et al. (1995) followed participants across one academic year and assessed them at 4 time periods, at the start of the year, at 3 months, at 5-6 months, and at the end of the year (approximately 9 months). The data suggested that the chance of being victimized in any time period increased with greater severity of victimization in the preceding period. In addition, the level of abuse experienced was equivalent for individuals across time periods. That is, for individuals who experienced moderate victimization at Time 1 were more likely to report a moderate sexual victimization at Time 2. Similarly, women with a history of severe sexual victimization were more likely to report severe victimization than moderate victimization in subsequent assessment periods. These findings are consistent with the premise that early victimization predicts later victimization. Furthermore, women with the poorest adjustment at the first assessment were those with a history of child and adolescent sexual victimization.

Re-victimization and Attributions of Blame

Studies regarding attributions of blame and re-victimization are few. Arata (1999a) reported that rape victims with a history of childhood sexual abuse tended to make global, stable, and internal attributions regarding the rape. Specifically, women who experienced victimization as children blamed themselves more than women without such history. They also reported more societal blame. Similarly, Arata (2000) indicated

that sexual re-victimization was associated with greater self-blame compared to childhood sexual victimization alone. Although the association between previous victimization and blame was not directly assessed, Layman et al. (1996) noted that acknowledged rape victims were comparable to unacknowledged sexual assault victims with respect to the experience of previous childhood victimization. Acknowledged rape victims reported more perpetrator blame and less self-blame compared to unacknowledged victims.

Re-victimization and the Current Study

One of the objectives of the current study was to predict psychological distress that stemmed from acquaintance rape experiences. As the literature review indicates childhood sexual abuse is often associated with later victimization including acquaintance rape. Furthermore, childhood victimization and acquaintance rape share psychological consequences, including self-blame. In order to identify significant predictors of psychological functioning among acquaintance rape victims, one must consider the influence of previous victimization on victim's psychological functioning.

Vulnerability and Resiliency

A body of research has developed that focuses on the study of resilient victims (Browne & Finkelhor, 1986; Mrazek & Mrazek, 1987; Valentine & Feinauer, 1993; Werner, 1989;). Within the area of trauma, resiliency in children is considered on a continuum, ranging from vulnerable to resilient, according to how they respond to stressful situations (Anthony, 1987). A vulnerable child is one who is susceptible to negative developmental outcomes such as learning difficulties, behaviour problems, or

psychopathology under high risk conditions, whereas a resilient child is one who successfully adapts following exposure to stressful life events (Werner, 1989).

In almost all studies of the effects of childhood and adult victimization, a sizeable proportion of victims manifest less psychological disturbance than would normally be expected (Finkelhor, 1990). Finkelhor (1990) proposed that there are two possible hypotheses that exist to explain this observation. One hypothesis suggests that asymptomatic victims are in denial and difficulties will emerge at some later time after an internal or external cue triggers latent memories and affect. An alternative hypothesis highlights the possibility that these individuals are resilient, having been able to transcend their childhood experience and become successfully recovered, functioning adults (Finkelhor, 1990). A related hypothesis focuses upon characteristics, within the situation or the person, that are either protective or promote resiliency (Herman, 1992; Valentine & Feinhauer, 1993; Werner, 1989). The following literature review highlights some of the characteristics found to be associated with resiliency.

Valentine and Feinhauer (1993) interviewed 22 women classified as high-risk for psychological and interpersonal problems due to their experience of childhood sexual victimization. All of the participants were either employed or were living within the community without needing state or welfare assistance and none of them had a history of institutionalization in hospitals, prisons, or shelters for the homeless or the battered. Interviews yielded a number of resiliency themes including the ability to find emotional support outside the family; self-regard or the ability to think well of oneself; spirituality; external attribution of blame and cognitive style; and inner-directed locus of control. That is not to say that these individuals have been asymptomatic. In fact, almost all of

the interviewees acknowledged struggling with psychological symptoms (for example, depression, guilt, low self-worth, and interpersonal problems) at some point since their victimization (Valentine & Feinhauer, 1993).

A number of protective factors have been identified in the few longitudinal studies that have been conducted. In a study of a 1955 cohort in Hawaii, Werner (1989) identified protective factors that differentiated resilient from vulnerable individuals at 30-year follow-up. These factors included: (a) dispositional attributes of the individual, such as activity level, and sociability, at least average intelligence, competence in communication skills, and an internal locus of control; (b) affectional ties within the family that provide emotional support in times of stress, whether from a parent, sibling, spouse, or mate; and (3) external support systems, whether at school, at work, or from church, that rewarded the individual's competencies and determination, and provide a belief system by which to live (Werner, 1989).

Herman (1992) summarized studies of resiliency and concluded that studies of diverse populations generally come to the similar conclusions. Stress-resistant individuals appear to be those with high sociability, have a thoughtful and active coping style, and a strong perception of their ability to control their destiny. It appears that "the capacity to preserve social connection and active coping strategies, even in the face of extremity, seems to protect people to some degree against the later development of post-traumatic syndromes" (Herman, 1992, p. 58).

Resiliency and the Current Study

As stated previously, the majority of victims of sexual assault recover from their experience within a few months. Twenty-five percent of victims, however, continue to

have persistent psychological symptoms. Although investigations of resiliency in sexual assault survivors are scarce, parallels may be drawn from research on childhood victimization and battered women. Certain characteristics within the event appear to be related to resiliency. Specifically, victims who utilized active strategies of resistance (for example, scream or runaway) and fought to the best of their ability were more likely to avoid rape and less likely to be distressed if their efforts failed (Herman, 1992). Furthermore, victims who perceived themselves as being clear in their refusal of sexual intercourse blamed themselves less and experienced fewer psychological symptoms. In contrast, women who were immobilized by fear and submitted without a struggle were more likely to be self-critical and depressed afterwards (Bart, 1985, cited in Herman, 1992). This finding is consistent with reports that rape victims who resisted an assault were less symptomatic (Ullman & Siegel, 1993).

Attributions of blame may also be indicative of resiliency. Numerous studies indicate that self-blame is associated with increased psychological distress. However, victims who externalize blame and make behavioural changes to prevent future incidents (e.g., change phone number or residence) have been found to recover more quickly.

Belief in Rape Myths

Feminist writers have called attention to stereotypic beliefs, prejudicial attitudes, and myths about rape, victims of rape, and rapists that serve to justify male sexual aggression against women (Brownmiller, 1975; Burt, 1980). Examples of rape myths include when a woman says no, she really means yes; only bad or promiscuous women get raped; any healthy woman can stop a rape if she really wants to; many women have an unconscious desire to be raped; only certain women get raped; women falsely report

rape; a women's behaviour provokes rape; and rape is justifiable under certain circumstances (Burt, 1980; 1991). According to Burt (1991), cultural myths are the mechanisms that people use to justify dismissing an incident of sexual assault from the category of rape.

A substantial body of research attests to the wide acceptance of rape myths. Research investigating observers' acceptance of rape myths has consistently found that the more one believes in rape myths, the narrower one's definition of "real" rape becomes (Burt and Albin, 1981). Attitudes towards rape have been found to vary between the sexes, across ethnic and cultural groups, and by education and vocation (Bell, Kuriloff, & Lottes, 1994; Lonsway & Fitzgerald, 1994; Smith, Keating, Hester, & Mitchell, 1976). Attitudes have also been linked to personality and gender-specific attitudes, such as empathy towards victims, attitudes towards women, sex role stereotyping, and acceptance of interpersonal violence (Bell et al., 1994; Check & Malamuth, 1983; Krulewitz & Payne, 1978).

Victim characteristics have also been the focus of considerable research. Victims are blamed if they were said to have a "bad" reputation, previous sexual experience, alcohol was involved, dressed provocatively, or used poor judgement (Brownmiller, 1975; Burt & Albin, 1981; Lonsway & Fitzgerald, 1994; Smith et al., 1976). Many of the variables found to be associated with increased blame of the victim are examples of myths about rape.

Rape myths are maintained because they protect people from having their fundamental assumptions challenged--assumptions that are held about the world and the individuals within it. According to Lerner (1980), we fundamentally believe in a "just

world" where good things happen to good people, and bad people get what they deserve. People are motivated to believe in a just world in which (a) victims are compensated for their misfortune, (b) there is a belief that the victim was to blame, or (c) derogate the victim in order to believe that the misfortune was deserved (Lerner, 1980). Blaming the victim permits the individual to defend against the intolerable conclusion that the world is unpredictable and that sometimes we do not have control over what happens to us (Wortman, 1983).

Belief in Rape Myths Among Rape Victims

The role of rape myth acceptance is an important consideration in looking at acquaintance rape victims because it may explain why some victims may not label their experience as rape. Koss (1985) explored personality, attitudinal, and situational variables among groups of victimized and non-victimized women. Acknowledged and unacknowledged rape victims did not differ on personality or attitudinal variables including rape-supportive beliefs. Unacknowledged victims were reported to be more closely related the offender and shared greater prior intimacy with them, leading the author to suggest that situational factors may be more important than personality and attitudinal variables in determining whether a woman conceptualizes her experience as rape. Similarly, rape myth acceptance was not found to be significant predictor of post-rape trauma when pre-assault factors, assault factors, post-assault factors, and cognitive factors were considered concurrently (Gidycz & Koss, 1991a).

Research exploring the relationship between stereotypic beliefs and self-blame is sparse. Roth and Lebowitz (1988) suggest that victims grow up within a culture that widely endorses rape myths. Mazelton (1988) suggests that the self-image of rape

victims is shaped not only by the internalization of negative social stereotypes, but also by negative feedback by support systems. It would not be unexpected that victims would interpret their own experience consistent with cultural beliefs about rape. Thus, in attempting to identify significant predictors of self-blame, consideration of a victim's beliefs about rape is important.

Limitations of Previous Research

Measurement Issues

Measuring Self-blame. Although self-blame is a common reaction to victimization (Janoff-Bulman, 1979; Koss et al., 1987, Briere, 1989), research investigating self-blame has yielded inconsistent findings. Janoff-Bulman (1979) was the first to assess rape-related self-blame and, while she found a relationship between characterological self-blame and depressive symptomatology, subsequent investigations have inconsistently replicated her findings. This may be explained by considering the procedures utilized in her study. Hypothetical analogues of observers and not actual rape victims were utilized. It may be that actual victims would produce very different results.

In addition, much of the inconsistency in findings can be attributed to the measurement of behavioural and characterological self-blame. Janoff-Bulman (1979) used a single item to measure behavioural and characterological self-blame. Subsequent to Janoff-Bulman's study, Meyer and Taylor developed a 15-item scale (BAQ) purported to have three factors; one similar to Janoff-Bulman's notion of behavioural self-blame, one similar to characterological self-blame, and the final factor, the authors label "societal" influence. In her own factor analysis of the BAQ, Frazier (1990) also found three similar factors; however, the behavioural items also loaded on the characterological

factor. Given this overlap, it was not surprising that both behavioural and characterological self-blame was significantly associated with psychological distress.

Frazier and Schauben (1994) suggest that problems with measuring behavioural and characterological self-blame may be related to the difficulty in separating one's behaviour from one's character. We behave in a manner that is congruent with our character and our character dictates how we behave in certain situations. Janoff-Bulman (1985) acknowledges this difficulty suggesting that it is:

> easy to see one's behaviours (or behavioural omissions) as following from general shortcomings in one's character (e.g., incompetence). In such cases, the focus is no longer on one's past behaviours (behavioural self-blame), but on the kind of person one is (characterological self-blame), and psychologically the effects are damaging to the victim (Janoff-Bulman, 1985, p. 505).

Thus, separating the two types of self-blame into orthogonal factors in order to measure the unique contribution of each is difficult. Discrepant factor analyses with the Meyer and Taylor (1986) scale suggest that the extent of item overlap renders the distinction of the two factors futile.

Research Problem and Hypotheses

As the literature review indicated, self-blame is not always an adaptive strategy in recovery from rape (Briere, 1988; Katz & Burt, 1988). Whether it is characterological or behavioural blame, both forms of blame result in compromised psychological functioning. There is preliminary evidence that suggests that blaming others also results in substantial problems with adjustment because individuals abdicate control and this, in

turn, can lead to feelings of powerlessness and helplessness (Abramson et al., 1978; Browne & Finkelhor, 1985, Tennen & Afflect, 1990).

The purpose of the present investigation was to extend the acquaintance rape literature by investigating the prediction of self-blame and perpetrator blame. In order to accomplish this, it was first necessary to replicate previous findings regarding the associations between the characteristics of the event (e.g., relationship between the victim and the offender, resistance by the victim, force by the assailant, acknowledgement of the incident as rape, and alcohol/drug use by the perpetrator or the victim) and self-blame and between the characteristics of the event and perpetrator blame.

A second focus of this study involved examining the role of self-blame and perpetrator blame in the development of symptomatology in acquaintance rape victims. While the literature has linked acquaintance rape related self-blame with psychological outcomes, few investigations have examined the concomitant influence of previous history of victimization and personal resiliency. A unique feature of this investigation was the examination of the relationship between perpetrator blame and psychological distress. It was expected that assault characteristics, previous history of victimization, and personal resiliency would mediate the relationships between: (a) self-blame and symptomatology and, (b) between perpetrator blame and symptomatology.

Hypotheses

On the basis of the research literature, the following sets of hypotheses were examined:

Hypothesis 1: Acquaintance Rape and Blame

This group of hypotheses examined the relationships between the acquaintance rape event and the level of rape-related self-blame and perpetrator blame. With respect to the characteristics of the rape and blame:

(a) Significantly higher self-blame was expected when the victim-offender relationship was more intimate (e.g., steady relationship or married/common-law relationship versus someone known to the victim or casual date). Significantly higher other blame was expected when the offender was a less intimate acquaintance.

(b) Level of force was hypothesized to be negatively related to self-blame and positively related to perpetrator blame.

(c) Resistance by the victim during the acquaintance rape event was expected to be negatively related to self-blame and positively related with other blame.

(d) Consumption of alcohol/drugs by the victim was hypothesized to be positively related to self-blame and negatively related to other blame.

(e) It was expected that participants who self-identified as rape victims would manifest a significantly lower level of self-blame and higher other blame compared to unacknowledged victims. It was further hypothesized that the victim-offender relationship would be associated with acknowledgement of the event as rape. Specifically, increased intimacy with the assailant was hypothesized to be negatively related to the participants' acknowledgement of rape.

Hypothesis 2: Acquaintance Rape and Psychological Distress

These hypotheses examined the association of acquaintance rape with psychological distress. The specific hypotheses included:

(a) It was hypothesized that acquaintance rape victims would be significantly more distressed than non-victims.

(b) With respect to symptomatology, characteristics of the acquaintance rape event (e.g., closer victim-offender relationship, higher alcohol use by the victim, less resistance by the victim, more force used by the perpetrator, and higher number of acquaintance rape incidents) were expected to be positively related to psychological distress.

Hypothesis 3: Previous Victimization, Blame, and Symptomatology

This group of hypotheses examined previous victimization, blame (self and perpetrator blame), and psychological distress. The existing literature indicates that a sizable proportion of victims of acquaintance rape also have been sexually victimized as children and that this prior experience(s) is associated with reported levels of self-blame and perpetrator blame. In addition, previous victimization has also been linked to current symptomatology manifested by the women. These relationships, however, are mediated by individual resiliency.

The specific hypotheses related to previous victimization, blame, and psychological distress were as follows:

(a) Previous history of abuse (i.e., child sexual abuse and/or adolescent abuse) was hypothesized to be positively correlated with self-blame. It was anticipated that this relationship would be mediated by level of resiliency.

(b) Previous history of abuse (i.e., child sexual abuse and/or adolescent abuse) was hypothesized to be positively related to psychological distress. This relationship was expected to be mediated by level of resiliency.

Hypothesis 4: Blame and Psychological Distress

The fifth cluster of hypotheses was based on the accumulated knowledge that there are both positive and negative effects of self-blame. Examples of positive effects of self-blame include feelings of control and empowerment, whereas, negative effects of self-blame include poor self-esteem and psychological distress.

Similarly, blaming the perpetrator is both advantageous and deleterious. Blaming the assailant, places the responsibility for the rape on the offender. However, ascribing all responsibility for the acquaintance rape event to the perpetrator has been found to lead to a loss of control and feelings of helplessness, which can, in turn, lead to increased psychological distress, such as depression.

Specific hypotheses examining these relationships included:

(a) It was predicted that increased self-blame would be associated with increased symptomatology (e.g., anxiety, depression, phobic anxiety).

(b) It was predicted that increased perpetrator blame would also be associated with increased symptomatology (e.g., interpersonal difficulties, paranoid symptoms, hostility).

(c) An exploratory analysis examined whether distinct symptom profiles were associated with self-blame and other blame.

Hypothesis 5: Belief in Rape Myths

This hypothesis examined the relationships between acquaintance rape women's stereotypic beliefs about rape and blame (self-blame and perpetrator blame). Beliefs in rape myths were also examined in the Acquaintance Rape Group and the comparison groups. One comparison group of victims but not acquaintance rape victims (NAR group) was comprised of participants matched with acquaintance rape individuals on age, ethnicity, and family socio-economic status. A second comparison group, Non-Victimized group (NVIC group), consisted of a random sample of 70 non-victimized individuals. The specific hypotheses included:

(a) It was expected that the more the acquaintance rape women endorsed myths about rape, the higher self-blame they would report. Furthermore, stereotypic beliefs about rape were hypothesized to be negatively associated with perpetrator blame.

(b) It was anticipated that the women in the acquaintance rape group would be less supportive of stereotypic attitudes towards rape compared to women in the comparison groups.

Exploratory Hypotheses:

The following exploratory hypotheses were also examined:

Exploratory Hypothesis 1: Prediction of Self-Blame and Perpetrator Blame. In order to ensure a sufficient independent variable to sample size ratio, it was important to carefully select the predictor variables for the regression analyses in the prediction of self-blame and perpetrator blame. Therefore, predictor variables were selected on the basis of their significance with self-blame and perpetrator blame discovered in earlier

analyses. The potential predictor variables included: previous victimization, victim-offender relationship, level of resistance, force, rape acknowledgement, attitudes towards rape, and alcohol/drug use by the victim and perpetrator.

Exploratory Hypothesis 2: Prediction of Psychological Distress. A second exploratory analysis was conducted to assess the best predictors of symptomatology. On the basis of results of previous hypotheses and the empirical literature, the potential predictor variables included: previous victimization; relationship to perpetrator; resiliency; acknowledgement of rape; level of self-blame, and amount of perpetrator blame.

METHOD

Participants

804 participants were recruited from the Introductory Psychology subject pool at the University of Manitoba. Their average age was 20 years, ranging from 17 to 57 years. As the incidence of acquaintance rape is low for men relative to females in undergraduate student populations (approximately 0.6% to 8% versus 15%), only female students were asked to participate (Koss, 1993). For the purposes of the current study, the term "acquaintance" is broadly defined, ranging from non-romantic acquaintances to intimate relationships such as boyfriend, common-law spouse, or husband (Koss et al., 1988; Ullman & Siegel, 1993).

Procedure

In accordance with departmental regulations, participants were recruited through the distribution of sign-up booklets in various Introductory Psychology classes. Prior to the distribution of the sign-up booklets, the researcher briefly described the research project and invited all female students to participate. Before subjects signed up for participation, they were informed that the study dealt with feelings, beliefs, and experiences about their life, including the experience of sexual abuse and sexual assault. This information was repeated in the sign-up booklet circulated during class time (Appendix A). Four to six sign-up booklets were circulated and each participant signed up, if interested, for a convenient block of time.

Prior to completing the questionnaires, each participant was given a consent form (Appendix B) to read and sign. She was informed that participation involved the

completion of questionnaires (approximately 1½ hours) for which she received 3 experimental credits. Each participant was informed that she could discontinue participation at any time during the data collection without risk of losing the experimental credit. Participants were assured of the anonymity of their responses. An instruction sheet stressing these points was included in the questionnaire's face sheet (Appendix C)

Due to the sensitive nature of some of the questionnaires, a protocol was designed to minimize any distress that an individual might feel after her participation (Appendix D). A debriefing sheet outlining the purpose of the study was given to the women at the end of their participation. A list of agencies and numbers to contact was included in the information in the event that the women experienced any adverse effects following participation. The researcher, who has experience in dealing with crisis intervention and post-traumatic symptomatology, was present during data collection and was alert to any signs of distress or discomfort that may have arisen from participation. The researcher was available to talk to any participant at any point during or immediately after the study. Participants were also informed that they could have contacted the researcher or her faculty advisor if participation resulted in any distress.

Measures

Questionnaire Package. In its final form, the questionnaire package used in the current study was a 25-page instrument that contained measures of the characteristics of AR victimization, items that assessed demographic and background information, psychological distress, resiliency, attitudes towards rape, and social desirability

(Appendix E). The questionnaire package was constructed with the more sensitive measures dealing with sexual victimization appearing at the end and more innocuous measures appearing towards the start of the package. The following are brief descriptions of each of the measures.

Background. Demographic information was collected on age, ethnicity, marital status, family income, supports accessed, and medication (Appendix E, Part 1).

Acquaintance Rape. Two measures were utilized to assess acquaintance rape. The Sexual Experience Survey (SES) (Koss et al., 1987) is a 10-item self-report measure used to assess the prevalence of rape (Appendix E, Part 6). The SES does not include the word "rape" in order to include those women who do not perceive themselves as having been raped. The questionnaire included items that described, "sexual acts and sexual intercourse obtained against the woman's consent under increasing degrees of coercion, threat, and actual physical force" (Koss, 1985). The SES identifies five levels of sexual victimization, including: no sexual aggression or victimization, sexual contact, sexual coercion, attempted rape, and rape. Respondents were classified according to the most severe sexual aggression or victimization as adults that they reported. Women who responded "no" to all items on the SES, thereby indicating that they had not experienced any sexual victimization, were classified as non-victims. An affirmative response to items 1, 2, or 3 classified women as having experienced sexual contact; an affirmative response to items 6 or 7 categorized respondents as having experienced sexual coercion; and women who responded "yes" to items 4 or 5 were categorized as attempted rape victims. An affirmative response to items 8, 9, or 10 classified an individual as an

acquaintance rape victim. See Table 3 for categorization procedure for the SES. A minimum of 6 months interval between an AR event and completing the questionnaires was necessary to avoid measuring the acute effects of trauma.

Koss and Gidycz (1985) report an alpha coefficient for the SES of .74 and a 1-week test-retest agreement of 93 percent. A Pearson correlation of .73 was reported between a woman's self-reported level of victimization and her level of victimization related to an interviewer several months later (Koss & Gidycz, 1985). Internal consistency reliability for the current sample yielded a Cronbach's alpha of .73.

The Sexual Experiences Inventory (SEI) (Koss, 1985) asks participants to respond to 33 items regarding their most severe victimization experience as measured by the SES (Appendix E, Part 7). Assault characteristics such as the nature of the relationship between the victim and the offender, degree of force used in the assault, the nature of the victims' resistance, the number of times that the assault occurred, involvement of alcohol or drugs were assessed. Disclosure of the incident, other's response to the disclosure and the victim's perception of the incident as a crime were also considered.

The victim-offender relationship variable was a categorical variable including strangers, non-romantic acquaintances (friend, neighbour, co-worker), romantic acquaintances (casual/first date or intimate acquaintances), or relatives (father, stepfather, uncle, brother). In the present study, the last category (relative) was rare, occurring only once, therefore resulting in cells with very low observed frequencies. For these reasons

Table 3

SES Categorization Procedure

Category	Categorization Procedure	Description
Non-victimized	Answered "no" to all questions	No experience of sexual aggression, but are sexually active
Sexual Contact (inappropriate)	Answered "yes" to question 1, 2, or 3, but not to any higher numbered questions	"Sexual behaviour such as fondling or kissing that did not involve attempted penetration, subsequent to the use of menacing verbal pressure, misuse of authority, threats of harm, or actual physical force" (Koss et al., 1987, p. 166)
Sexual coercion	Answered "yes" to question 6 or 7, but not to any higher numbered questions	"Sexual intercourse subsequent to the use of menacing verbal pressure or the misuse of authority" (Koss et al., 1987, p. 166)
Attempted Rape	Answered "yes" to question 4 or 5, but not to any higher numbered questions	The use of force or threats of force, or the use of drugs and/or alcohol to obtain sexual intercourse by impairing the victim's judgment or control, but sexual intercourse did not occur (Koss et al., 1987, p. 166)
Rape	Answered "yes" to question 8, 9, or 10	The use of force or threats of force to obtain sexual acts or the use of drugs and/or alcohol to obtain sexual intercourse by impairing the victim's judgment (Koss et al., 1987, p. 166)

the victim-offender relationship variable was recoded to create a variable with two classifications (stranger rape, non-romantic acquaintances, and romantic acquaintances).

However, there were only six participants identified who indicated that their assailant was a stranger. A visual analysis of the data revealed that two individuals reported that their assailant was a stranger but that they knew him slightly or moderately well. This information is inconsistent with an assault by a stranger, therefore, the data for these two participants were recoded to reflect an acquaintance rape. Due to the small number of stranger rape victims, the data for remaining four stranger rape victims were not included in the analyses. Descriptive information regarding the stranger rape victims is presented in a later section.

The degree of force used during the assault was assessed in two ways. Firstly, the degree of force used by the perpetrator was assessed by asking participants to rate how aggressive their perpetrator was during the incident(s) (SEI #25). The number of aggressive acts involved in the incident (SEI #7 to SEI #11) was a second measure of perpetrator aggression. Resistance by the victim was assessed in two ways as well. Firstly, the participant was asked to rate how much she resisted during the assault, ranging from "not at all" to "very much" (SEI #28). She was also asked to rate how clear she was in her resistance to the assault, ranging from "not at all" to "very much" (SEI #26).

Previous Sexual Victimization. The History of Unwanted Sexual Contact Questionnaire (Koverola, Proulx, Hanna, & Battle, 1992, Appendix E, Part 8) was used to assess unwanted sexual experiences. There are two sections to differentiate between

child sexual abuse and peer sexual abuse. Child sexual abuse is defined as sexual assault prior to age 17 with someone at least 5 years older than the victim. Peer sexual abuse is defined as sexual assault prior to age 17 with someone less than 5 years older than the victim. Internal consistency for the child sexual abuse scale and the peer abuse scale were .62 and .66, respectively.

In order to determine incidence rates, childhood sexual abuse and peer sexual abuse were treated as dichotomous variables that included the experience of any of the sexual abuse items (see Tables 28 and 29). Descriptive characteristics of the sexual victimization were examined for both child sexual abuse and peer sexual abuse, including severity of abuse, age of onset of victimization, relationship to perpetrator, frequency of the victimization, and force used to ensure participation.

The nature of victimization was further categorized to indicate the severity of abuse, ranging from "least serious sexual abuse" to "very serious sexual abuse". Russell (1984) placed sexual abuse onto a continuum from "very serious" to "least serious" sexual abuse. "Very-serious sexual abuse" was defined as completed or attempted vaginal, oral, or anal intercourse, cunnilingus, analingus, and/or fellatio, either forced or unforced. "Serious sexual abuse" was defined as completed or attempted genital fondling, simulated intercourse, and/or digital penetration, either forced or unforced. "Least serious sexual abuse" ranged from kissing to contact with clothed breasts or genitals or attempts to engage in any of these behaviours, without the use of force.

In this study, only the "most significant" early sexual experience was used to categorize the seriousness of abuse experiences for childhood and peer assault. Previous

victimization variable was a composite variable consisting of either "serious" or "very serious" childhood sexual abuse or "serious" or "very serious" peer abuse.

Self-Blame Measure. Self-blame was measured in three ways. First, self-blame was assessed by the Rape Attribution Questionnaire (RAQ), a 34-item scale developed by Hill and Zautra (1989) (Appendix E, Part 9). The RAQ is comprised of 12 behavioural self-blame items and 12 characterological items. The authors also included 10 items measuring external sources of blame in order to mask the hypotheses of their study. Items are scored on a 5-point Likert scale ranging from "never" to "most of the time". Items were summed to yield separate totals for Behavioural Self-blame and Characterological Self-blame.

Although limited psychometric information is available for the RAQ, the measure appears to have face validity. Hill and Zautra (1989) report internal consistency coefficients for behavioural, characterological, and external scales between .68 and .95. In the present study, internal consistency coefficients for the behavioural and characterological scales were .81 and .77, respectively.

Prior literature has reported significant correlations between behavioural and charcterological self-blame, ranging from $r = .39$ to $r = .75$, and that both forms of self-blame have been linked with psychological distress (Hill & Zautra, 1989; Frazier, 1990; Frazier & Schauben, 1994). In the current study, behavioural and characterological self-blame were also significantly correlated, $r(68) = .76$, $p < .001$. This result is consistent with Frazier and Schauben's (1994) contention that it is difficult to separate blame due to one's behaviour from blame due to one's character. Therefore, behavioural and

characterological self-blame will not be distinguished in the present investigation. Behavioural and characterological self-blame items were summed to create the total self-blame variable.

A visual inspection of the items of the RAQ (total self-blame measure) revealed that many items appeared to be more suited to stereotypic stranger rape scenarios rather than assaults by a romantic acquaintance. Some examples of items in the RAQ include: "I didn't lock my windows or door", "I didn't have a weapon or mace", or "I didn't look through the peephole and/or check for identification before letting him in my house." These items do not seem congruent with assaults involving romantic acquaintances or dates. Reliability analysis using Cronbach's alpha confirmed that 4 items (Items # 2, #4, #6, #33) had low item-total correlations (less than .30) and were, therefore, omitted from the scale. Coincidentally, three of these items were also ones that were considered to be less relevant for acquaintance rape incidents. Internal consistency for the revised Total Self-blame measure was .89 (Cronbach's alpha).

Self-blame was also assessed by the victim's rating of how responsible she felt about what happened (SEI #27, Appendix E, Part 7), ranging from "not at all" to "very much". Lastly, self-blame was also measured by the percentage of blame attributed to the victim (Appendix E, Part 10). It was considered inappropriate to combine these variables to create a composite variable of self-blame because the participants' ratings were quite divergent. This suggested that, in this sample, participants might have unique interpretations of the meanings of responsibility and blame. Measures of self-blame (i.e.,

Total Self-Blame, Responsibility, and Percent Self-Blame) were analysed separately and are discussed when appropriate.

Perpetrator Blame. Perpetrator blame was assessed by the victim's rating of her assailant's responsibility for the incident, ranging from "not at all" to "very much" responsible (SEI #29, Appendix E, Part 7). Perpetrator blame was also measured by the percent of blame attributed to the assailant (Appendix E, Part 10). Perpetrator blame variables were analysed separately and discussed when appropriate.

Attitudes Towards Rape. The Rape Myth Acceptance Scale (RMAS) developed by Burt (1980) was utilized to assess respondents' attitudes towards rape. This 19-item scale is divided into three sections (Appendix E, Part 5). The first section requires the respondent to indicate her agreement to 11 rape myth statements. Items are scored on a 7-point Likert scale ranging from "strongly agree" to "strongly disagree". The second part of the scale asks the respondent to estimate the percentage of victims who are motivated to claim experiences of rape due to revenge to protect her reputation. The final section includes six items that ask respondents to indicate how likely they would be, ranging from "always" to "never", to believe various individuals' (e.g., her best friend, an Aboriginal woman, a neighbourhood woman, a young boy, a black woman, or a white woman) claims that he/she had been raped. Item-to-total correlations for each item range from .27 to .62 with an average of .51. Cronbach's alpha coefficient is reported by Burt (1980) to be .88.

Briere, Malamuth, and Check (1985) factor analysed the RMAS and derived four factors, (a) disbelief of rape claims, (b) victim responsible for rape, (c) rape reports as

manipulation, and, (d) rape only happens to certain types of women. However, only two items contributed to the latter factor and one item did not load on any factor. Despite these poor results, the RMAS is a widely accepted scale of rape myth endorsement (Koss, 1985; Gidycz & Koss, 1991).

Lonsway and Fitzgerald (1994) have highlighted two issues regarding problematic item design. Firstly, they suggest that items that require respondents to estimate a percentage of women who report a rape (Items 12 and 13) are not measures of cultural myths but rather appear to be related to knowledge or rape statistics. Furthermore, the authors point out that such estimation is difficult and unreliable. Another problematic issue is the inclusion of a set of items asking the respondent how likely she would be to believe various individuals had been raped (e.g., best friend, an Aboriginal woman, a neighbourhood woman, a young boy, a black woman, a white woman). Lonsway and Fitzgerald (1994) advise that response sets are likely with these kinds of questions. In order to be consistent with recent research with acquaintance rape victims (e.g., Shimp, 2000), the RMAS was revised to include only the first 11 items in measuring attitudes towards rape (Appendix E, Part 5). Cronbach's alpha for the revised RMAS for the current sample was .71.

Validity studies suggest that the RMAS is significantly positively related to dogmatism and inversely correlated with trustworthiness (Ashton, 1982). Scores on the Marlow-Crowne Social Desirability Scale were not significantly correlated with scores on the RMAS (Spohn, 1993). Male and female respondents were found to not significantly differ ($\underline{r} = .16$ and $\underline{r} = .03$, respectively).

Resiliency Measure. My Life Scale is a 30-item measure designed to assess resiliency in individuals or the ability to "bounce back in the face of adversity" (Brodsky, 1997) (Appendix E, Part 2). Participants are required to rate how true each item is in describing themselves. Responses are scored on a 5-point Likert scale ranging from "very true" to "not very true about me".

Brodsky (1997) reports a two-week test-retest reliabilities ranging from .73 to .82. Internal consistency (Cronbach's alpha) was reported to be .82. With the present sample, internal consistency was .57 (Cronbach's alpha) which is considerably different from that reported by the author. Validity studies suggest the Resiliency scale is related to attachment, depression, positive and negative affects, sense of coherence, and creativity.

Psychological Distress Measure. Derogatis' Symptom Checklist – Revised (Derogatis, 1977) was used to assess psychological distress. In addition to a global severity index, this 90-item self-report measure reflects nine symptom dimensions: depression, anxiety, somatization, hostility, psychoticism, obsessive/compulsive, impersonal sensitivity, phobic anxiety, and paranoid ideation (Appendix E, Part 4). Participants were required to indicate how much distress each of the 90 symptoms presented had caused them. Although the SCLR-90-R measure was developed to assess acute symptomatology (i.e. presence of symptoms over the last week), an estimate of enduring symptoms is more suitable for the current investigation. Thus, participants were required to indicate the level of distress, ranging from 0 (not at all) to 4 (extremely), they had experienced over the last two months.

Items measuring each symptom are summed and averaged. Global distress is measured by the total average score. Internal consistency for the 9 dimensions, as measured by coefficient alpha (Kuder-Richardson 20 formula), is quite satisfactory ranging from .77 for Psychoticism to .90 for Depression. Test-retest reliability for the symptom dimensions, following a one-week interval, were satisfactory ranging from .78 to .90. The subscales were derived through factor analysis and correlate highly with MMPI clinical scales (Derogatis, Rickels, & Rock, 1976; Derogatis & Cleary, 1977). In the present investigation, internal consistency coefficients for the dimensions ranged from .76 for Phobic Anxiety to .88 for Depression.

Social Desirability Scale. To measure socially acceptable responding, Marlowe-Crowne's Social Desirability Scale (Crowne & Marlowe, 1960) was employed. This 33-item scale required the participant to respond "True" or "False" to each question (Appendix E, Part 3).

The internal consistency coefficient utilizing the Kuder-Richardson 20 formula is noted to be .88. One-month test-retest reliability was found to be .89. The Social Desirability Scale correlates .40 with the MMPI K scale, test-taking attitude (Crowne & Marlowe, 1960). Cronbach's alpha for the current sample was .62.

Overview of Design

In the overall sample of 804 participants, 74 women were identified as rape victims. Of these 74 participants, 64 women indicated they were victimized by an acquaintance and 6 women reported assaults by strangers. A visual examination of the data for the stranger rape victims, found that two of the women reported that they knew

their assailant "slightly" or "moderately well". This finding would suggest that the women were, to some extent, acquainted with their perpetrator. For this reason, the victim-offender relationship was recoded for these two participants to indicate that the perpetrator was a non-romantic acquaintance rather than stranger. Because these cases were not found to be univariate or multivariate outliers this adds additional confidence that it is appropriate for them to be included in the group of acquaintance rape victims. Therefore, 66 participants, in total, were categorized as acquaintance rape victims and represented the focus of the current study.

Of the remaining 730 women, 66 participants were matched on age, ethnicity, and socioeconomic status (SES) with the AR participants. Matching was achieved in order to obtain a comparison sample of participants who did not report experiencing acquaintance rape but was equal in size to the victimized group (NAR group; Non-Acquaintance Rape group). Of note, however, is that participants in this group did experience sexual victimization, but did not meet the criteria to categorize them as acquaintance rape victims. This comparison group permitted the evaluation of the study variables controlling for demographic differences among participants. A second comparison group of 66 individuals was randomly selected from the 468 women who did not experience any sexual victimization (NVIC Group; Non-Victimized group). This sample allowed for comparison of study variables controlling for victimization status.

Data Analysis Strategy

T-tests. To assess mean differences in symptomatology and attitudes towards rape, Levene's test for the equality of variances and t-tests for the equality of means

between the groups were carried out. Dependent t-tests were conducted to examine differences between the acquaintance rape group and the matched comparison sample. Differences between the acquaintance rape group and the non-victimized group were carried out using independent samples t-tests.

Correlations. Correlational analyses were used to assess the strength of associations between characteristics of the event and blame variables. Pearson r correlations were computed between the self-blame, perpetrator blame variables (e.g., Total Self-Blame, Victim Responsibility, Percent Blame Attributed to Victim, perpetrator Responsibility, and Percent Blame Attributed to the Perpetrator) and the characteristics of the event (e.g., force used, alcohol/drug use, resistance by victim, victim-offender relationship, acknowledgment of rape).

Regression. Separate multiple regressions, using the backward elimination method, were run in order to determine the best predictors of self-blame and perpetrator blame. In these analyses, the three self-blame variables (Total Self-Blame, Victim Responsibility, and Percent Self-Blame) and two perpetrator blame variables (Perpetrator Responsibility and Percent Perpetrator Blame) were the dependent variables. Only variables identified as having significant relationships with self-blame or perpetrator blame (e.g., previous victimization, victim-offender relationship, level of resistance, attitudes towards rape, etc.) were used as predictor variables. Significant relationships were determined by correlational analyses, t-tests, and ANOVA procedures.

A standard multiple regression was run in order to determine the best predictors of psychological distress. The global symptom index from the SCL-90-R was used as

the dependent variable. Only variables identified as having significant relationships with psychological symptoms served as predictor variables in the regression analysis. Potential predictor variables included: previous victimization, relationship to the assailant, resiliency, self-identification as an AR victim, level of self-blame, and amount of other blame.

Adjusted Alpha Level. The current study involved testing a number of hypotheses. Consequently, a more conservative level of alpha ($p = .01$) was adopted in order to control the family-wise or experiment-wise error rate.

RESULTS

This section consists of a general description of the demographic characteristics of the sample. Responses to the questionnaire measuring acquaintance rape history, childhood sexual abuse history, attitudes, and psychological characteristics are described. Preliminary analyses, such as a factor analyses and reliability analyses that were undertaken to simplify and described the data, are reported along with subject responses to questionnaires, when appropriate. Statistical analyses of each hypothesis are described in the order in which they were performed. Data analysis was conducted using SPSS, Version 9 for Windows (SPSS Inc., 1999).

Prior to analyses, the data were screened for accuracy of data entry and missing values. Study variables were also subjected to procedures in order to detect violations of assumptions of normality, linearity, homogeneity of variance, and the fit between the distributions and the assumptions of multivariate analysis.

Missing Data

Strategies to deal with missing data included mean substitution of items, deletion of cases, or applying a correction to compensate for missing data. A substantial portion of the missing data was due to some participants not completing the reverse sides of pages in the questionnaire package.

Missing data was significant on the measure of social desirability. Specifically, 19 participants (1 acquaintance rape victim and 18 non-victimized participants) did not complete the reverse side of the measure, therefore, omitting 13 items. Since this scale was included to obtain a measure of socially acceptable responding and a substantial amount of

data (39 percent) was missing on this measure, all of the data for these respondents was eliminated from further analyses.

Failure to complete the reverse side of pages affected individual responses on the measure of distress as well. Substantial missing data was found on the SCL-90-R (greater than or equal to 26 items) for 40 participants (3 acquaintance rape victims 37 non-victimized participants). Although the SCL-90-R allows for corrections for missing data in calculating the Global Symptom Index, no more than 18 items may be omitted for the scale. Each dimension may also be corrected for missing data, provided that no more than one item is absent. Given that these 40 cases were missing more than 18 items and this variable was critical to the hypotheses for this study, these cases were eliminated from further analyses.

Twelve participants stopped completing their questionnaires prematurely. Two participants, both of whom were identified as victims of AR, stopped responding after they completed the SES. They indicated on their questionnaire package that they were unable to continue. Responses on the questionnaires for these individuals did not differ from other AR victims with respect to victim status, age, ethnicity, or family income. Possible reasons why the other ten participants did not finish the questionnaire are not known, however, half of this group was non-Caucasian in ethnicity. It is possible that participants experienced difficulties completing the questionnaires due to problems associated with having English as their second language or because of other cultural reasons. These cases were deleted from the data set. An additional participant=s data was removed from analyses due to substantial missing data which was distributed throughout the questionnaire.

Overall, 71 cases, 6 acquaintance rape participants and 65 non-victimized participants, were removed from further analyses due to substantial missing data. These participants did not differ from those individuals who were retained with respect to age, t (796) = -1.47, p = .15, ethnicity, χ^2 (1) = .09, p = .76, or family income, χ^2 (2) = 1.63, p = .44.

There was also missing data that was distributed among the remaining 733 participants. However, missing data was distributed across measures and no additional respondent was missing substantial portions of data. Specifically, two percent of the data for the resiliency measure and the self-blame scale and less than one percent for data in the measures for attitudes towards rape, blame attributions, and symptomatoloy were missing. Within the responsibility measure, seven percent of the data was missing. Due to the relatively low amount of missing data, the group mean for each variable was substituted for missing values.

Normality of Main Variables

Testing skewness and kurtosis, and examining frequency histograms assessed the normality of variables. Two variables (Clarity of Resistance and Percent Self-Blame) appeared to be non-normal and were transformed using square root transformations. Perpetrator Responsibility also appeared non-normal and was transformed with a logarithmic transformation. The type of transformation was chosen based on the shape of the frequency distributions and examination of the skewness and kurtosis of the variables. Table 4 provides the skewness and kurtosis, along with the z tests, for each original and transformed variable.

Table 4

Skewness and Kurtosis for Original and Transformed Variables

	Original Distribution			Transformed Distribution	
Variable	Skewness	Kurtosis	Transformation	Skewness	Kurtosis
Resiliency	.68 (2.19)	1.28 (2.19)	None		
Attitudes Towards Rape	-.41 (-1.38)	-.45 (-.76)	None		
Global Symptoms of Distress	-.61 (-1.60)	.26 (.58)	None		
Force	-.27 (-.88)	-.94 (-1.54)	None		
Number of Aggressive Acts	.42 (1.45)	-1.03 (-1.72)	None		
Resistance	-.38 (-1.23)	-1.08 (-1.77)	None		
Clarity of Resistance	-.91 (-2.91)	.31 (-1.03)	Square Root (reflected)	.70 (2.25)	-1.02 (-1.66)
Total Self-Blame	.27 (.89)	-.83 (-1.41)	None		
Victim Responsibility	.29 (.95)	-1.01 (-1.67)	None		
Percent Self-Blame	1.51 (5.20*)	2.26 (3.82)	Square Root	.17 (.57)	-.41 (-.71)
Perpetrator Responsibility	-1.05 (-3.44*)	.12 (.19)	Log (reflected)	.57 (1.87)	-1.20 (-1.98)
Percent Perpetrator Blame	-.58 (-1.97)	(-.76) (-1.30)	None		

Note: z values, which test the significance for skewness and kurtosis, are within the parentheses.
* $p < .01$

All analyses were conducted twice, once using the original data and once with the transformed data, and the results were compared. When results were not substantially different between the two analyses, then the original data was used in order to facilitate interpretation of the results. If the difference between results was notable, transformed data were utilized and the specific transformation noted. For the most part, analyses were conducted with the original data.

Detection of Outliers

Standardized frequency distributions and box plots were examined for the presence of univariate outliers. Three potential outliers were identified on the resiliency measure (My Life Scale), two on the belief in rape myths measure (Attitudes Towards Rape) and one on the measure of distress (SCL-90-R). Tabachnick and Fidell (1989) suggest that once univariate potential outliers are identified then the Mahalanobis distance of each case is calculated to search for the presence of multivariate outliers. Using Mahalanobis distance with $p < .001$, no cases were identified as multivariate outliers.

The potential univariate outliers were examined to investigate if the cases were from individuals within the sample studied. Within the resiliency variable, the potential outliers were from participants that indicated high resiliency. Given that it was expected that within the target population there would be a range of resiliency, including high levels, these potential outliers were considered to be part of the sample. In addition, it was anticipated that there would be individuals who would endorse rape myths. Therefore, these potential outliers were reasoned to be within the target population. Similarly, the potential outlier on

the SCL-90-R was from a participant who scored low on level of distress. This outlier was also considered to be within the sample studied.

As the outlying scores were considered to be within the range of expected scores for the population, these participants' data were not deleted. However, in order to reduce the overall influence of the outliers on the analyses a square root transformation was applied to the Resiliency variable. Tabachnick and Fidell (1989), suggests that extreme scores may be handled by assigning it a score of one more (or less) than the next most extreme score. This procedure was undertaken to deal with outlying scores on the distress measure and on the belief in rape myths measure. In doing these transformations, the deviance of the scores were retained, however, the overall impact of the scores was reduced.

Correlation matrices were generated and examined for evidence of high variable intercorrelations (Table 5). According to Licht (1995), multicollinearity is assumed to occur when bivariate correlations between predictors are above .80. In general, the correlations between variables were low to moderate suggesting that multicollinearity was not evident among the study variables.

Sample Description

Within the original sample of 804 participants, 292 (36.8%) women reported that they had experienced unwanted sexual contact. Respondents were classified according to the most severe sexual aggression or victimization they reported on the SES. Table 6 presents the response frequencies for each of the items of the SES. Based on this classification, 502 (63.2%) of the women reported that they had not experienced any sexual aggression or victimization whatsoever. Eighty-three individuals (10.5%) indicated they

Table 5
Intercorrelations of Measures

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1) Resiliency	--														
2) Rape Attitudes	-.02	--													
3) Global Distress	-.10	-.11	--												
4) Victim-Offender Relationship	-.07	-.03	-.12	--											
5) Force	.05	.18	.02	-.06	--										
6) Aggressive Acts	-.04	.18	-.04	.12	.55*	--									
7) Resistance	-.26	.16	-.11	-.07	.39*	.43*	--								
8) Clarity of Resistance	.07	-.32	.09	.09	-.43*	-.42*	-.66*	--							
9) Acknowledge Rape	-.08	.09	-.08	.02	.25	.49*	.30	-.25	--						
10) Previous Victim	.03	.16	-.03	.17	.12	.08	.09	.04	.34*	--					
11) Total Self-Blame	-.03	.08	.40*	-.21	.04	-.01	-.29	-.06	-.08	-.10	--				
12) Victim Responsibility.	-.01	.07	.22	-.14	-.08	-.13	-.35*	.09	-.06	.03	.45*	--			
13) Percent Self-Blame	-.12	-.03	.17	-.10	-.41*	-.41*	-.40*	.26	-.18	-.05	.22	.58*	--		
14) Perpetrator Responsibility	-.06	-.02	-.02	-.10	-.34*	-.38*	-.41*	-.47*	-.25	-.09	-.03	.21	.26	--	
15) Percent Perpetrator Blame	.12	.02	-.09	.25	.16	.22	.40*	-.37	.07	-.15	-.13	-.41*	-.36*	-.46*	---

* $p < .01$

Table 6
SES Response Frequencies (N = 794)

Sexual Experience Survey (SES) Items	Percent (Yes)	f
1. Have you given into sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because you were overwhelmed by a man's continual arguments and pressure?	27.6	219
2. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man used his position of authority (boss, teacher, camp counselor, supervisor) to make you?	2.6	21
3. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you.	6.7	53
4. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down, etc.), but intercourse **did not** occur.	8.6	68
5. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by giving you alcohol or drugs, but intercourse **did not** occur.	6.2	49
6. Have you given into sexual intercourse when you didn't want to because you were overwhelmed by a man's continual arguments or pressure?	18.4	146
7. Have you given into sexual intercourse when you didn't want to because a man used his position of authority (boss, teacher, camp counselor, supervisor) to make you?	.9	7
8. Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs?	4.8	38
9. Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of force (twisting your arm, holding you down, etc.) to make you?	4.5	36
10. Have you had sex acts (anal or oral intercourse or penetration by objects other than the penis), when you didn't want to because a man threatened or used some degree of force (twisting your arm, holding you down, etc.) to make you?	3.0	24

experienced sexual contact; 97 (12.2%), sexual coercion; 38 (4.8%), attempted rape; and 74 (9.3%) respondents reported incidents that met the criteria for rape (Table 7). As stated previously, four of these women indicated they had been raped by strangers and, therefore, were not included in the study group of acquaintance rape victims in the analyses. Thus, 66 females comprised the group of acquaintance rape victims. Although women in the NAR group did not experience victimization. Specifically, five (7.1%) experienced sexual contact, 19 (27.1%) reported incidents of sexual coercion, and five (7.1%) endured attempted rape experiences. These results can be found in Table 8.

Demographic Characteristics

Within the larger sample of 804 participants, 70 percent were Caucasian; two percent were Afro-Canadian; 14 percent were Asian; one percent was Hispanic; four percent were Aboriginal and, seven percent were other ethnic groups. Participants ranged in age from 18 to 57 years. In comparison, the ethnic background of the acquaintance rape victims suggested that Aboriginal women were over-represented in this sample (14% in the acquaintance rape group versus 4 % in the larger sample). In contrast, Asian women were under-represented (5% versus 14%, respectively).

Some of the demographic variables (e.g., ethnicity and family income) had categories with few participants, therefore resulting in cells with low observed frequencies in chi-square analyses. Consequently, the categories within the ethnicity variable were collapsed to create a Caucasian/Non-Caucasian dichotomous variable. Similarly, the family income (SES) variable was recoded to create a variable with three classifications (<$25,000; $25,000 to $45,000; >$45,000) to reduce the number of cells with low frequencies.

Table 7

Percentage and Frequency of Different Categories of Sexual Assault

Victimization Level	Percent (N = 794)	Frequency
No Victimization	63.2	502
Sexual Contact	10.5	83
Sexual Coercion	12.2	97
Attempted Rape	4.8	38
Rape	9.3	74

Table 8

Percentage and Frequency of Different Categories of Sexual Assault for NAR Group

Victimization Level	Percent (N = 66)	Frequency
No Victimization	57.6	38
Sexual Contact	7.6	5
Sexual Coercion	28.8	19
Attempted Rape	6.1	4
Rape	--	0

Table 9 presents the demographic data and sample characteristics. AR participants ranged in age from 18 to 57 years, with a mean of 21.4 years. The AR, NAR, and NVIC

Table 9
Demographic Characteristics for AR, NAR, and NVIC groups

	AR Group		NAR Group		NVIC Group	
Sample Characteristic	Percent	f	Percent	f	Percent	f
Ethnicity						
Caucasian	68.2	45	68.2	45	71.2	47
Afro-Canadian	0.0	0	0.0	0	6.1	4
Asian	4.5	3	4.5	3	12.1	8
Hispanic	3.0	2	3.0	2	0.0	0
Aboriginal	13.6	9	13.6	9	6.1	4
Other	10.6	7	10.6	7	4.5	3
Family Income						
<$25,000	28.3	17	24.2	16	18.2	12
$25,000-$45,000	15.2	10	22.7	15	23.2	16
>$45,000	50.0	33	47.0	31	42.4	28
Living Situation						
With parents	54.5	36	51.5	34	60.6	40
Married/common law/boyfriend	7.6	5	9.1	6	6.1	4
Student residence	10.6	7	9.1	6	12.1	8
Room/housemate	12.1	8	16.7	11	16.7	11
Living alone	15.2	10	13.6	9	4.5	3
	M	**SD**	**M**	**SD**	**M**	**SD**
Age	21.4	5.82	21.3	5.02	19.7	4.05

AR = Acquaintance rape victims; NAR = Non-Acquaintance Rape group; NVIC = Non-victimized group

groups did not significantly differ with respect to age (F (2, 197) = 2.20, p = .11). The AR group was equivalent to the NAR group with respect to ethnicity. Seventy percent of the participants within each group were Caucasian and 30 percent were non-Caucasian. The composition of the various ethnic categories within the AR and NVIC groups, however, was markedly different. Specifically, 14 percent of the AR women were Aboriginal compared to 6 percent of the non-victimized women (NVIC); and five percent versus 12 percent, respectively, were Asian. The groups also did not differ significantly with respect to SES, χ^2 (4) = 2.59, p = 63. Women in all three groups were predominantly Caucasian from families with reported SES in the upper income levels. Demographic information for the four stranger rape victims is presented in Table 10. Given the small sample size for this group, further analyses were not possible.

Table 10

Demographic Characteristics for Stranger Rape Victims (N = 4)

	AR Group	
Sample Characteristics	**Percent**	**Frequency**
Ethnicity		
Caucasian	100.0	4
Family Income		
<$25,000	25.0	1
$25,000-$45,000	25.0	1
>$45,000	50.0	2
	M	**SD**
Age	19.5	1.29

The AR, NAR, and NVIC women did not differ with respect to current living arrangements. However, significantly more AR participants sought help from a psychologist, psychiatrist, or social worker compared to NVIC individuals (41 percent and 9 percent, respectively), χ^2 (1) = 17.82, $p < .001$. Few participants in the groups reported that they had been prescribed medication or hospitalized due to psychological problems. However, significantly more AR women reported taking medication for psychological problems, χ^2 (1) = 7.44, $p < .01$, or reported previous hospitalization due to psychological distress, χ^2(1) = 7.39, $p < .01$. Table 11 presents the frequencies related to seeking psychological help. Social desirability did not vary by group, therefore, was not included in subsequent analyses.

Hypothesis 1: Circumstances of Assault and Blame

The reader is reminded that this hypothesis examined the relationships between the circumstances of the acquaintance rape event and the level of rape-related self-blame and perpetrator blame. For each of the assault characteristics (e.g., the victim-offender relationship, amount of force used by the assailant, resistance by the victim, and the use of alcohol and/or drugs by the victim and the offender) descriptive data are presented prior to specific hypothesis testing.

Self-Blame and Perpetrator Blame

Over three-quarters of the women reported feeling some responsibility for the acquaintance rape event, ranging from feeling somewhat responsible (36.1%) to feeling very much responsible (16.4%). Eighty percent of the women indicated that their perpetrator

Table 11

Percent Participants Who Sought Help

Sample Characteristic	AR Group		NAR Group		NVIC Group	
	Percent	f	Percent	f	Percent	f
Emotional/Psychological Assistance						
Psychologist/ Psychiatrist	27.3	18	15.2	10	9.1	6
Social Worker	13.6	9	4.5	3	0.0	0
Other	25.8	17	25.8	17	39.4	26
None	33.3	22	54.5	36	51.5	34
Medication						
Yes	15	22.7	10.6	7	6.1	4
No	51	77.3	89.4	59	93.9	62
Hospitalized						
Yes	7	10.6	3.0	2	0.0	0
No	59	89.4	95.5	63	100.0	70

AR = Acquaintance Rape Victims; NAR = Non-Acquaintance Rape group; NVIC = Non-victimized group

was either quite responsible or very much responsible for the AR event. Only three participants indicated that her assailant was not at all responsible. AR victims in this sample attributed a greater percentage of blame to their assailant (M = 56.7) than to themselves (M = 20.8). See Table 12 for a summary of the respondent's ratings of responsibility.

The participants' ratings of their perceived responsibility was found to be inconsistently related to ratings of perpetrator responsibility. In general, the victims' ratings of perpetrator responsibility were skewed towards high levels (i.e., quite a bit or very much responsible), irrespective of the ratings of the responsibility attributed to them. See Table 13 for a summary of the respondent's ratings of responsibility.

Victim-Offender Relationship

Of the 66 women who comprised the AR group, half of the women reported that their assailant was a romantic acquaintance (casual/first date or romantic acquaintance) or relative and 43 percent of the AR victims indicated that they were either well acquainted or extremely acquainted with the perpetrator. For most of the women (60%) acquaintance rape episodes occurred once. However, approximately one-quarter of the respondents endured multiple events (i.e., three or more times). The average length of time since the event was one to two years. Forty-four percent of the women reported having prior consensual sexual intercourse with the perpetrator. Most respondents (81.7%) had not had sexual intercourse with the perpetrator since the event and had not continued with the relationship (81.4%). These results are presented in Table 14.

Hypothesis 1a. It was hypothesized that the amount of self-blame would be related to the degree of intimacy between the victim and the offender. Although not statistically

Table 12

Ratings of Responsibility

Responsibility	Percent	Frequency
How responsible do you feel?		
Not at all	24.6	15
Somewhat	36.1	22
Quite a bit	23.0	14
Very much	16.4	10
How responsible was he?		
Not at all	4.9	3
Somewhat	14.8	9
Quite a bit	26.2	16
Very Much	54.1	33
	M	**SD**
Percent Self-Blame	20.8	21.54
Percent Perpetrator Blame	56.7	31.06

Table 13

Comparison of Victim and Perpetrator Responsibility

	Rating of Perpetrator Responsibility			
Rating of Victim Responsibility	**Not At All**	**Somewhat**	**Quite A Bit**	**Very Much**
Not At All	0 (0%)	1 (1.6%)	3 (4.9%)	11 (18.0%)
Somewhat	1 (1.6%)	2 (3.3%)	8 (13.1%)	11 (18%)
Quite a Bit	2 (3.3%)	2 (3.3%)	5 (8.2%)	5 (8.2%)
Very Much	0 (0%)	4 (6.6%)	0 (0%)	6 (9.8%)

Table 14

Frequencies and Means for Relationship Variables

Relationship Variables	Percent	Frequency
Relationship to Perpetrator		
Non-romantic acquaintance/relative	43.9	29
Romantic acquaintance (date/boyfriend/husband/common-law partner)	50.0	33
How well did you know him?		
Didn't know at all	7.9	5
Slightly/moderately acquainted	49.2	31
Very well acquainted	22.2	14
Extremely well acquainted	20.6	13
Number of prior incidents		
One time	59.7	37
Two times	14.5	9
Three times	6.5	4
4 or more times	19.4	12
Prior sexual intimacy		
None	14.5	9
Kissing only	14.5	9
Petting above the waist	3.2	2
Petting below the waist	24.2	15
Sexual intercourse	43.5	27
Consensual intercourse with perpetrator since		
Yes	18.3	11
No	81.7	49
Continued with relationship		
Yes	18.6	11
No	81.4	49

significant, assaults by non-romantic acquaintances were associated with higher Total Self-Blame, r (60) = -.21, p = .05. This result was opposite to what was predicted and indicated a trend in the data. The Victim-Offender Relationship was unrelated to either Victim Responsibility or Percent Self-Blame. These results are presented in Table 15.

It was also hypothesized that a less intimate relationship between the victim and the offender would be associated with higher perpetrator blame. Unexpectedly, Victim-Offender Relationship was unrelated to Perpetrator Responsibility. However, a trend in the data revealed that women assaulted by romantic acquaintances reported higher Percent Perpetrator Blame compared to those women assaulted by a non-romantic acquaintances, t (60) = -2.03, p = .05. These results were opposite to what was predicted.

Table 15

Intercorrelations of Victim-Offender Relationship and Blame Variables

Variable	1	2	3	4	5	6
1) Victim-Offender Relationship	--					
2) Total Self-Blame	-.21	--				
3) Victim Responsibility	-.14	.45*	--			
4) Percent Self- Blame	-.10	.22	.58*	---		
5) Perpetrator Responsibility	.05	.05	-.23	-.29	--	
6) Percent Perpetrator Blame	.25	-.13	-.41*	-.36*	.46*	--

* $p < .01$

Level of Aggression

The average number of aggressive acts used by the perpetrator during the assault was 1.1. Over half of the women reported one or two aggressive strategies used by their assailant with the most common form of coercion reported to be twisting her arm or holding her down (61.5%). Displaying a weapon was the least common form of aggression used (3.3%). See Table 16 for a summary of the responses to force items.

Hypothesis 1b. It was hypothesized that increased force would be negatively related to self-blame and positively related to perpetrator blame. As expected, analyses revealed a negative correlation between Force and Percent Self-Blame, $r(60) = -.41$, $p = .001$, suggesting that the more force experienced, the less the victim blame herself. The amount of force used by the assailant during the event was significantly related to Perpetrator Responsibility, $r(60) = .34$, $p = .004$. However, force was unrelated to Total Self-Blame, Victim Responsibility or Percent Perpetrator Blame. These results are presented in Table 17.

Resistance by Victim

Forty-six percent of respondents indicated that they had been very clear in their refusal of sexual activity ($M = 4.08$). The most common avoidance strategies were reasoning or pleading with the offender (75%), turning cold (60%), and/or physically struggling (58.3%). The least common resistance strategy was screaming for help (16.7%). See Table 18 for a summary of the responses to resistance items.

Table 16
Frequencies and Means of Force Variables

Force Variables	M	SD
Aggression rating (how aggressive was he?)	2.80	.97
Number of aggressive strategies	1.10	1.04
	Percent	**Frequency**
Aggressive Strategies		
Threats of physical force	32.8	20
Twist arm, hold down	60.7	37
Hitting, slapping	16.4	10
Choking, beating	8.2	5
Use of weapon	3.3	2

Table 17
Intercorrelations of Force and Blame variables

Variable	1	2	3	4	5	6	7
1) Force	--						
2) Number of Aggressive Acts	.55*	--					
3) Total Self-Blame	.04	-.01	--				
4) Victim Responsibility	-.08	-.13	.45*	--			
5) Percent Self-Blame	-.41*	-.41*	.22	.58*	--		
6) Perpetrator Responsibility	.34*	.37*	.05	-.23	-.29	--	
7) Percent Perpetrator Blame	.16	.22	-.13	-.41*	-36*	.46*	--

* $p < .01$

Hypothesis 1c. It was predicted that resistance by the victim would be negatively correlated with self-blame and positively associated with perpetrator blame. As expected, Resistance was negatively correlated with Victim Responsibility, r (60) = -.35, p = .003, and Percent Self-Blame, r (60) = -.40, p = .001. Although the relationship between resistance by the victim and Total Self-Blame was not significant, it was in the expected direction and approaching significance, r (61) = -29, p = .02. Both Perpetrator Responsibility, r (60) = .38, p < .001, and Percent Perpetrator Blame, r (60) = .40, p < .001, were found to be significantly positively correlated with resistance. These results may be found in Table 19.

Participants' clarity of refusal of sexual intercourse was unrelated to any of the self-blame variables. However, refusal clarity was found to be significantly associated with Perpetrator Responsibility, r (59) = .44, p < .001, and Percent Perpetrator Blame, r (59) = .37, p = .001. These results can be found in Table 19.

A significant positive relationship was found between resistance by the victim and the amount of force used by the perpetrator during the event, r (59) = .39, p = .001. Similarly, clarity of the woman's refusal of sexual intercourse was positively associated with aggression by the offender, r (59) = .42, p < .001. See Table 19 for the results of these analyses.

An analysis of variance procedure examining categories of resistance (not at all, somewhat, quite a bit, and very much) and total self-blame revealed a trend in the data indicating that women who did not resist at all experienced significantly more self-blame compared to those participants who substantially resisted, F (3, 54) = 2.57, p = .06. This

Table 18
Frequencies and Means of Resistance Variables

Resistance Variables	M	SD
Resistance rating (how much did you resist?)	3.73	1.07
Number of resistance strategies	2.72	1.62
Clarity of resistance	4.08	1.13
	Percent	**Frequency**
Resistance Strategies		
Turn cold	60.0	36
Reason, plead, tell him to stop	75.0	45
Cry or sob	43.3	26
Scream	15.2	10
Run away	18.3	11
Physically struggle	58.3	35

Table 19
Intercorrelations of Resistance and Blame Variables

Variable	1	2	3	4	5	6	7	8
1) Resistance	--							
2) Clarity of Resistance	.67*	--						
3) Total Self-Blame	-.29	.06	--					
4) Victim Responsibility	-.35*	-.09	.45*	--				
5) Percent Self-Blame	-.40*	-.27	.22	.58*	--			
6) Perpetrator Responsibility	.38*	.44*	.05	-.23	-.29	--		
7) Percent Perpetrator Blame	.40*	.37*	-.13	-.41*	-.36*	.46*	--	
8) Force	.39*	.42*	.04	-.08	-.41*	.34*	.22	--

* $p < .01$

finding paralleled the result when comparing categories of resistance with Percent Self-Blame, F (3,56) = 3.81, p = .02. These results are presented in Table 20.

Use of Alcohol/Drugs by Victim/Perpetrator

Alcohol and/or drug use was common among both victims and assailants at the time of the sexual assault incident. Sixty-seven percent of the victims and 70 percent of the perpetrators were reported to be under the influence of alcohol or drugs. See Table 21 for a summary of alcohol and/or drug use.

Hypothesis 1d. It was predicted that alcohol/drug use by the victim would be linked to high self-blame and high perpetrator blame. Furthermore, alcohol/drug use by the assailant was expected to be associated with high perpetrator blame. As expected, alcohol and/or drug use by the victim was significantly related to Percent Self-Blame, r (66) = .32, p < .01. Although not significant, results were in the same direction and were approaching significance for Total Self-Blame, r (64) = .20, p = .06 and Victim Responsibility, r (61) = .20, p = .06. Similarly, trends towards significance were found for Victim Alcohol/Drug Use and Perpetrator Responsibility, r (61) = -.27, p = .02, and Percent Perpetrator Blame, r (66) = -.18, p = .07. See Table 22 for the results of these analyses.

Alcohol or drug use by the assailant was unrelated to any of the self-blame variables or Perpetrator Responsibility. However, the relationship between Perpetrator Alcohol/Drug Use and Percent Perpetrator Blame, r (64) = -.20, p = .05. Theses results can be found in Table 22.

Table 20

Comparison of Categories of Resistance and Blame Ratings

Blame Ratings	M	SD	t	df	p
Total Self-Blame	43.0	14.7	2.57	54	.06
Not at all	49.9	17.2			
Somewhat	41.9	14.1			
Quite a bit	45.4	13.2			
Very much	35.6	12.8			
Percent Self-Blame	22.1	22.3	4.84	56	.005
Not at all	37.7	30.0			
Somewhat	29.4	22.3			
Quite a bit	16.4	15.5			
Very much	10.8	12.8			

Table 21

Frequencies of Alcohol and Drug Use by Victim and Assailant

Alcohol/Drug Use Ratings	Percent	Frequency
Alcohol/Drug by Victim		
Yes	66.7	44
No	33.3	22
Alcohol/Drug by Assailant		
Yes	69.7	46
No	30.3	20

Table 22

Correlations Between Alcohol/Drug Use and Blame Variables

Variables	1	2	3	4	5	6	7
1) Victim alcohol/drug use	--						
2) Perpetrator alcohol/ drug use	.72*	--					
3) Total self-blame	.20	.05	--				
4) Victim Responsibility	.20	-.04	.45*	--			
5) Percent Self-Blame	.32*	.13	.22	.58*	--		
6) Perpetrator Responsibility	-.27	-.14	.05	-.23	-.29	--	
7) Percent Perpetrator Blame	-.18	-.20	-.13	-.41*	-.36*	.46*	--

* $p < .01$

Perception of the Assault

Table 23 presents a summary of the women's perceptions of the event. Nineteen women (29.0%) saw themselves as a victim of rape, however, 21 percent viewed the incident as a crime other than rape and 37 percent perceived their assault as the result of a serious miscommunication. Thirteen percent did not perceive that they had been victimized.

Hypothesis 1e. Although not significant, rape acknowledgement was associated with higher Perpetrator Responsibility, r (61) = .19, p = .07, and negatively associated with the Percent of Self-Blame, r (63) = -.18, p = .09. These results were approaching significance and indicated trends in the data. Acknowledgement of the incident as rape was unrelated to Total Self-Blame, Victim Responsibility, or Percent Perpetrator Blame. These results can be found in Table 24. Contrary to expectations, increased intimacy in the Victim-Offender Relationship was unrelated to rape acknowledgement. However, victim resistance, r (60) = .30, p = .01, and number of aggressive acts used during the incident, r (61) = .49, $p < .001$ were positively correlated with acknowledging the event as rape. Although not statistically significant, increased force by the assailant, r (60) = .25, p = .03 was associated with rape acknowledgement and indicated a trend in the data. Table 25 presents the results of these analyses.

Disclosure and Impact. Approximately one-third of the women did not tell anyone about their victimization. When respondents did tell someone, it was most often, 44 percent of the time, a friend. Responses to the disclosure ranged from "no response" (36.1%) to

"sympathy" (41.0%). Of the four individuals who reported that their disclosure was not believed, all of them were unacknowledged rape victims. However, there was a trend toward significance indicating that women who disclosed their victimization were more likely to acknowledge the event as rape, r (61) = .25, p = .03. Few women reported the incident to police (8.2%), filed a complaint that resulted in the police laying charges (6.9%) or intended to file a complaint (5.5%). Table 26 presents the frequencies related to disclosure.

Table 23
Perception of Assault

Victim Perceptions	Percent	Frequency
Don't feel victimized	12.9	8
Victim of serious miscommunication	37.1	23
Victim of crime other than rape	21.0	13
Victim of rape	29.0	18

Table 24
Intercorrelations Between Rape Acknowledgement and Blame Variables

Variables	1	2	3	4	5	6
1) Rape Acknowledgement	--					
2) Total Self-Blame	-.08	--				
3) Victim Responsibility	-.06	.45*	--			
4) Percent Self-Blame	-.18	.22	.58*	--		
5) Perpetrator Responsibility	.19*	.05	-.23	-.29	--	
6) Percent Perpetrator Blame	.07	-.13	-.41*	-.36*	-.46*	--

* $p < .01$

Intercorrelations Between Rape Acknowledgement and Assault Characteristics

Variables	1	2	3	4	5
1) Rape Acknowledgement	--				
2) Victim-Offender Relationship	.02	--			
3) Force	.25	-.06	--		
4) Number of Aggressive Acts	.49*	.12	.55*	--	
5) Resistance	.30*	-.07	.39*	.43*	--

* $p < .01$

Few participants (15.0%) saw a counselor, therapist, or psychologist to talk about the incident. Over half of these women saw someone one to three times. The remaining participants saw a therapist from 6 months to 3 years. Given the low numbers of individuals who saw a therapist, additional analyses were not possible. These results can be found in Table 26.

Additional analyses revealed that although participants' disclosure of their victimization was unrelated to Total Self-Blame, a trend in the data indicated that victims who had disclosed reported higher self-blame compared to those who had not disclosed, $r(59) = .18$, $p < .08$. Furthermore, disclosure was significantly related to Perpetrator Responsibility, $r(60) = .31$, $p < .01$. These results can be found in Table 27. In addition, participants who reported that they had disclosed their victimization also reported more psychological symptoms, $F(1, 59) = 2.54$, $p = .12$. These results indicated a trend in the data, rather than a statistically significant finding.

Table 26

Percent and Frequency of Disclosure Variables

Disclosure Variables	Percent	Frequency
Disclosure (Discuss with anyone?)		
Yes	65.6	40
No	34.4	21
With whom?		
Parent	1.6	1
Friend	44.3	27
Police	8.2	5
Teacher/clergy/doctor/counselor	9.8	6
Person's response		
No response	36.1	22
Anger	16.4	10
Disbelief	6.6	4
Sympathy	41.0	25
Charges		
Yes	6.9	4
No	93.1	58
Future charges		
Yes	5.5	3
No	81.8	45
Don't know	12.7	7
See therapist		
Yes	15.0	9
No	85.0	51
	M	**SD**
Duration of therapy; in months	7.8	13.07

Table 27

Intercorrelations Between Victim Disclosure and Blame Variables

Variables	1	2	3	4	5	6
1) Disclosure	--					
2) Total Self-Blame	.18	--				
3) Victim Responsibility	-.14	.45*	--			
4) Percent Self-Blame	-.10	.22	.58*	--		
5) Perpetrator Responsibility	.31*	.05	-.23	-.29	--	
6) Percent Perpetrator Blame	.05	-.13	-.41*	-.36*	-.46*	--

* $p < .01$

Nineteen percent of the women continued with their relationship with the perpetrator after the experience. Sixteen percent of the participants indicated that they expected to be sexually victimized in the future. Almost equal numbers of women assaulted by non-romantic acquaintances or romantic acquaintances (4 versus 5, respectively) indicated that they expected future victimization. Of the women assaulted by romantic acquaintances, 33 percent reported having intercourse with the assailant subsequent to the assault and reported that they continued with the relationship. These results can be found in Table 28.

Participants experienced sexual victimization an average of one to two years prior to their participation in this study. However, for 12 percent of the participants, the interval between the acquaintance rape event and completing the questionnaires was less than 6 months. In order to examine whether current psychological distress was due to acute

effects of trauma, a t-test was performed comparing two groups of acquaintance rape victims: (a) individuals with a less than 6 month interval between their victimization and participation in the study and, (b) individuals with a greater than 6-month interval between their assault and participation. Although more recent victims reported slightly more symptoms on the SCL-90-R compared to individual victimized more than 6 months earlier, significant differences were not evident, $t(57) = p = .43$.

Table 28

Percent and Frequency of Relationship Variables

Relationship Variables	Percent	Frequency
Intercourse with perpetrator since event?		
Yes	18.3	11
No	81.7	49
Did you continue with relationship?		
Yes	18.6	11
No	81.4	48
Do you expect to be victimized again?		
Yes	15.5	9
No	84.5	49

Hypothesis 2: Psychological Distress

Hypothesis 2 explored the association between the experience of acquaintance rape and increased symptomatology. The AR, NAR, and NVIC groups were compared on global psychological distress and symptom dimensions. The association between specific characteristics of the AR event (e.g., victim-offender relationship, alcohol/drug use by the victim, resistance by the victim, force used by the perpetrator during the incident, and number of AR incidents) and psychological distress were also examined.

Hypothesis 2a: Group Differences. As expected, AR victims were more distressed than non-victims. Figure 1 plots the SCL-90-R scores for the AR, NAR, and NVIC groups. As can be seen in this figure, the women in the AR group scored higher than the NAR and NVIC groups on global psychological distress and the symptom dimensions. In general, the profile for the AR women indicated higher symptomatology than the NAR or NVIC women and the NAR group's profile was higher than the NVIC's profile.

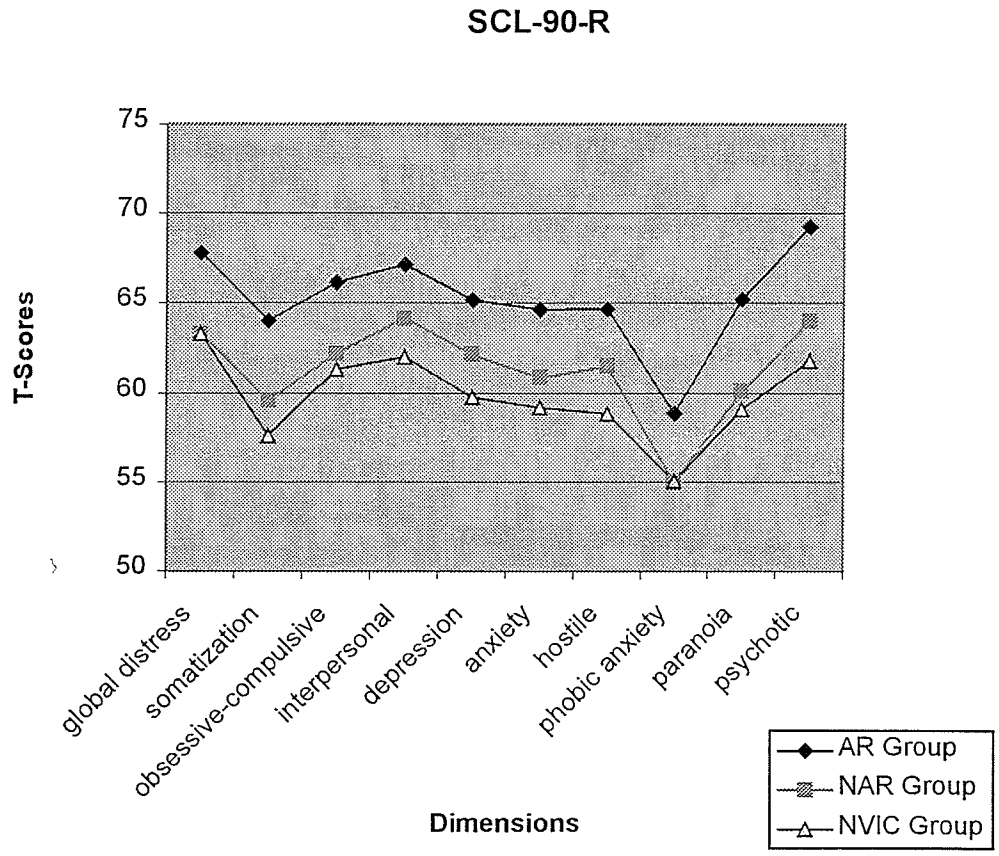

Figure 1: SCL-90-R scores for AR, NAR, and NVIC groups

An analysis of variance (ANOVA) and Tukey's HSD procedure indicated that AR women reported significantly more psychological symptoms compared to women in the NAR (M Difference = 4.48, p = .007) and NVIC (M Difference = 4.50, p < .006) groups. In comparison to the NAR and NVIC groups, respectively, the AR group reported more obsessive-compulsive (M Difference = 3.94, p < .01; M Difference = 4.81, p = .002), paranoia (M Difference = 5.14, p = .006; M Difference = 6.12, p = .001), and psychotic symptoms (M Difference = 5.27, p = .01; M Difference = 7.47, p < .001). Women in the AR group also reported greater symptoms in the somatization (M Difference = 6.39, p < .001), interpersonal (M Difference = 5.15, p =.002), depression (M Difference = 5.41, p < .001), anxiety (M Difference = 5.47, p =. 003), and hostility (M Difference = 5.82, p = .001) dimensions compared to the non-victimized (NVIC) group. Women in the AR group were more symptomatic, compared to the NAR women, on the somatization (M Difference = 4.44, p =. 02), depression (M Difference = 3.03, p =. 05), and anxiety dimensions (M Difference = 3.81, p =. 06). Although not statistically significant these results were approaching significance. Similarly, trends towards significance were also found in the reported symptoms of phobic anxiety. Specifically, women in the AR group reported more phobic anxiety symptoms compared to NAR (M Difference = 3.86, p = .06), and NVIC groups (M Difference = 3.79, p =. 07). Women in the NAR and NVIC groups were not significantly different on global distress or symptom dimensions.

Hypothesis 2b: Characteristics of the Event. This hypothesis examined whether the characteristics of the AR event were associated with psychological distress.

r (62) = -.12, p = .34, alcohol/drug use by the victim, r (66) = -.07, p = .57, number of acquaintance rape episodes, r (62) = .09, p = .50, force used by the perpetrator, r (60) = -.02, p = .91, resistance by the victim, r (60) = -.11, p = .42, and rape acknowledgement, r (63) = -.08, p = .56. The results these analyses are presented in Table 29.

Table 29

Intercorrelations Between Characteristics of Event and Psychological Distress

Variables	1	2	3	4	5	6	7
1) Global Distress	--						
2) Victim-offender relationship	-.12	--					
3) Alcohol/drug use by victim	-.07	.03	--				
4) Number of incidents	.09	.31*	.27	--			
5) Force	.02	-.06	.29	.10	--		
6) Resistance	-.11	-.07	.23	.08	.39*	--	
7) Acknowledgement of rape	-.08	.02	.25	-.10	.25	.30	--

* $p < .01$

Hypothesis 3: Previous Sexual Victimization

Hypothesis 3 examined if women who experienced acquaintance rape had also been sexually victimized as children or adolescents and whether this prior experience(s) would be related to her reported level of self-blame. It was theorized that previous victimization would be positively associated with current symptomatology manifested by the women but that these relationships would be mediated by individual resiliency. In order to explore these associations, analyses were conducted in stages. First, descriptive characteristics of childhood sexual victimization and adolescent victimization including; severity of abuse, age of onset of victimization, relationship to perpetrator, frequency of the victimization, and force used to ensure participation, were explored. From this data, overall prevalence of prior sexual victimization was determined. Second, correlational analyses were used to examine the strength of association between previous victimization and self-blame, and between previous victimization and perpetrator blame. Last, separate analyses of covariance were performed to examine the relationship between previous victimization and self-blame and between previous victimization and perpetrator blame while controlling for the effect of individual resiliency among the women in the AR group.

Descriptive Characteristics of Victimization

Childhood Sexual Abuse. One-third of the women in the AR group reported experiencing some form of childhood sexual victimization. Of these, 59 percent reported very serious sexual abuse consisting of attempted or completed oral, vaginal, or anal penetration; 9 percent reported serious sexual abuse consisting of insertion of objects or

digits into the vagina; and, 32 percent reported incidents of mild severity consisting of sexual kissing and/or fondling of the genitals or buttocks. Age of onset of victimization was 11.5 years (SD = 3.94). The women were most often victimized by an acquaintance (61.9%) or a stranger (35%). Family members, including parent/guardian (5%), sibling (5%), or extended family members such as, cousin, uncle/aunt, grandparent (10%) were less common offenders. The majority of women (66.7%) reported being victimized once or twice, while 20 percent reported 3 to 10 incidents and 13.5 percent reported experiencing 20 or more incidents. Sixty percent of the women indicated that they had been coerced into participating. Fifty-seven percent reported that they had been physically forced and 19 percent reported enduring physically harm. Table 30 presents the frequencies of childhood sexual abuse characteristics.

Peer Sexual Assault. Over one-third (37.9%) of the women in the AR group indicated that a peer had sexually assaulted them. Of the 25 participants who reported experiencing peer sexual assault, 68 percent reported very serious sexual assault, 12 percent, serious sexual assault, and 20 percent reported victimization of mild severity. The women were most often assaulted by a stranger (50%) or an acquaintance (55%). No incidents of victimization by a sibling were reported. Extended family members were perpetrators in five percent of the cases. The average age of victimization was 15.7 years. Half of the women (52.4%) reported incidents that occurred once or twice, 15 percent reported 3 to 10 incidents, 10 percent reported 11 to 20 incidents, and 25 percent reported

20 or more incidents of peer assault. Table 31 presents the frequencies of peer sexual assault characteristics.

Table 30

Characteristics of Childhood-Sexual Victimization

	AR Group		NAR Group		NVIC Group	
	Percent	**Freq.**	**Percent**	**Freq.**	**Percent**	**Freq.**
Severity of Abuse:						
None	65.6	42	74.2	49	89.4	59
Least serious sexual abuse	10.9	7	9.1	6	7.6	5
Serious sexual abuse	3.1	2	7.6	5	1.5	1
Very serious sexual abuse	19.7	13	9.1	6	1.5	1
Perpetrator:						
Stranger	35.0*	7	18.2*	2	0.0*	0
Unrelated acquaintance	61.9	13	45.5	5	33.3	2
Extended family	10.0	2	45.5	5	33.3	2
Sibling	5.0	1	0.0	0	33.3	2
Parent/step-parent/guardian	5.0	1	18.2	2	16.7	1
Force:						
Coerced	60.0**	12	76.9**	10	50.0**	2
Threatened	28.6	6	15.4	2	0.0	0
Physically forced	57.1	12	30.8	4	20.0	1
Physically hurt	19.0	4	7.7	1	0.0	0

AR = Acquaintance rape victims; NAR = Matched comparison group of not acquaintance raped; NVIC = Non-victimized women

* Cumulative percentage greater than 100 due to multiple perpetrators
** Cumulative percentage greater than 100 due to respondents checking multiple categories

Table 31

Characteristics of Peer-Sexual Victimization

	AR Group		NAR Group		NVIC Group	
	Percent	Freq.	Percent	Freq.	Percent	Freq.
Severity of Abuse:						
None	60.3	38	82.8	53	87.9	58
Least serious sexual abuse	7.9	5	12.5	8	7.6	5
Serious sexual abuse	4.8	3	3.1	2	1.5	1
Very serious sexual abuse	27.0	17	1.6	1	3.0	2
Perpetrator:						
Stranger	50.0*	10	22.2*	2	16.7*	1
Unrelated acquaintance	55.0	11	55.6	5	66.7	4
Extended family	5.0	1	33.3	3	0.0	0
Sibling	0.0	0	11.1	1	16.7	1
Parent/step-parent/guardian	0.0	0	11.1	1	0.0	0
Force:						
Coerced	52.6**	10	66.7**	6	50.0**	3
Threatened	15.8	3	22.2	2	16.7	1
Physically forced	52.6	10	22.2	2	50.0	3
Physically hurt	31.6	6	11.1	1	16.7	1

AR = Acquaintance rape victims; NAR = Matched comparison of non-acquaintance rape individuals; NVIC = Non-victimized women

* Cumulative percentage greater than 100 due to multiple perpetrators
** Cumulative percentage greater than 100 due to respondents checking multiple categories

Previous victimization. A significant difference between the AR, NAR, and NVIC groups was evident with respect to the experience of previous childhood victimization. Over half (57.8%) of the women in the AR group reported some form of sexual victimization. Women in the AR group reported higher rates of victimization compared to the women in the NAR and NVIC groups , χ^2 (8) = 37.20, $p < .001$. These findings may be found in Table 32.

Due to the low observed frequency that occurred in some of cells in the chi-square analysis, previous victimization was treated as a dichotomous variable that included at least, serious childhood sexual abuse or serious peer sexual abuse. Forty-five percent of the women in the AR group experienced serious or very serious childhood sexual victimization or peer assault. This finding was in marked contrast to the NAR and NVIC groups where 18.2 percent and 7.6 percent, respectively, reported previous victimization, χ^2 (2) = 27.31, $p < .001$. These results can be found in Table 33.

Hpothesis 3a: Previous Victimization and Blame

Correlational analyses indicated that previous sexual victimization was not significantly related to Total Self-Blame, r (64) = -.10, p = .23, Victim Responsibility, r (59) = .03, p = .40, Percent Self-Blame, r (64) = -.05, p = .35, Perpetrator Responsibility, r (59) = .04, p = .39, or Percent Perpetrator Blame, r (64) = -.15, p = .13. Given these results, there was no need to analyse further. These results appear in Table 34.

Table 32

Previous Sexual Victimization by Group

Sample Characteristic	AR Group		NAR Group		NVIC Group	
	Percent	Frequency	Percent	Frequency	Percent	Frequency
None	42.2	27	66.7	44	80.3	53
Least serious sexual abuse	12.5	8	15.2	10	12.1	8
Serious or very serious child sexual abuse	14.1	9	13.6	9	3.0	2
Serious or very serious peer abuse	22.9	14	1.5	1	4.5	3
Both serious or very serious child or peer abuse	9.4	6	3.0	2	0.0	0

AR = Acquaintance Rape Victims; NAR = Matched comparison group; NVIC = Non-victimized women

χ^2 (8) = 39.20, $p < .001$

Table 33

Previous Sexual Victimization – Serious or Very Serious Sexual Victimization

	AR Group (N = 64)		NAR Group (N = 66)		NVIC Group (N = 66)	
	Percent	**Freq.**	**Percent**	**Freq.**	**Percent**	**Freq.**
Yes	45.3	29	18.2	12	7.6	5
No	54.7	35	81.8	54	92.4	61

AR = Acquaintance rape victims; NAR = Matched comparison of non-acquaintance rape individuals; NVIC = Non-victimized women

χ^2 (2) = 27.31, $p < .001$

Table 34

Intercorrelations Between Previous Victimization and Blame Variables

Variables	1	2	3	4	5	6
1) Previous Victimization	--					
2) Total Self-Blame	-.10	--				
3) Victim Responsibility	.03	.45*	--			
4) Percent Self-Blame	-.05	.22	.58*	--		
5) Perpetrator Responsibility	.04	.05	-.23	-.29	--	
6) Percent Perpetrator Blame	-.15	-.13	-.41*	-.36*	.46*	--

* $p < .01$

Hypothesis 3b: Previous victimization and symptomatology

A one-way analysis of variance procedure revealed that psychological symptomatology was unrelated to re-victimization (F (1, 62) = .05, p = .83). These results are presented in Table 35.

Hypothesis 4: Symptomatology

Blame and symptomatology

Hypothesis 4a. It was hypothesized that self-blame would be associated with increased symptomatology. As expected, Total Self-Blame was significantly positively related to global psychological distress, r (64) = .40, p < .001). Although Percent Self-Blame, r (66) = .17, p = .09, and Victim Responsibility, r (61) = .22, p = .04, were not significantly related to symptomatology, the correlations were approaching significance. These results can be found in Table 36.

Hypothesis 4b. It was predicted that perpetrator blame would also be associated with increased symptomatology. However, contrary to expectations, there was no association between perpetrator blame and global psychological distress. These results can be found in Table 36.

Symptom Profiles and Blame

Hypothesis 4c. This hypothesis explored whether distinct symptom profiles were associated with self-blame and perpetrator blame. Pearson correlation coefficient matrices were generated to assess the associations between the symptom dimensions and self-blame and perpetrator blame. Symptom dimensions were found to be significantly inter-

use the global symptom index rather than the symptom dimensions. These results are presented in Table 37.

Table 35

Comparison of Previous Victimization and Psychological Distress

Victimization	M	SD	F	df	p
Previous Victimization	67.9	8.29	.05	1, 62	.83
Yes	67.6	9.29			
No	68.1	7.48			

Table 36

Correlations Between Psychological Distress Use and Blame Variables

Variables	1	2	3	4	5	6
1) Global psychological distress	--					
2) Total self-blame	.40*	--				
3) Victim Responsibility	.22	.45*	--			
4) Percent Self-Blame	.17	.22	.58*	--		
5) Perpetrator Responsibility	.04	.05	-.23	.36*	--	
6) Percent Perpetrator Blame	-.09	-.13	-.41*	-.29	-.46*	--

* $p < .01$

Table 37
Correlations Between Symptom Dimensions and Blame Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1) Total Self-blame	--													
2) Victim Responsibility	.45*	--												
3) Percent Self-Blame	.22	.58*	--											
4) Perpetrator Responsibility	.05	-.23	-29	--										
5) Percent Perp. Blame	-.13	-.41*	-.36*	.46*	--									
6) Somatization	.14	.17	.15	.07	-.02	--								
7) Obsessive-Compulsive	.30*	.18	.07	-.02	-.06	.54*	--							
8) Interpersonal	.48*	.34*	.18	-.05	-.06	.46*	.69*	--						
9) Depression	.41*	.19	.17	.03	-.07	.65*	.76*	.78*	--					
10) Anxiety	.26	.08	.07	.03	.05	.67*	.73*	.71*	.83*	--				
11) Hostility	.20	-.03	.05	.08	.06	.51*	.71*	.61*	.76*	.67*	--			
12) Phobic Anxiety	.19	.15	-.08	-.03	.02	.50*	.55*	.64*	.59*	.64*	.40*	--		
13) Paranoia	.48*	.24	.14	.02	-.04	.55*	.71*	.81*	.83*	.69*	.63*	.64*	--	
14) Psychoticism	.36*	.19	.19	-.05	-.24	.48*	.66*	.58*	.77*	.70*	.58*	.50*	.77*	--

* $p < .01$

Hypothesis 5: Belief in Rape Myths

Hypothesis 5a: Belief in Rape Myths and Blame

This hypothesis explored the relationship between the AR victim's belief in rape myths and self-blame and perpetrator blame. Unexpectedly, belief in rape myths was unrelated to self-blame or perpetrator blame. These results are presented in Table 38.

Hypothesis 5b: Group Comparisons of Belief in Rape Myths

Because the AR and NAR groups were matched on age, ethnicity, and family income, dependent t-tests were conducted to examine group differences on belief in rape myths. Independent t-tests were conducted to examine group differences between the AR and NVIC groups and between NAR and NVIC groups. Contrary to hypotheses, the AR and NAR groups did not significantly differ on attitudes towards rape. Although not statistically significant, a positive trend indicated that the NVIC group subscribed to rape myths more often than the NAR group, $t(130) = 1.64$, $p = .10$. These results appear in Table 39.

A post-hoc analysis was conducted examining rejection of rape myths among women who had reported sexual victimization compared to non-victimized individuals. The reader is reminded that the NAR comparison group were comprised of women who reported experiencing some form of sexual victimization but not acquaintance rape. Thus, the victimized group combined participants from the AR and NAR groups. Although belief in rape myths did not significantly discriminate victimized women from the non-

victimized participants, the results of this analysis were approaching significance, t (196) = 1.72, p = .09. Table 39 presents the results of this analysis.

Table 38
Correlations Between Rape Attitudes and Blame Variables

Variables	1	2	3	4	5	6
1) Rape Attitudes	--					
2) Total Self-Blame	.08	--				
3) Victim Responsibility	.07	.45*	--			
4) Percent Self-Blame	-.02	.22	.58*	--		
5) Perpetrator Responsibility	.02	.05	-.23	-.29	--	
6) Percent Perp. Blame	.03	-.13	-.41*	-.36*	.46*	--

* $p < .01$

Table 39
Group Differences in Belief in Rape Myths

Group Differences	M	SD	t	df	p
Belief in Rape Myths					
AR group	61.5	6.25			
NAR group	61.9	6.89			
NVIC group	60.0	6.82			
AR and NAR			-.40	65	.69
AR and NVIC			1.32	130	.19
NAR and NVIC			1.64	130	.10
Belief in Rape Myths					
Victimized participants	61.7	6.56	1.72	196	.09
Non-victimized participants	60.0	6.82			

AR = Acquaintance rape victims; NAR = Matched comparison of non-acquaintance rape individuals; NVIC = Non-victimized women

Exploratory Hypotheses

Exploratory Hypothesis 1: Prediction of Blame

To develop a better understanding of the contributions the characteristics of the event, previous victimization, and belief in rape myths had to the prediction of self-blame (Total Self-Blame, Percent Self-Blame, and Victim Responsibility) and perpetrator blame (Percent Perpetrator Blame and Perpetrator Responsibility), standard multiple regression analyses were performed. Assault characteristics that were identified as significant correlates with the respective blame variables served as the predictor variables. Belief in rape myths and the experience of previous victimization were unrelated to self-blame or perpetrator blame, therefore, were not used as predictor variables. As previously reported, evaluation of the distributions, normality, and presence of outliers resulted in the transformation of three variables, thus, the square root of Percent Self-Blame, square root of Clarity of Resistance, and the log of Perpetrator Responsibility were used in the regression analyses.

Self-Blame. Separate regression analyses were performed for each of the self-blame variables. Recall that the results of Hypotheses 1a to 1e did not identify significant associations between Total Self-Blame and the assault characteristics. However trends in the data were found suggesting that higher Total Self-Blame was associated with a less intimate relationship with the offender, less resistance by the victim during the event, and reported alcohol/drug use by the victim at the time of assault.

A backward multiple regression analysis was carried out to examine the predictors of Total Self-Blame. Results of this analysis confirmed bivariate analyses. Although a less intimate relationship with the assailant and less resistance by the victim during the assault did not predict high self-blame in the regression analysis, results were approaching significance: $R^2 = .16$, $F\ (3, 54) = 3.30$, $p = .03$ (See Table 40). This model was a poor fit accounting for only 11 percent of the variance (adjusted for sample size) in the prediction of Total Self-Blame. Alcohol/drug use by the victim ($\beta = -.13$, $p = .31$) did not contribute appreciably to the prediction.

As described earlier, square root of Percent Self-Blame was negatively correlated with Force and Resistance and positively correlated with Victim Alcohol/Drug Use. A multiple regression analysis was conducted indicating that less force by the assailant and assaults by non-romantic acquaintances were each related to higher self-blame: $R^2 = .27$, $F\ (3, 55) = 6.70$, $p < .001$. Although variables did not significantly contribute to the model, there were trends toward significance indicating that lower ratings of force used by the assailant during the assault ($\beta = -.24$, $p < .05$) and less resistance by the victim ($\beta = -.26$, $p < .04$) were related to higher Percent Self-Blame. Alcohol/drug use by the victim was not a significant predictor of self-blame. Table 41 presents the results of these analyses.

Table 40

Standard bivariate regression analyses for Victim-Offender Relationship, Resistance, and Alcohol/drug Use by Victim regressed on Total Self-Blame

Source	df	Sum of Squares	Analysis of Variance Mean Square	F	p
Model	3	1792.25	597.42	3.30	.03
Error	54	9768.00	180.89		
Multiple R	.39				
R-square	.16				
Adj. R-Square	.11				
Standard Error	13.5				

Predictors	B	SE B	Beta
Victim-offender relationship	-6.45	3.55	-.23
Resistance composite	-3.66	1.71	-.28
Alcohol/drug use by victim	-3.98	3.86	-.13
Constant	78.47	11.86	

Table 41

Standard bivariate regression analyses for Resistance, Force, and Alcohol/Drug Use by Victim regressed on Percent Self-Blame

Source	df	Sum of Squares	Analysis of Variance Mean Square	F	p
Model	3	97.36	32.45	6.70	.001
Error	55	266.40	4.84		
Multiple R	.52				
R-square	.27				
Adj. R-Square	.23				
Standard Error	2.20				

Predictors	B	SE B	Beta
Resistance	-.61	.30	-.26
Force	-.66	.33	-.25
Alcohol/drug use by victim	-.97	.64	-.19
Constant	9.23	1.25	

The reader is reminded that only Resistance was significantly correlated with Victim Responsibility. Therefore, a simple regression analysis was conducted. Results of this analysis showed that low resistance by the victim was related to high Victim Responsibility, $R^2 = .12$, F (1, 58) = 8.16, $p = .006$. These results are presented in Table 42.

Table 42

Standard simple regression analysis for Resistance regressed on Victim Responsibility

Source	df	Sum of Squares	Analysis of Variance Mean Square	F	P
Model	1	7.65	7.65	8.16	.006
Error	58	54.38	.94		
Multiple R	.35				
R-square	.12				
Adj. R-Square	.11				
Standard Error	.97				

Predictors	B	SE B	Beta
Resistance	-.34	.12	-.35*
Constant	4.57	.46	

* $p < .01$

Perpetrator Blame. Recall that Percent Perpetrator Blame was found to be positively associated with Resistance and Clarity of Resistance and the association between the victim-offender relationship and Percent Perpetrator Blame was approaching

significance. A backward multiple regression analysis was carried out utilizing these variables as predictors of Percent Perpetrator Blame. The results of this analysis can be seen in Table 43. The regression analysis showed that high resistance by the victim and a closer relationship with the assailant predicted perpetrator blame, whereas clarity of resistance became non-significant in the multivariate model: $R^2 = .27$, F (3, 55) = 6.75, p = .001. The final model accounted for 23 percent of the variance (adjusted for sample size) in the prediction of Percent Perpetrator Blame.

Results of Hypotheses 1a to 1e revealed that Perpetrator Responsibility was positively associated with Resistance, Clarity of Resistance, and Force. Thus, a multiple regression procedure, using backward elimination, was conducted using these variables to predict for Perpetrator Responsibility. Results of this analysis revealed that high victim clarity of resistance was associated with victims' ratings of perpetrator responsibility: $R^2 = .26$, F (3, 55) = 6.29, p = .001. Resistance (β = -.15, p = .33) and Force (β = -.15, p = .27) became non-significant in the regression model. The final model accounted for 22 percent of the variance (adjusted for sample size) in the prediction of Perpetrator Responsibility. See Table 44 for the results of these analyses.

Table 43

Standard bivariate regression Analyses of Victim-Offender Relationship, Resistance, Clarity of Resistance regressed on Percent Perpetrator Blame

Dependent variable:	Percent Perpetrator blame
Independent variables:	Victim-offender relationship, Resistance, and Clarity of Resistance

Source	**df**	**Sum of Squares**	**Analysis of Variance Mean Square**	**F**	**p**
Model	3	15,051.69	5017.23	6.75	.001
Error	55	40,901.11	743.66		
Multiple R	.52				
R-square	.27				
Adj. R-Square	.23				
Standard Error	27.27				

Predictors	**B**	**SE B**	**Beta**
Victim-offender relationship	18.08	7.15	.29*
Resistance	8.21	4.44	.28*
Clarity of Resistance	-17.30	12.32	-.22
Constant	5.15	34.73	

* $p < .01$

Table 44

Standard bivariate regression analyses for Resistance, Clarity of Resistance, and Force regressed on Perpetrator Responsibility

Dependent variable:	Perpetrator Responsibility
Independent variables:	Clarity of Resistance, Resistance, and Force

Source	**df**	**Sum of Squares**	**Analysis of Variance Mean Square**	**F**	**p**
Model	3	.65	.22	6.29	.001
Error	55	1.90	.03		
Multiple R	.51				
R-square	.26				
Adj. R-Square	.22				
Standard Error	.19				

Predictors	**B**	**SE B**	**Beta**
Clarity of Response	.17	.09	.31*
Resistance	.-.03	.03	-.15
Force	-.03	.03	-.15
Constant	.16	.22	

* $p < .01$

Exploratory Hypothesis 2: Prediction of Symptomatology:

This hypothesis examined the best predictors of symptomatology. As presented earlier, none of the characteristics of the AR episode (e.g., victim-offender relationship, force, resistance, acknowledgement, alcohol/drug use by victim/perpetrator) were related to psychological distress. Furthermore, perpetrator blame and resiliency was not associated with symptomatology. In order to confirm these results, individual regression analyses were conducted, utilizing symptomatology as the dependent variable and the characteristics of the event and blame variables as the predictor variables. Regression analyses revealed that Total Self-Blame significantly predicted psychological distress. Although not significant, Victim Responsibility was approaching significance in predicting symptomatology. All other predictor variables were not significant. The results of the individual regression analyses can be found in Table 45. A more comprehensive review of significant findings follows.

A simple regression analysis confirmed bivariate analyses. With global psychological distress as the dependent variable, Victim Responsibility did significantly contributed to the prediction: $R^2 = .05$, F (1, 59) = 2.99, $p = .09$. This result indicated a trend in the data rather than a significant finding. Furthermore, the model was a very poor fit with Victim Responsibility accounting for only three percent of the variance (adjusted for sample size) in symptomatology. These results are presented in Table 46.

Table 45

Individual Linear Regression Analyses for Global Distress

Puedictor Variables	R^2	df	F	p
Previous Victimization	.001	1, 62	.05	.83
Victim-Offender Relationship	.02	1, 60	.91	.34
Force	.00	1, 58	.01	.91
Resistance	.01	1, 58	.66	.42
Clarity of Resistance	.01	1, 57	.45	.50
Victim Alcohol/Drug Use	.01	1, 64	.31	.58
Perpetrator Alcohol/Drug Use	.00	1, 64	.001	.97
Rape Acknowledgement	.01	1, 61	.34	.56
Victim Responsibility	.05	1, 59	2.99	.09
Percent Self-Blame	.03	1, 64	1.86	.18
Total Self-Blame	.16	1, 62	11.86	.001*
Perpetrator Responsibility	.00	1, 59	.01	.91
Percent Perpetrator Blame	.01	1, 64	.48	.49

* $p = .001$

Table 46

Standard bivariate regression analyses for Victim Responsibility regressed on Global Distress

Dependent variable:	Global distress
Independent variables:	Victim Responsibility

Source	df	Sum of Squares	Analysis of Variance Mean Square	F	p
Model	1	194.28	194.28	2.99	.09
Error	59	3832.59	64.96		
Multiple R	.22				
R-square	.05				
Adj. R-Square	.03				
Standard Error	8.06				

Predictors	B	SE B	Beta
Victim Responsibility	1.76	1.02	.22
Constant	61.99	3.52	

As expected, high Total Self-Blame significantly predicted increased psychological distress: $R^2 = 16$, $F(1, 62) = 11.86$, $p = .001$. This model was a better fit with Total Self-blame accounting for 15 percent of the variance (adjusted for sample size) in symptomatology. These results are presented in Table 47.

Table 47

Standard bivariate regression analyses for Global Distress regressed on Total Self-Blame

Dependent variable:	Global distress				
Independent variables:	Total Self-blame				
Source	**df**	**Sum of Squares**	**Analysis of Variance Mean Square**	**F**	**p**
Model	1	678.87	678.87	11.86	.001
Error	62	3549.34	57.24		
Multiple R	.40				
R-square	.16				
Adj. R-Square	.15				
Standard Error	7.57				
Predictors		**B**	**SE B**	**Beta**	
Self-blame total		.23	.07	.40*	
Constant		57.85	3.04		

* $p < .001$

DISCUSSION

Overview

There were two main objectives for the current investigation. The first objective of this study was to examine the relationships between self-blame, perpetrator blame, and psychological symptoms. In exploring these relationships, the specific circumstances of the assault (e.g., relationship between the victim and offender, resistance by victim, clarity of resistance, force used, alcohol/drug use by the victim/assailant, and rape acknowledgement) were also examined. The second focus of this study involved examining the influence of previous history of victimization, attitudes towards rape, and resiliency in victims in predicting blame and symptomatology among victims of acquaintance rape.

For the most part, the results of this study were consistent with previous findings with respect to the characteristics of the assault and blame. As expected self-blame was associated with considerable psychological distress. In contrast to Tennen and Afflect's (1990) hypothesis, perpetrator blame was unrelated to symptomatology. Surprisingly, the circumstances of the assault were unrelated to psychological symptoms. Also unexpectedly, previous history of sexual abuse was unrelated to self-blame, perpetrator blame, or symptomatology.

The current findings contribute to the existing literature supporting the maladaptive nature of self-blame. Suggestions are offered regarding the refinement of the measurement of self-blame and perpetrator blame which, when developed, will increase our understanding of the role of these variables in producing negative

aftereffects of sexual assault. This information will, in turn, guide interventions for victims.

Prevalence of Sexual Violence

The present results indicated that 9 percent of the participants reported unwanted sexual experiences that met the criteria for rape. This in comparison with previous investigations that reported incidence rates ranging from 11.4 percent to 15.4 percent (DeKeseredy & Kelly, 1993; Koss et al., 1987; Layman et al., 1996; Shimp, 2000; Ullman & Siegel, 1993). The incidence of sexual violence was lower in the present sample across all items on the SES compared to previous investigations (DeKeseredy & Kelly, 1993; Koss et al., 1987; Shimp, 2000). At times, rates of unwanted sexual experiences reported in this study were half of that found in the literature (e.g., Layman et al., 1996). Thus, the current results likely reflect an underestimate of the incidence of AR in a female university population.

This finding can be partially explained by looking at the lower age boundary utilized for answering questions on the SES. The lower age limit for this investigation was set at 17 years, whereas both Koss et al. (1987) and Shimp (2000) set the age boundary at 14 years. Given that the average age of participants in this study was 21.3 years, with a median age of 19.5 years, the age limit resulted in a more restricted time period in which women may have been victimized. Koss et al. (1987) noted that women in the mid-teen and early college years are at the highest risk for sexual victimization experiences compared to all other age groups. Limiting the time period for experiences to be included in this investigation directly affected the potential sample size.

A visual examination of the data for peer sexual abuse indicated that at least six participants reported unwanted sexual experiences perpetrated by a person less than five years older than themselves when they were 16 years of age or younger. As per the instructions provided to the participants, these individuals did not indicate that they had experienced victimization consistent with AR on the SES. However, had the age limit included experiences since the age of 14 years, it is likely that these participants would have been categorized as AR victims. In turn, the prevalence rate of AR in this study would have increased.

The current results are more directly comparable with a Canadian study examining sexual abuse prevalence rates among women since leaving high school (DeKeseredy & Kelly, 1993). The lower age boundary for DeKeseredy and Kelly (1993) used to define incidents of acquaintance rape was similar to that used in this study. The incidence of victimization was also comparable, 9.3 percent in this study versus 11.4 in DeKeseredy and Kelly's (1993) investigation. Overall, the current findings reflect a slightly lower prevalence rate in comparison to previous investigations; however, the amount of victimization is consistent with other investigations when similar definitions are used.

In terms of the ethnic background of the participants, there were some notable findings. Firstly, Aboriginal women were over-represented in the sample of women categorized as acquaintance rape victims. Secondly, Asian women were under-represented in this group. These results may reflect actual differences in the experience of sexual victimization for these respective ethnic groups. However, some of the Asian women in the larger sample may have experienced difficulties completing the

questionnaires because of problems associated with English as a second language. In addition, Asian participants may not have answered questions related to victimization because of some cultural taboo related to disclosure of such experiences. The relatively small sample size did not permit statistical comparisons of the various ethnic groups with respect to prior victimization, disclosure of acquaintance rape, rape acknowledgement, or psychological distress. However, a visual inspection of the data indicated that Asian women were more distressed than other ethnic groups. These issues require further exploration with a larger sample size.

Koss (1985) noted that prevalence estimates are vulnerable to threats to validity due to non-disclosure of victimization. Respondents may hesitate to disclose victimization due to an historical tradition of denigrating rape victims as damaged goods. Victims may also hesitate to report incidents to police due to concerns that their allegations would be discredited or that they would be blamed for setting themselves up for victimization. Furthermore, substantial proportions of victims may not perceive themselves as having been victimized. It is not until months, and at times, years later that some victims are able to re-interpret their experiences as incidents of rape (Koss, 1985). Results from the current study are consistent with this proposition with only a third of the women acknowledging that they had been victims of rape.

Hypotheses 1: Acquaintance Rape and Blame

As the reader will recall, one of the objectives of this study was to examine the relationships between the characteristics of the AR event and levels of self-blame and perpetrator blame. Although some of the results confirmed previous findings, other findings were contradictory. Possible interpretations of these results are discussed.

Victim-Offender Relationship

It was hypothesized that more intimate relationships between the victim and the offender would be associated with higher self-blame. This hypothesis was not supported and, in fact, was contradicted. Although not statistically significant, women in this sample who were assaulted by husbands or boyfriends reported less Total Self-Blame than those assaulted by non-romantic acquaintances. This finding is inconsistent with Katz and Burt (1988) who found that their sample of acquaintance rape victims (including acquaintances, friends, and intimate others) reported higher levels of self-blame compared to stranger rape victims. However, the results confirmed Koss' (1985) findings that women raped by husbands or family members viewed themselves as less responsible than non-romantic acquaintances or casual dates.

It was also hypothesized that higher perpetrator blame would be associated with less intimacy in the victim-offender relationship. This hypothesis was also not supported. Contrary to expectations there was a trend toward significance indicating that women assaulted by husbands, spouses, or boyfriends attributed more blame to the offender compared to those assaulted by non-romantic acquaintances. This result was inconsistent with findings from Murnen et al.'s (1989) study that found victims were more likely to blame the offender if they did not know him well. However, the results of this study are congruent with research of the attributions of battered women (e.g., Cascardi & O'Leary, 1992; Miller & Porter, 1983). Cascardi and O'Leary (1992) noted that victims of domestic violence attributed more blame to the offender than to themselves.

It is important to note that previous studies (e.g., Katz & Burt, 1988; Koss, 1985; Murnen et al., 1989) compared a wide range of relationship categories, ranging from stranger to romantic acquaintance. Many of the significant differences reported in the literature, with respect to the victim-offender relationship and blame were found comparing assaults by strangers with assaults by all other relationship categories combined. When categories of acquaintanceship was restricted to non-romantic and romantic relationships, as was the case in the present study, differences with respect to the victim-offender relationship and blame (self and perpetrator blame) were not evident.

Aggression and Resistance

It was expected that high resistance by the victim would be related to low self-blame and high perpetrator blame. This hypothesis was supported for all self-blame and perpetrator blame variables. Victims who reported that they did not resist, blamed themselves more than women who did resist. These results are consistent with previous findings (Koss et al., 1988; Ullman & Siegel, 1993). Furthermore, victims who reported high resistance blamed themselves less than women who did not actively resist. It is possible that victims may retrospectively perceive that they could have avoided the assault had they resisted more. This supposition is congruent with the empirical literature that indicated that non-resistance (e.g., crying, going numb, or freezing) was linked with high self-blame (Herman, 1992; Galliano et al., 1993).

Women who indicated that they were very clear in their refusal of sexual intercourse blamed their assailant more and perceived him as more responsible than women whose refusal was not as clear. Clarity of refusal was unrelated to self-blame. In addition, the more resistance women reported, the more blame they attributed to the

perpetrator. These results are consistent with Murnen et al.'s (1989) findings that women were more likely to blame the assailant when their responses were clear and resistance was more forceful.

It was also hypothesized that high levels of force used by the perpetrator would be related to low self-blame and high perpetrator blame. This hypothesis was only partially supported. Force used by the assailant during the assault was unrelated to Total Self-Blame, Victim Responsibility, or Percent Perpetrator Blame. However, victims who rated the assailant higher on aggression also rated him as more responsible for the event. Higher Perpetrator Responsibility was associated with assaults involving more force and with assaults involving a higher number of aggressive strategies. In trying to make sense of these discrepant findings, one could conclude that the measures of perpetrator blame are assessing different aspects of perpetrator blame. Perhaps victims interpreted blaming the perpetrator for the incident as being different than holding him responsible for it.

Alcohol/Drug Use by Victim/Perpetrator

Consistent with previous research (Brecklin & Ullman, 2001; Ullman et al., 1999, Stermac et al., 1998) over two-thirds of the participants reported alcohol/drug use and indicated that the assailant was also under the influence at the time of the acquaintance rape incident. It was anticipated that alcohol use by the victim would be associated with increased self-blame. This hypothesis was partially supported. Alcohol/drug use by the women was associated with increased attributions of self-blame (Percent Self-Blame); however, Total Self-Blame and Victim Responsibility were not associated with Victim Alcohol/Drug use. These results may be due to the relatively small sample size since the associations were approaching significance.

Victimization following alcohol/drug use may result in increased attributions of self-blame because victims may perceive that they could have avoided the assault if they had not been in an inebriated state. This supposition is supported by Abby's (1991) theory that self-blame may reflect the victim's belief that alcohol/drug use led to less effective cognitive and physical resistance strategies and, subsequently to self-blame.

It was also anticipated that alcohol/drug use by the victim would be related to lower perpetrator blame. Although alcohol/drug use by the victim failed to be associated with perpetrator blame, the results were approaching significance. These results need to be replicated with a larger sample.

Perpetrator alcohol/drug use was unrelated to self-blame or perpetrator responsibility. However, a trend towards significance suggested that participants attributed less responsibility to the assailant when he had used alcohol or drugs prior to the assault. These results are in contrast to previous findings linking perpetrator alcohol/drug use and perpetrator blame (Ullman et al., 1999; Brecklin & Ullman, 1993). However, earlier investigations included assaults by acquaintances or strangers. In addition, the assaults tended to involve completed rape, significant aggression by the perpetrator, and injury to the victim. Thus, perpetrator alcohol/drug use alone may not predict perpetrator blame but may interact with the victim-offender relationship, aggression, or injuries received by the victim to predict perpetrator blame. Because the present study did not include assaults by strangers and injury to victims was not assessed, results cannot be directly compared with earlier studies.

That participants seemed to blame themselves for the assault when alcohol/drugs were involved, yet perceived the assailant as less blameworthy is consistent with a double standard adhered to by both men and women (Berkowitz, 1992). According to Richardson & Campbell (1982) men are perceived as less responsible and women more responsible for what happens when one or both individuals drink alcohol prior to a sexual assault. In addition, there is empirical support that inebriation is an excuse for sexual assault and that alcohol, but not aggressive acts, are to blame for a sexual victimization rather than the perpetrator (e.g., Katz, Arias, Beach, Brody, & Roman, 1995; Testa & Leonard, 2001). Katz et al. (1995) found that wives held husbands as less responsible for aggressive behaviour when they were problem drinkers compared to wives of non-drinking husbands. A recent survey in Manitoba found that 46 percent of Manitobans believe that alcohol abuse is the cause of domestic violence (Probe Research, 2001). Certainly, public opinion lays the blame for violence on alcohol, not the offender and the empirical literature provides support for this viewpoint (Katz et al., 1995; Richardson & Campbell, 1982; Testa & Leonard, 2001).

Acknowledgement of Rape

It was expected that women who acknowledged that they had been raped would report lower self-blame and higher perpetrator blame compared to unacknowledged victims. Despite reporting unwanted sexual experiences that were consistent with definitions of rape, over two-thirds of the respondents did not acknowledge that they had been raped. This result is consistent with Koss et al. (1987) findings that a substantial proportion of victims were unacknowledged victims.

In this study, approximately one-third of the victims did not disclose their victimization to anyone. Of those who did tell someone, it was most often a friend. In addition, very few women sought help from a mental health clinician. This rate of non-disclosure is consistent with previous findings (Koss et al., 1988; Shimp, 2000; Pitts & Schwartz, 1993). Ullman (1996) noted that victims of acquaintance rape, compared to stranger rape victims, were more likely to delay disclosure. This is a serious issue given that delayed disclosure was found to be associated with increased symptomatology and avoidance coping strategies such as, withdrawal, alcohol/drug use, dropping out of school, and quitting a job (Ullman, 1996). Although delayed disclosure was not associated with psychological symptoms in this investigation, the reader is reminded that the interval between the acquaintance rape experience and participation in the study was relatively brief, an average of one to two years. It is possible that if victims continue to not disclose, symptomatology may increase over time.

While the proportion of individuals indicating that they received "no response" to their disclosure was substantial (36%), this finding requires elaboration. For that particular item, "no response" was the default category. That is, victims who indicated that they had not disclosed their victimization to anyone also selected "no response". The inclusion of an option on this item indicating that the question was not applicable for the individual's experience would have been useful. After taking into account the women who had not disclosed, only one individual indicated that she had not received any response to her disclosure.

Of the four individuals who reported that their disclosure was not believed, all of them did not acknowledge that they had been raped. While definitive conclusions cannot be drawn from the results of such a small number of participants, this finding is consistent with Golding et al. (1989) who found social support to be related to rape acknowledgement. Due to the relatively small sample size, further analyses exploring the relationships between response to disclosure and self-blame or perpetrator blame were not possible. Further enquiry with a larger sample is required to explore these relationships.

Self-blame and perpetrator blame failed to discriminate acknowledged from unacknowledged victims in this study. This result is consistent with Layman et al.'s (1996) findings that self-blame did not discriminate acknowledged victims from unacknowledged victims. The results of the present study are also congruent with Shimp, (2000) who found that rape acknowledgement was unrelated to perpetrator blame. However, circumstances of the assault, such as the amount of force used, resistance by the victim, and disclosure of the event, have all been linked with perpetrator blame and rape acknowledgement in this study. It is possible that the relationships between the characteristics of the assault and rape acknowledgement may be mediated by other variables, such as self-blame and perpetrator blame. Shimp (2000) reported both direct and indirect relationships among assault characteristics, disclosure, rape acknowledgment, and blame variables. Future studies should explore these relationships with a larger sample of acknowledged and unacknowledged victims.

It was also expected that rape acknowledgement would be associated with less intimate relationships with the offender. Previous investigations reported that characteristics of the assault (e.g., force, resistance, victim-offender relationship)

discriminated acknowledged from unacknowledged rape victims (Layman et al., 1996; Koss, 1985, Koss et al., 1988). Although aggression and resistance were associated with rape acknowledgement in the present study, these circumstances of assault were unrelated to the victim-offender relationship. Women assaulted by non-romantic and romantic acquaintances were equally likely to acknowledge their experience as rape. As discussed earlier, when category of acquaintanceship excluded stranger rape, prior findings were not supported.

Hypothesis 2: Acquaintance Rape and Psychological Distress

Hypothesis 2a: Group Differences

Recall that Hypothesis 2 explored the association between acquaintance rape and psychological symptoms. As expected, acquaintance rape victims were more distressed than the women in the matched comparison group (NAR group) or the non-victimized group (NVIC group). In general, the women in the AR group were the most symptomatic, with the NAR group reporting the next highest symptoms. The NVIC group reported the fewest symptoms. Participants in the NAR group were matched with the AR women on demographic variables such as age, ethnicity, and family socioeconomic status. Although these women did not report experiences that categorized them as AR victims, many of these women did report less serious unwanted sexual experiences. According to their responses on the SES, the NVIC women were randomly selected from a sub-sample of women who did not report having experienced any victimization whatsoever. As expected, the women who had experienced the most severe victimization reported the most psychological aftereffects and the women who reported

no victimization reported the least amount of symptoms. The NAR group reported symptoms that fell somewhere in between these two groups.

It was interesting that women in all groups scored the highest on the psychoticism dimension. While these findings may be suggestive of psychotic thought problems, reported symptoms by the participants reflected mild interpersonal alienation and social withdrawal rather than psychosis per se. Furthermore, the scores did not fall within the clinical range of symptomatology. Women in all groups scored lowest on phobic anxiety. Although one would expect victims of acquaintance rape to score high on phobic anxiety, items on this dimension represented phobic anxiety that is similar to agoraphobia.

Hypothesis 2b: Circumstances of the Assault and Symptomatology

This hypothesis explored the relationship between the characteristics of the assault and symptomatology. Specifically, the closer the relationship to the assailant, the more force used by the perpetrator, higher resistance by the victim, and the higher number of incidents, were anticipated to be related to higher symptoms. While this study verified previous research of substantial psychological distress experienced by victims, characteristics of the event (e.g., force used by the assailant, resistance by the victim, alcohol/drug use by the victim or perpetrator, and rape acknowledgement) were unrelated to symptomatology.

Unexpectedly, assaults by non-romantic acquaintances and assaults by romantic acquaintances did not differ with respect to symptomatology. This finding is consistent with previous findings that the victim-offender relationship was not a significant predictor of post-assault trauma (Gidycz & Koss, 1991b; Ullman & Filipas, 2001). It is

possible that the significant findings reported in previous studies may have been due to the disproportionate influence of psychological distress reported by women assaulted by strangers (Ellis et al., 1981; Koss et al., 1988; Shimp, 2000). For acquaintance rape victims, other factors such as relationship dissatisfaction or lack of perceived social support may contribute to the manifestation of emotional difficulties.

In contrast to previous research that suggests that delayed disclosure is linked with increased psychological distress (Ullman, 1996), there was a trend in the data indicating that women who disclosed their victimization reported increased symptomatology compared to those women who had not disclosed. While the results of this study suggest a relationship between disclosure and symptomatology it is not clear whether disclosure/non-disclosure preceded the development of symptoms or whether women who experienced more symptoms tend to disclose more readily compared to women who are less symptomatic. Further research exploring the nature of these relationships is necessary.

Direct comparison of the current findings with past results is hampered because of differences in methodology and measurement of psychological distress. Some previous investigations utilized standardized measures to assess relationships between the circumstances of the assault and specific symptoms, such as depression (Ellis et al., 1981; Kilpatrick et al., 1987; Koss et al., 1987), PTSD symptoms (Gidycz & Koss, 1991a; Layman et al., 1996; Ullman & Filipas, 2001), or anxiety (Koss et al., 1987; Gidycz & Koss, 1991a). Other studies (e.g., Koss et al., 1988; Ullman & Siegel, 1993) used measures without known psychometric properties to assess psychological symptomatology.

The current study used a global measure of distress (i.e., SCL-90-R). Results of this study are congruent with Kilpatrick et al. (1981) findings of substantial psychological difficulties. Acquaintance rape victims reported more global symptoms, obsessive-compulsive, and psychotic symptoms compared to both less seriously assaulted individuals and non-victimized participants. In addition, victims of AR reported more interpersonal, depression, anxiety, hostility, and somatic symptoms compared to NAR and NVIC women.

Hypothesis 3: Previous Victimization, Blame, and Symptomatology

Hypothesis 3 examined previous victimization, blame, (self and perpetrator blame), and psychological distress. The reported victimization in this study was consistent with previous literature with respect to the high number of AR victims who have experienced previous victimization. Specifically, 23 percent of respondents indicated they had been sexually abused as a child. Furthermore, 32 percent of the women reported that they had experienced sexual assault by a peer. When these experiences were combined to create a dichotomous variable representing previous victimization, forty-five percent of the women in the AR group reported previous victimization. The occurrence of re-victimization in this study was higher than that reported by Messman-Moore and Long (2000) and Ullman and Siegel (1993). In contrast, the reported re-victimization is considerably lower than that found in Layman et al.'s (1996) study where two-thirds of the respondents indicated that they had experienced childhood sexual abuse.

In trying to understand these results, it became evident that differences in methodology hindered comparisons with other studies. Although there is a preponderance of investigations on child sexual abuse and a growing number of studies on the effects of acquaintance rape, there is no uniform definition of childhood sexual abuse nor is there a standardized measure of these experiences. Two criteria emerged as problem areas in the definition of sexual abuse and acquaintance rape. The first includes the upper age boundary for defining victims of sexual abuse. This study considered victimization to have occurred among individuals who were 16 years of age or younger, whereas Layman et al. (1996) considered childhood victimization to have occurred when individuals were 14 years old or younger. A related problem is the lower age boundary for categorizing victims of acquaintance rape. For this study, unwanted sexual experiences when the individual was 17 years of age or older were used to classify acquaintance rape victims. In contrast, investigators of AR victims (e.g., Layman et al., 1996; Koss et al., 1988) set the age boundary at 14 years or older.

A second area that differs among studies is the nature of sexual acts included in the definition of childhood victimization. This study used a narrow definition involving physical contact, with or without the use of force, by a perpetrator at least 5 years older than the victim to identify victims of childhood sexual abuse. In contrast, Layman et al. 1996) utilized a broad definition of sexual abuse including sexual acts ranging from non-contact forms of abuse (e.g., exhibitionism) to contact forms (e.g., fondling, rape and attempted rape). The definition of childhood victimization used in the Messman-Moore and Long (2000) study was similar to the definition used in this study. Athough Ullman and Siegel's (1993) definition was somewhat vague, incidents that occurred before the

age of 16 years and involving forced sexual contact were considered childhood sexual abuse.

Although the sample of women in the present study reported experiencing less victimization in comparison to Layman et al.'s (1996) sample of AR victims, this result may be attributed to differences in the definitions of childhood abuse used in the respective studies. When similar definitions of childhood victimization are used, the reported incidence of victimization is comparable to previous investigations (e.g., Messman-Moore and Long, 2000; Ullman & Siegel, 1993). Evidently even though 15 to 20 years have passed since the first studies of childhood sexual abuse emerged in the literature, the area continues to suffer from a lack of a standardized definition of childhood sexual abuse and consensus regarding the measurement of these experiences.

Re-victimization and Blame

The hypothesis that previous victimization would be associated with current levels of self-blame was not supported. Although the experience of acquaintance rape was associated with increased self-blame, prior experience of childhood sexual victimization did not result in higher levels of self-blame. This result contradicts Arata's (1999b) finding that victims who had experienced childhood sexual abuse reported more self-blame compared to rape victims without such histories. Methodological differences between the current study and Arata's (1999b) study may account for the discrepant findings. However, Runtz (1987) also found that self-blame was relevant only for recent assaults but not for childhood victimization. Runtz (1987) speculated that the results of her study might have been due to participants demonstrating symptoms, including self-blame, consistent with the acute effects of trauma. The majority (90%) of the participants

in the present study reported experiencing re-victimization more than 6 months prior to their participation. Thus, the effects of acute trauma did not account for the lack of relationship between self-blame and re-victimization. The current results support Runtz's (1987) speculation that psychological distress was influenced more by the recent trauma of acquaintance rape rather than the cumulative effect of re-victimization.

Because re-victimization was unrelated to self-blame or symptomatology, the influence of resiliency could not be examined. While the number of individuals reporting sexual victimization as a child was consistent with other studies using similar definitions of abuse, the sub-sample of re-victimized participants was relatively small. The results of this study need to be replicated with a large sample size.

Hypothesis 4: Blame and Psychological Distress

Hypothesis 4 investigated the relationship between self-blame, perpetrator blame, and symptomatology. Consistent with previous investigations, higher Total Self-Blame was associated with more global psychological distress among acquaintance rape victims in this study. Although high Victim Responsibility and Percent Self-Blame were not related to higher psychological symptoms, there were trends toward significance.

The hypothesis that perpetrator blame would be linked with symptomatology was not supported for either perpetrator blame variable. This result is consistent with Shimp (2000) who did not find perpetrator blame to be related to posttraumatic symptoms. However, these findings are contrary to Tennen and Afflect's (1990) model that theorized that blaming another was associated with negative psychological after-effects. It is important to note that most studies in Tennen and Afflect's (1990) survey assessed other blame among individuals with a medical condition or who had been in a car accident.

Only one study assessed blame among rape victims (Meyer & Taylor, 1986). While blaming another for a medical condition has been associated with poor psychological outcomes, attributing the blame to a sexual offender may be an adaptive response and one that is socially sanctioned (Tennen & Afflect, 1990).

This supposition makes intuitive sense, particularly if the assailant is a stranger. However, whether the same conclusion would hold true if the assailant was someone known to the victim is still unanswered. In a study of sexually abused children, Hoagwood (1990) theorized that children who blame an abusive parent might experience confusion in trying to make sense out of a sometimes nurturing, sometimes abusive parent. This confusion can lead to secondary psychological symptoms such as depression and interpersonal problems. Perhaps victims of acquaintance rape face a similar dilemma when the assailant is someone known to her. Additional research is necessary to explore this issue.

Although the measure of Total Self-Blame was linked to obsessive-compulsive, interpersonal sensitivity, depression, paranoia, and psychotic symptoms and interpersonal sensitivity was related to Victim Responsibility, symptom dimensions were highly correlated. Given the high inter-correlation between the symptom dimensions it was considered more appropriate to use the global symptom index. Future research may wish to consider replicating these findings with psychometrically sound measures of specific symptoms (e.g., depression, anxiety, or interpersonal problems).

Hypothesis 5: Belief in Rape Myths

It was hypothesized that the women who subscribed to stereotypic beliefs about rape would report more self-blame for the victimization and less perpetrator blame compared to women who reject rape myths. This hypothesis was not supported. In general, victims scored high in their rejection of rape myths.

Additional analyses explored whether women who had experienced acquaintance rape would be less supportive of rape myths compared to women who had not endured this form of victimization or were not victimized at all. It was hypothesized that women who experienced acquaintance rape would demonstrate higher rejection of stereotypic beliefs about rape compared to women who had not endured AR or had not experienced any victimization whatsoever. This hypothesis was not supported. In contrast to Katz and Burt (1988), attitudes towards rape did not significantly discriminate between the groups. AR and NAR groups were approximately equal with respect to the rejection of rape supportive beliefs. There was a trend toward significance for the NVIC women to endorse rape myths more than the NAR group. Although the NVIC group was not significantly different from the AR group, the results were in the expected direction.

These findings are consistent with Koss and Dinero's (1989) results. Although not identified as a significant risk factor for sexual victimization among college women, Koss and Dinero (1989) reported a pattern of means for the Rape Acceptance Scale that was similar to that found in this study. Specifically, rape victims scored lower on rape myth endorsement as compared to non-victimized participants.

Although not a significant finding, there was trend toward significance indicating that the non-victimized women were more accepting of rape myths compared to victimized participants. These results may suggest that the experience of victimization may alter an individual's beliefs about rape. Longitudinal investigations would provide information regarding whether beliefs about rape change after the experience of an assault. Alternatively the absence of significant differences among the groups with respect to belief in rape myths suggest that public awareness campaigns over the past 20 years have been successful in challenging stereotypic beliefs about rape.

Exploratory Hypotheses

Prediction of blame

Self-blame. One of the goals of this study was to explore the prediction of self-blame from previous victimization, characteristics of the assault, and belief in rape myths. Resistance by the victim was the only variable that consistently contributed to the prediction of self-blame. Although none of the characteristics of the assault predicted Total Self-Blame, there were trends toward significance suggesting that less intimate relationships with the assailant and less resistance by the victim was associated with more self-blame. Conversely, increased intimacy was linked with lower self-blame. These results are consistent with Shimp (2000) who reported women with a greater degree of relationship with the perpetrator reported less self-blame.

There were also trends toward significance indicating that high force during the assault and less resistance by the victim predicted high Percent Self-Blame. Finally, low resistance by the victim during the assault predicted higher ratings of Victim

Responsibility compared to victims who reported substantial resistance. Evidently, these measures of self-blame were variable in assessing the construct.

These results should be interpreted with caution, however, since Percent Self-Blame and Victim Responsibility were single item measures. It is questionable if a one-item measure could have sufficient reliability to predict self-blame. These caveats notwithstanding, low resistance by the victim contributed to the prediction of high self-blame. These results are consistent with prior research that found a negative relationship between resistance and self-blame (Katz, 1991; Murnen et al., 1989; Ullman et al., 1999).

Perpetrator Blame. Victim-Offender Relationship and Resistance significantly predicted Percent Perpetrator Blame. These results suggested that the closer the relationship to the assailant and the more the victim resisted during the assault, the more likely she was to attribute blame to the perpetrator. The significant relationship between high resistance and high perpetrator blame is consistent with previous investigations (Murnen et al., 1989; Ullman & Siegel, 1993).

However, the women's perception of how clear they were in their refusal of sexual intercourse and not their ratings of resistance or force used during the assault was associated with Perpetrator Responsibility. These results suggest that the acquaintance rape victims in this study may have interpreted blame and responsibility differently. Alternatively, given the inconsistency between the two measures of perpetrator blame this would suggest that they are measuring different aspects of assailant blame.

Prediction of Symptomatology

This hypothesis explored variables that predicted psychological distress. Unexpectedly, characteristics of the assault, previous victimization, and belief in rape myths were not associated with psychological outcomes. As anticipated, Total Self-Blame emerged as a significant predictor of symptomatology. That self-blame was linked to substantial psychological distress in this study is consistent with previous findings (Koss et al., 1988; Murnen et al., 1989; Ullman & Siegel, 1993). Although Victim Responsibility was not associated with global psychological distress, there was a trend in the data indicating that increased symptoms were associated with the women's ratings of higher responsibility for the assault. This result needs to be replicated with a larger sample size. The final measure of self-blame, Percent Self-blame, was not related to psychological symptoms. The inconsistencies of the findings may reflect that the measures of self-blame were poor measures for assessing self-blame and/or that the various measures were assessing different aspects of self-blame.

In contrast to Tennen and Afflect's (1990) theory that perpetrator blame would be associated with increased symptomatology, perpetrator blame in this study was not related to psychological distress. Although Tennen and Afflect's (1990) theory suggested that blaming another for uncontrollable events leads to difficulties with adjustment, the theory may not be appropriate when considering acquaintance rape. As discussed earlier, Tennen and Afflect's review included studies of accident victims and individuals with medical conditions and only one study of rape victims (Meyer & Taylor, 1986). Results of studies of rape victims conducted after the 1990 review by Tennen and Afflect, also found that perpetrator blame was unrelated to psychological distress (Frazier, 1990;

Meyer & Taylor, 1986; Shimp, 2000). Tennen and Afflect (1990) point out that since acquaintance rape involves a personal violation by someone known to the victim, ascribing blame to the assailant may actually be an adaptive and socially sanctioned response to victimization.

Surprisingly, specific characteristics of the event (e.g., victim-offender relationship, force used, resistance by victim, alcohol/drug use by perpetrator/victim) did not contribute significantly to the prediction of psychological distress. These results are in contrast to previous findings linking characteristics of assault with symptomatology (Gidycz & Koss, 1991a; Koss et al., 1988; Ullman & Siegel, 1993). However, a global measure of symptoms was utilized in the current study whereas early investigations tended to assess specific symptoms such as anxiety or depression (Gidycz & Koss, 1991a; Katz, 1991). The utilization of a scale assessing post-traumatic symptomatology such as the Trauma Symptom Inventory (Briere, 1995) or the Crime-Related Post Traumatic Stress Disorder Scale (Saunders, Arata, & Kilpatrick, 1990) may have yielded different results. Additional research investigating the associations between the characteristics of the assault and sympomatology in acquaintance rape victims is required.

Limitations of the Current Study

There are several limitations of this study that may have affected the results. The most serious issue concerns the measurement of some of the key variables examined, particularly self-blame and perpetrator blame. Firstly, there is no well-established measure of self-blame or perpetrator blame. Individual participant's ratings for self-blame items were not consistent, therefore, these items could not be combined to form

composite scores of self-blame. This was also true for the measures of perpetrator blame. Furthermore, due to the small sample size, a factor analysis of the items was not permitted. Therefore, three measures of self-blame and two measures of perpetrator blame were utilized in this study. Except for Total Self-Blame, other measures of self-blame and perpetrator blame consisted of one item to assess the constructs. It is very likely that a one-item scale is not a reliable and valid measure of self-blame or perpetrator blame.

Due to the conceptual importance of attributions of self-blame and perpetrator blame in the literature of acquaintance rape victims, future research should focus on designing measures that are suitable for acquaintance rape victims. Specifically, measures of blame should consider items that are pertinent to assaults by intimate partners (i.e., husbands, common-law spouses, boyfriends) as well as by acquaintances that are known for brief periods of time. Studies that investigate self-blame among battered women (e.g., Cascardi & O'Leary, 1992; Miller & Porter, 1983; O'Neill & Kerig, 2000) or victims of physical and/or sexual abuse (e.g., Hazzard, 1993; Hoagwood, 1990; Hunter et al., 1992) may provide some direction in the development of measures of self-blame and perpetrator blame for acquaintance rape victims.

The relatively small sample size of victims of AR resulted in limited power to detect significant differences. However, a number of trends in the data were indicated suggesting that improved power via increased sample size may have resulted in significant differences. For example, although a more intimate relationship with the assailant was not significantly related to blame attributed to the perpetrator, there was a trend toward significance. The observed effect size (ES = .06) indicated a small effect.

According to Cohen and Cohen (1975), we would typically expect to observe small effects in behavioural science research. Given this result, a larger sample size would likely have resulted in increased power to detect significant differences.

The results are also limited by the use of a non-clinical sample of university students. Although the utilization of such a sample has obvious advantages such as relative ease of obtaining a large sample of individuals, disadvantages do exist. For example, the findings may not generalize to a representative community sample. Primarily middle- and upper-income families were represented in the sample utilized in this study, while low-income individuals were not. Furthermore, the present sample may have excluded individuals who were experiencing severe psychological aftereffects. Individuals who are experiencing severe symptomatology are unlikely to attend university. Moreover, individuals who were not functioning well may not have volunteered to participate in the study due to nature of the study. Future research must examine the relationship between attributions of blame and acquaintance rape in community samples of victims in order to determine the generalizability of the results of the present study.

The retrospective nature of the study also has its difficulties. Self-report is subject to biases of both memory and interpretation of the events. As Koss (1985) pointed out substantial numbers of participants may not have answered questions truthfully regarding unwanted sexual experiences because they do not have sufficient memories of the events.

Clinical Implications

Interventions. The results of this investigation have a number of implications for clinical practice and interventions. Given the significant relationship between self-blame and psychological distress reported by victims of acquaintance rape, most clinicians would agree that ameliorating the effects of self-blame is an essential therapeutic task. Ullman (1996) found in her study that delayed disclosure of an assault was related to higher self-blame, which in turn, was associated with higher symptomatology. Thus, it is important for clinicians, physicians, and other mental health professionals to enquire about these kinds of experiences. It is imperative, however, that clinicians be mindful to conduct queries without placing blame on the victim. Furthermore, because some women may not have told anyone Stermac et al. (1998) caution that victims may be extremely vulnerable psychologically when they do disclose.

Although there was a trend for participants who were victimized by intimate acquaintances to report lower self-blame and higher perpetrator blame compared to those women assaulted by non-romantic acquaintances, these groups did not differ with respect to symptomatology. Furthermore, the characteristics of the assault and previous victimization were also unrelated to psychological distress. Other factors may mediate the effects of acquaintance rape and psychological symptoms.

The results of the present study suggest that the mechanism of recovery from an assault may involve assisting victims to make sense out of the stereotypic beliefs. The amount to which an individual blames herself may reflect her rejection or acceptance of rape myths. Individuals who have experienced victimization may be able to evaluate, and subsequently dismiss, stereotypic beliefs about rape due to having gone through the

experience. The extent that victims continue to endorse rape myths may be related to the amount of self-blame they report. The role of the counselor, then, is to assist the victim to challenge her beliefs while maintaining and/or increasing her self-esteem.

Prevention Programs

It has been approximately 25 years since feminists (e.g., Burt, 1980, Brownmiller, 1975) brought the issue of rape and acquaintance rape to the forefront of public awareness. Although it is encouraging that women in all groups demonstrated a low endorsement of rape myths, non-victimized women reported a higher endorsement of rape myths compared to women who have experienced sexual victimization. Continued efforts regarding public education of the myths about rape are necessary.

Prevention programs can also focus on other myths about sexuality, besides rape myths that may influence social interactions and communications about sex for both men and women. These myths may include: sex equals love; men are only interested in women for sex; when a man is aroused, sex is inevitable; and men have a stronger sex drive than women. Furthermore, prevention programs should focus on teaching men to accept the communications of non-consent from women. That is to accept that "No means no."

The results of this study suggest that a victim's resistance to the assault is a significant predictor of both self-blame and perpetrator blame. Specifically low resistance predicted higher self-blame and high resistance predicted higher perpetrator blame. While not suggesting that assaults could have been avoided or that victims should be blamed for their victimization, there is some suggestion that women's socialization may interfere with her ability to communicate her non-consent to intercourse (Abby,

1991; McMillen & Zuravin, 1997). McMillen and Zuravin (1997) point out that women are typically trained, via socialization, to be ineffective communicators in a sexual relationship.

Given Brecklin and Ullman's (2001) findings that increased resistance was associated with lower rape completion, a focus of acquaintance rape prevention programs should be on teaching assertion skills, both physical and verbal strategies. Abby (1991) noted that victims need to learn how to honestly convey their intentions about sex and to interpret the intentions of their dates. Ullman and Knight (1993) point out that the findings regarding resistance should not be taken as rigid prescriptions for actions. Only the woman can decide, given her relationship to the assailant, the assailant's past history of similar actions, how isolated she is from assistance, or the presence of weapon, on what is the best course of action for her in the event of an attempted rape. In focusing on resistance strategies and communicating this information we must always be careful not to assign blame for the outcomes of rape attacks (Ullman & Knight, 1993).

In the present sample, alcohol/drug use by both victim and the offender was substantial. Previous research has identified circumstances, such as alcohol consumption and the social context in which victims and assailants meet (e.g. a bar), that place women at risk for sexual assault. Rape prevention programs need to focus on making the link between sexual assault and intoxication. Women should be taught strategies to reduce the risk (Abby, 1991).

Future Research

The current results indicated that the relationships between assault characteristics, blame, and symptomatology are multifaceted. Perhaps a qualitative research approach may assist in unraveling the complexities. The current study confirmed previous research regarding the maladaptive nature of self-blame. Although perpetrator blame was found to be associated with characteristics of the assault there was not a direct relationship with symptomatology. This conclusion is tentative, however, due to methodological difficulties, particularly issues related to instrumentation, contained in this study. As stated previously, the development of measures of self-blame and perpetrator blame specific for acquaintance rape victims should be a priority.

Although alcohol/drug use did not vary by relationship status in this study, there is some research support suggesting that relationship between alcohol/drug use and blame may vary according to the victim-offender relationship and the social context. Stermac et al. (1998) noted that alcohol/drug use was present among assailants known for less than 24 hours but not implicated in assaults by husbands or boyfriends. Ullman and Brecklin (2001) suggested that the social context and alcohol/drug use by victims and/or perpetrators interact in assaults by non-romantic acquaintances and those incidents that are more typical of "classic" date rapes. Future research is required to assess not only pre-assault alcohol/drug use by victims and perpetrators but also the social context in which the couple met.

Conclusions

The literature is fraught with inconsistent findings regarding the circumstances of the assault, self-blame, and negative aftereffects of victimization. This is due, in part, to methodological issues (e.g., definitions and measurement of constructs), but also a tendency in the literature to treat the experience of sexual assault as a homogenous event. In fact, there appears to be victimization experiences that can be categorized into at least three distinctive victimization types of experiences. For example, events may be grouped into three categories of assaults: (a) assaults by strangers, (b) assaults by acquaintances, and (c) assaults by intimate partners. The first group represents the "classic" rape experience characteristic of an unpredictable sexual assault by an unknown assailant. The second group involves assaults by perpetrators who may be known (or briefly known) to the victim. Assaults of individuals in this group appear to fit a "typical" date rape scenario where the victim and assailant are known to each other, perhaps in a casual dating relationship, or perhaps known for less than 24 hours (such as, assailant and victim have just met in a social venue such as a bar or club). The third group of assaults involves an intimate relationship between the victim and the offender. This relationship is more similar to that of battered women. Characteristics of the assault, attributions of blame, and psychological difficulties are likely very different for these groups. Discrepant findings in the literature may be reflective of averaging of the characteristics of these diverse events. Averaging predictors, characteristics of the event, and outcomes, renders the results inconclusive. Although the present sample size did not permit the comparison of the different event types, future research should attempt to obtain a larger sample size that would permit exploration of these differences.

REFERENCES

Abbey, A. (1991). Acquaintance rape and alcohol consumption on college campuses: How are they linked? Journal of American College Health, 39, 165-169.

Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. Journal of Abnormal Psychology, 87, 49-74.

Adams-Tucker, C. (1982). Proximate effects of sexual abuse in childhood: A report in 28 children. American Journal of Psychiatry, 139, 1252-1256.

Anthony, E. J. (1987). Risk, vulnerability, and resilience: An overview. In E. J. Anthony & B. J. Cohler (Eds.), The invulnerable child (pp. 3-47). New York: Guilford Press.

Arata, C. M. (2000). From child victim to adult victim: A model for predicting sexual revictimization. Child Maltreatment, 5, 28-38.

Arata, C. M. (1999a). Coping with rape: The roles of prior sexual abuse and attributions of blame. Journal of Interpersonal Violence, 14, 62-78.

Arata, C. M. (1999b). Sexual victimization and PTSD: An exploratory study. Journal of Child Sexual Abuse, 8, 49-65.

Ashton, N. L. (1982). Validation of Rape Myth Acceptance scale. Psychological Reports, 50, 252.

Atkeson, B. M., Calhoun, K. S., Resick, P. A., & Ellis, E. M. (1982). Victims of rape: Repeated assessment of depressive symptoms. Journal of Consulting and Clinical Psychology, 50, 96-102.

Bagley, C., & Ramsey, R. (1985). Sexual abuse in childhood: Psychosocial outcomes and implications for social work practice. Journal of Social Work and Human Sexuality, 4, 33-47.

Bagley, C., & McDonald, M. (1984). Adult mental health sequels of child sexual abuse, physical abuse and neglect in maternally neglected children. Canadian Journal of Public Health, 3, 15-26.

Bell, S. T., Kuriloff, P. J., & Lottes, I. (1994). Understanding attributions of blame in stranger rape and date rape situations: An examination of gender, race, identification, and students' social perceptions of rape victims. Journal of Applied Social Psychology, 24, 1719-1734.

Benson, D., Charlton, C., & Goodhart, F. (1992). Acquaintance rape on campus: A literature review. Journal of American College Health, 40, 157-165.

Berkowitz, A. (1992). College men as perpetrators of acquaintance rape and sexual assault: A review of recent research. Journal of American College Health, 40, 175-181.

Bownes, I. T., O'Gorman, E. C., Sayers, A. (1991). Assault characteristics and posttraumatic stress disorder in rape victims. Acta Psychiatric Scandinavica, 83, 27-30.

Brecklin, L. R., & Ullman, S. E. (2001). The role of offender alcohol use in rape attacks: An analysis of National Crime Victimization Suvey data. Journal of Interpersonal Violence, 16, 3-21.

Briere, J. (1995). The Trauma Symptom Inventoy professional manual. Odessa, FL: Psychological Assessment Resources

Briere, J. (1989). Therapy for adults molested as children: Beyond survival. New York: Springer.

Briere, J. (1992). Methodological issues in the study of sexual abuse effects. Journal of Consulting and Clinical Psychology, 60, 196-203.

Briere, J., Malamuth, N. M., & Check, J. V. P. (1985). Sexuality and rape-supportive beliefs. International Journal of Women's Studies, 8, 398-403.

Briere, J., & Runtz, M. (1986). Suicidal thoughts and behaviors in former sexual abuse victims. Canadian Journal of Behavioral Science, 18, 413-423.

Briere, J., & Runtz, M. (1987). Post sexual abuse trauma: Data and implications for clinical practice. Journal of Interpersonal Violence, 2, 367-379.

Briere, J., & Runtz, M. (1988). Symptomatology associated with childhood sexual victimization in a nonclinical adult sample. Child Abuse & Neglect, 12, 331-341.

Brodsky, M. (1997). My life scale. Unpublished. University of Manitoba, Winnipeg, Manitoba.

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. Psychological Bulletin, 99, 66-77.

Brownmiller, S. (1975). Against our will: Men women and rape. New York: Bantam Books.

Brunngraber, L. S. (1986). Father-daughter incest: Immediate and long-term effects of sexual abuse. Advances in Nursing Science, 8, 15-35.

Burgess, A. W., & Holmstrom, L. L. (1974). Rape trauma syndrome. American Journal of Psychiatry, 131, 981-986.

Burgess, A. W., & Holmstrom, L. L. (1979). Rape: Sexual disruption and recovery. American Journal of Orthopsychiatry, 49, 648-657.

Burt, M. (1980). Cultural myths and supports for rape. Journal of Personality and Social Psychology, 38, 217-230.

Burt, M. (1991). Rape myths and acquaintance rape. In A. Parrot & L. Bechhofer (Eds.), Acquaintance rape: The hidden crime, (pp. 26-40). New York: John Wiley.

Burt, M. R., & Albin, R. S. (1981). Rape myths, rape definitions, and probability of conviction. Journal of Applied Social Psychology, 11, 212-230.

Cascardi M. & O'Leary, K. D. (1992). Depressive symptomatology, self-esteem, and self-blame in battered women. Journal of Family Violence, 7, 249-259.

Check, J. V. P., & Malamuth, N. M. (1983). Sex role stereotyping and reactions to depictions of stranger versus acquaintance rape. Journal of Personality and Social Psychology, 45, 344-356.

Cohen, J. & Cohen, P. (1975). Applied multiple regression/correlation analysis for the behavioural sciences, New York: Elbaum.

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. Journal of Consulting Psychology, 24, 345-354.

Curtois, C. (1979). The incest experience and its aftermath. Victimology, 4, 337-347.

Davis, C. G., Lehman, D. R., Silver, R. C., Wortman, C. B., & Ellard, J. H. (1996). Self-blame following a traumatic event: The role of perceived avoidability. Personality and Social Psychology Bulletin, 22, 557-567.

DeKeseredy, W. & Kelly, K. (1993). The incidence and prevalence of woman abuse in Canadian university and college dating relationships. Candian Journal of Sociology, 18, 137-159.

Derogatis, L. R. (1994). SCL-90-R Symptom Checklist – 90-R: Administration, scoring, and procedure manual, (3rd ed.). Minneapolis, MN: National Computer Systems.

Derogatis, L. R., Rickles, K., & Rock, A. (1976). The SCL-90 and the MMPI: A step in the validation of a new self-report scale. British Journal of Psychiatry, 128, 280-289.

Derogatis, L. R., & Cleary, P. (1977). Confirmation of the dimensional structure of the SCL-90: A study in construct validity. Journal of Clinical Psychology, 33, 981-989.

Dutton, M. A. (1992). Empowering and healing the battered women: A model for assessment and intervention. New York: Springer Publishing.

Ellis, E. M. (1983). A review of empirical rape research: Victim reactions and response to treatment. Clinical Psychology Review, 3, 473-490.9

Ellis, E. M., Atkeson, B. M., & Calhoun, K. S. (1981). An assessment of long-term reaction to rape. Journal of Abnormal Psychology, 90, 263-266.

Elwell, M. E., & Ephross, P. H. (1987). Initial reactions of sexually abused children. Social Casework: The Journal of Contemporary Social Work, 68, 109-116.

Feinauer, L. L., & Stuart, D. A. (1996). Blame and resilience in women sexually abused as children. The American Journal of Family Therapy, 24, 31-40.

Finkelhor, D. (1979). Sexually victimized children. New York: Free press.

Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. Professional Psychology: Research and Practice, 21, 325-330.

Frazier, P. A. (1990). Victim attributions and post-rape trauma. Journal of Personality and Social Psychology, 59, 298-304.

Frazier, P., & Schauben, L. (1994). Causal attributions and recovery from rape and other stressful life events. Journal of Social and Clinical Psychology, 13, 1-14.

Galliano, G., Noble, L. M., Travis, L. A., Puechl, C. (1993). Victims reactions during rape/sexual assault: A preliminary study of the immobility response and its correlates. Journal of Interpersonal Violence, 8, 109-114.

Gidycz, C. A., Coble, C. N., Latham, L., & Layman, M. J. (1993). Sexual assault experience in adulthood and prior victimization experiences: A prospective analysis. Psychology of Women Quarterly, 17, 151-168.

Gidycz, C. A., Hanson, K., & Layman, M. (1995). A prospective analysis of the relationship among sexual assault experiences: An extension of previous findings. Psychology of Women Quarterly, 19, 5-29.

Gidycz, C. A., & Koss, M. P. (1991a). Predictors of long-term sexual assault trauma among a national sample of victimized college women. Violence and Victims, 6, 175-190.

Gidycz, C. A., & Koss, M. P. (1991b). The effects of acquaintance rape on the female victim. In A. Parrot and L. Bechhofer, Eds., Acquaintance Rape: The hidden crime, (pp. 270-283). New York: John Wiley.

Gold, E. R. (1986). Long-term effects of sexual victimization in childhood: An attributional approach. Journal of Consulting and Clinical Psychology, 54, 471-475.

Gold, S. R., Milan, L. D., Mayall, A., & Johnson, A. E. (1994). A cross-validation study of the trauma symptom checklist: The role of mediating variables. Journal of Interpersonal Violence, 9, 12-26.

Golding, J. M., Siegel, J. M., Sorenson, S. B., Burnam, M. A., & Stein, J. A. (1989). Social support sources following sexual assault. Journal of Consulting and Clinical Psychology, 17, 92-107.

Goodman, L. A., Koss, M. P., & Russo, N. F. (1993). Violence against women: Physical and mental health effects: II. Research findings. Applied and Preventive Psychology, 2, 7-89

Greenberg, M. A. (1995). Cognitive processing of traumas: The role of intrusive thoughts and reappraisals. Journal of Applied Social Psychology, 25, 1262-1296.

Hanson, R. K. (1990). The psychological impact of sexual assault on women and children: A review. Annals of Sex Research, 187-232.

Hazzard, A. (1993). Trauma-related beliefs as mediators of sexual abuse impact in adult women survivors: A pilot study. Journal of Child Sexual Abuse, 2, 55-69.

Herman, J. L. (1981). Father-daughter incest. Cambridge, Mass.: Harvard University Press.

Herman, J. L. (1992). Trauma and recovery: The aftermath of violence--from domestic abuse to political terror. New York, NY: Basic.

Herman, J., Russell, D., & Trocki, K. (1986). Long-term effects of incestuous abuse in childhood. American Journal of Psychiatry, 143, 1293-1296.

Hill, J. L., & Zautra, A. J. (1989). Self-blame attributions and unique vulnerability as predictors of post-rape demoralization. Journal of Social and Clinical Psychology, 8, 368-375.

Hoagwood, K. (1990). Blame and adjustment among women sexually abused as children. Women & Therapy, 9, 89-110.

Horowitz, M. J. (1986). Stess-response syndromes: A review of posttraumatic and adjustment disorders. Hospital and Community Psychiatry, 37, 241-249.

Hunter, J. A., Goodwin, D. W., & Wilson, R. J. (1992). Attributions of blame in child sexal abuse victims: An analysis of age and gender influences. Journal of Child Sexual Abuse, 1, 75-89.

Jackson, T. L. (1996). Acquaintance rape: Assessment, treatment, and prevention. Sarasota, FL: Professional Resource Press.

Janoff-Bulman, R. (1979). Characterological versus behavioral self-blame: Inquiries into depression and rape. Journal of Personality and Social Psychology, 10, 1798-1809.

Janoff-Bulman, R. (1982). Esteem and control bases of blame: Adaptive strategies for victims versus observers. Journal of Personality, 50, 180-192.

Janoff-Bulman, R. (1985). Criminal versus non-criminal victimization: Victims' reactions. Victimology: An International Journal, 10, 498-511.

Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. Social Cognition, 7, 113-136.

Janoff-Bulman, R., & Frieze, I. H. (1983). A theoretical perspective for understanding reactions to victimization. Journal of Social Issues, 39 1-17.

Janoff-Bulman, R., & Wortman, C. B. (1977). Attributions of blame and coping in the "real world": Severe accident victims react to their lot. Journal of Personality and Social Psychology, 35, 351-363.

Johnson, H. (1996). Dangerous domains: Violence against women in Canada. Toronto, ON: Nelson Canada.

Johnson, J. G., & Miller, S. M. (1990). Attributional, life-event, and affective predictors of onset of depression, anxiety, and negative attributional style. Cognitive Therapy and Research, 14, 417-430.

Katz, B. L. (1991). The psychological impact of stranger versus nonstranger rape on victims' recovery. In A. Parrot and L. Bechhofer, Eds., Acquaintance rape: The hidden crime (pp.251-269). New York: John Wiley.

Katz, B. L., & Burt, M. R. (1988). Self-blame in recovery from rape. In A. W. Burgess (Ed.), Rape and sexual assault II (pp. 151-168). New York: Garland Publishing.

Katz, J., Arias, I., Beach, S., Brody, G., & Roman, P. (1995). Excuses, excuses: Accounting for the effects of partner violence on marital satisfaction and stability. Violence and Victims, 10, 315-326.

Kilpatrick, D. G., Best, C. L., Saunders, B. E., & Veronen, L. J. (1988). Rape in marriage and in dating relationships: How bad is it for mental health? Annals of the New York Academy of Sciences, 528, 335-344.

Kilpatrick, D. G., Resick, P. A., & Veronen, L. J. (1981). Effects of a rape experience: A longitudinal study. Journal of Social Issues, 37, 105-122.

Kilpatrick, D. G., Saunders, B. E., Best, C. L., Veronen, L. J., & Resnick, H. S. (1989). Victim and crime factors associated with the development of crime-related post-traumatic stress disorder. Behaviour Therapy, 20, 199-214.

Kilpatrick, D. G., Saunders, B. E., Veronen, L. J., Best, C. L. & Von, J. M. (1987). Criminal victimization: Lifetime prevalence, reporting to police, and psychological impact. Crime & Delinquency, 33, 479-489.

Kilpatrick, D. G., Veronen, L. J., & Resick, P. A. (1979). The aftermath of rape: Recent empirical findings. American Journal of Orthopsychiatry, 49, 658-669.

Kiser, L. J., Heston, J., Millsap, P. A., & Pruitt, D. B. (1991). Physical and sexual abuse in childhood: Relationship with post-traumatic stress disorder. Journal of the American Academy of Child and Adolescent Psychiatry, 30, 776-783.

Koss, M. P. (1985). The hidden rape victim: Personality, attitudinal, and situational characteristics. Psychology of Women Quarterly, 9, 193-212.

Koss, M. P. (1992). The underdetection of rape: Methodological choices influence incidence estimates. Journal of Social Issues, 48, 61-75.

Koss, M. P. (1993). Detecting the scope of rape: A review of prevalence research methods. Journal of Interpersonal Violence, 8, 198-222.

Koss, M. P., & Dinero, T. E. (1989). Discriminant analysis of risk factors for sexual victimization among a national sample of college women. Journal of Consulting and Clinical Psychology, 57, 242-250.

Koss, M. P., Dinero, T. E., Seibel, C. A., & Cox, S. L. (1988). Stranger and acquaintance rape: Are there differences in the victim's experience? Psychology of Women Quarterly, 12, 1-24.

Koss, M. P., & Gidycz, C. A. (1985). Sexual experiences survey: Reliability and validity. Journal of Consulting and Clinical Psychology, 53, 422-423.

Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. Journal of Consulting and Clinical Psychology, 55, 162-170.

Koss, M. P. & Oros, C. J. (1982). Sexual Experiences Survey: Reliability and validity. Journal of Consulting and Clinical Psychology, 50, 455-457.

Koverola, C., Proulx, J., Hanna, C., & Battle, P.(1992). History of unwanted sexual contact questionnaire. Unpublished measure. University of Manitoba, Winnipeg, Manitoba.

Krulewitz, J. E., & Payne, E. J. (1978). Attributions about rape: Effects of rapist force, observe sex and sex role attitudes. Journal of Applied Social Psychology, 8, 291-305.

Layman, M. J., Gidycz, C. A., Lynn, S. J. (1996). Unacknowledged versus acknowledged rape victims: Situational factors and posttraumatic stress. Journal of Abnormal Psychology, 105, 124-131.

Lerner, M. J. (1980). The belief in a just world: A fundamental delusion. New York, NY: Plenium Press.

Levine-Maccombie, J. & Koss, M. P. (1986). Acquaintance rape: Effective avoidance strategies. Psychology of Women Quarterly, 10, 311-320.

Licht, M. H. (1995). Multiple regression and correlation. In L. G. Grimm & P. R. Yarnold (Eds.), Reading and Understanding Multivariate Statistics (pp. 19-64). Washington, DC: American Psychological Association.

Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape myths: A review. Psychology of Women Quarterly, 18, 133-164.

Mayall, A., & Gold, S. R. (1995). Definitional issues and mediating variables in the sexual re-victimization of women sexually abused as children. Journal of Interpersonal Violence, 10, 26-42.

McLeer, S. V., Deblinger, E. B., Atkins, M., Foa, E., & Ralphe, D. (1988). Post-traumatic stress disorder in sexually abused children. Journal of the American Academy of Child and Adolescent Psychiatry, 27, 650-654.

McMillen, C. & Zuravin, S. (1997). Attributions of blame and responsibility for child sexual abuse and adult adjustment. Journal of Interpersonal Violence, 12, 30-48.

Messman-Moore, T. L. & Long, P. J. (2000). Child sexual abuse and revictimization in the form of adult sexual abuse, adult physical abuse, and adult psychological maltreatment. Journal of Interpersonal Violence, 15, 489-502.

Meyer, C. B., & Taylor, S. E. (1986). Adjustment to rape. Journal of Personality and Social Psychology, 6, 1226-1234.

Miller, D. T., & Porter, C. A. (1983). Self-blame in victims of violence. Journal of Social Issues, 39, 139-152.

Mills, C. S., & Granoff, B. J. (1992). Date and acquaintance rape among a sample of college students. Social Work, 37, 504-509.

Minister of Justice, Attorney General of Canada, and the Minister of National Health and Welfare (1984). Sexual offenses against children: Committee report on sexual offences against children and youth, Volumes I. Ottawa: Ministry of Supply and Services.

Mrazek, P. J., & Mrazek, D. A. (1987). Resilience in child maltreatment victims: A conceptual exploration. Child Abuse & Neglect, 11, 357-366.

Muelenhard, C. L., Powch, I. G., Phelps, J. L., & Giusti, L. M. (1992). Definitions of rape: Scientific and political implications. Journal of Social Issues, 48, 23-44.

Murnen, S. K. Perot, A., & Byrne, D. (1989). Coping with sexual activity: Normative responses, situational determinants, and individual differences. The Journal of Sex Research, 26, 85-106.

Mynatt, C. R., & Allgeir, E. R. (1990). Risk factors, self-attributions and adjustment problems among victims of sexual coercion. Journal of Applied Social Psychology, 20, 130-153.

Nadelson, C. C., Notman, M. T., Zackson, H., & Gornick, J. (1982). A follow-up study of rape victims. American Journal of Psychiatry, 139, 1266-1270.

O'Neill, M. L., & Kerig, P. K. (2000). Attributions of self-blame and perceived control as moderators of adjustment in battered women. Journal of Interpersonal Violence, 15, 1036-1049.

Peterson, C., Schwartz, S. M., & Seligman, M. E. P. (1981). Self-Blame and depressive symptoms. Journal of Personality and Social Psychology, 41, 253-259.

Pitts, V. L. & Schwartz, M. D. (1993). Promoting self-blame in hidden rape cases. Humanity & Society, 17, 382-398.

Probe Research Inc. (2001). Public opinion on domestic violence and family violence issues in Manitoba. Winnipeg, Manitoba: Manitoba's Women's Directorate.

Proulx, J. (1993). Attributions as predictors of symptomatology in sexual abuse survivors. Unpublished doctoral dissertation, University of Manitoba, Winnipeg, Manitoba.

Proulx, J., Koverola, C., Fedorowicz, A., & Kral, M. (1992). Coping strategies as predictors of distress in survivors of single and multiple sexual victimization and non-victimized controls. Unpublished manuscript, University of Manitoba, Winnipeg, Manitoba.

Resick, P. A. (1993). The psychological impact of rape. Journal of Interpersonal Violence, 8, 223-255.

Richardson, D., & Campbell, J. L. (1982). Alcohol and rape: The effect of Alcohol on attributions of blame for rape. Personality and Social Psychology Bulletin, 8, 468-476.

Riggs, D. S., Kilpatrick, D. G., & Resnick, H. S. (1992). Long-term psychological distress associated with marital rape and aggravated assault: A comparison to other crime victims. Journal of Family Violence, 7, 283-296.

Roberts, J. V., & Gebotys, R. J. (1992). Reforming rape laws: Effects of legislative change in Canada. Law and Human Behavior, 16, 555-573.

Roth, S., & Lebowitz, L. (1988). The experience of sexual trauma. Journal of Traumatic Stress, 1, 79-107.

Rothbaum, B. O., Foa, E. B., Riggs, D. S., Murdock, T., & Walsh, W. (1992). A prospective examination of post-traumatic stress disorder in rape victims. Journal of Traumatic Stress, 5, 455-475.

Runtz, M. (1987). The psychosocial adjustment of women who were sexually and physicall abused during childhood and early adulthood: A focus on re-victimization. Unpublished Master's thesis, University of Manitoba, Winnipeg, Manitoba.

Russell, D. E.H. (1984). Sexual exploitation: Rape, child sexual abuse, and workplace harassment. Beverly Hills, CA: Sage Publications.

Sanders, B. & Moore, D. L. (1999). Child maltreatment and date rape. Journal of Interpersonal Violence, 14, 115-124.

Schwartzberg, S. S., & Janoff-Bulman, R. (1991). Grief and the search for meaning: Exploring the assumptive worlds of bereaved college students. Journal of Social and Clinical Psychology, 10, 270-288.

Seligman, M. E., Peterson, C., Kaslow, N. J., Tanenbaum, R. L., Alloy, L. B., & Abramson, L. Y. (1984). Attributional style and depressive symptoms among children. Journal of Abnormal Psychology, 93, 235-238.

Shimp, L. (2000). A model of sexual assault acknowledgement: Blame, social support, posttraumatic stress, and posttraumatic growth. Unpublished Doctoral disseration, University of Saskatchewan, Saskatoon, Saskatchewan.

Silver, R. L., Boon, C., & Stones, M. H. (1983). Searching for meaning in misfortune: Making sense of incest. Journal of Social Issues, 39, 81-102.

Silver, R. L. & Wortman, C. B. (1980), Coping with undesirable life events. In J. Garber and M. E. P. Seligman (Eds.), Human Helplessness (pp. ??). New York: Academic Press.

Smith, R. E., Keating, J. P., Hester, R. K., & Mitchell, E. (1976). Role and justice considerations in the attribution of responsibility to a rape victim. Journal of Research in Personality, 10, 346-357.

Spohn, R. B. (1993). Social desirability correlates for acceptance of rape myth. Psychological Reports, 73, 1218.

SPSS Inc. (1999). SPSS Base 9.0 for Windows. Chicago, IL: SPSS Inc.

Stermac, L., Du Mont, J., & Dunn, S. (1998). Violence in known-assailant sexual assaults. Journal of Interpersonal Violence, 13, 398-412.

Tabachnick, B. G. & Fidell, L. S. (Eds.). (1989). Using multivariate statistics (2nd ed.). New York: Harper & Row..

Tennen, H., & Affleck, G. (1990). Blaming others for threatening events. Psychological Bulletin, 108, 209-232.

Testa, M., & Leonard, K. (2001). The impact of husband physical aggression and alcohol use on marital functioning: Does alcohol "excuse" the violence? Violence and Victims, 16, 507-516.

Timko, C., & Janoff-Bulman, R. (1985). Attributions, vulnerability, and psychological adjustment: The case of breast cancer. Health Psychology, 4, 521-546.

Tsai, M., Feldman-Sommers, S., & Edgar, M. (1979). Childhood molestation: Variables related to differential impacts in psychosexual functioning in adult women. Journal of Abnormal Psychology, 88, 407-417.

Ullman, S. E. (1996). Correlates and consequences of adult sexual assault disclosure. Journal of Interpersonal Violence, 11, 554-571.

Ullman, S. E., & Filipas, H. H. (2001). Predictors of PTSD symptom severity and social reactions in sexual assault victims. Journal of Traumatic Stress, 14, 369-389.

Ullman, S. E., Karabatsos, G., & Koss, M. P. (1999a). Alcohol and sexual assault in a national sample of college women. Journal of Interpersonal Violence, 14, 603-625.

Ullman, S. E., & Knight, R. A. (1993). The efficacy of women's resistance strategies in rape situations. Psychology of Women Quarterly, 17, 23-38.

Ullman, S. E., & Siegel, J. M. (1993). Victim-offender relationship and sexual assault. Violence and Victims, 8, 121-134.

Valentine, L., & Feinauer, L. (1993). Resilience factors associated with female survivors of childhood sexual abuse. The American Journal of Family Therapy, 21, 216-224.

Weiner, B. (1983). Some methodological pitfalls in attributional research. Journal of Educational Psychology, 75, 530-543.

Weiner, B. (1985). An attributional theory of achievement motivation and emotion. Psychological Review, 92, 548-573.

Werner, E. E. (1989). High risk children in young adulthood: A longitudinal study from birth to 32 years. American Journal of Orthopsychiatry, 59, 72-81.

Wiehe, V. R., & Richards, A. L. (1995). Intimate betrayal. Thousand Oaks, CA: Sage.

Wortman, C. B. (1983). Coping with victimization: Conclusions and implications for future research. Journal of Social Issues, 39, 195-221.

Wyatt, G. E., Guthrie, D., & Notgrass, C. M. (1992). Differential effects of women's child sexual abuse and subsequent sexual revictimization. Journal of Consulting and Clinical Psychology, 60, 167-173.

APPENDICES

Appendix A

The following information was verbally expressed at the time subjects signed up for the study. It was also written on the inside cover of the sign-up booklets. In addition, this information was contained in the Consent Form (Appendix B).

> This is a study examining university students' feelings, attitudes, perceptions about self and life events such as sexual and physical assault. Should you agree to participate in this study you will be asked to complete a series of questionnaires pertaining to the topics previously mentioned. The completion of these questionnaires will take approximately 1½ hours, for which you will receive three experimental credits. Responses will be anonymous and confidential and consent to participate may be withdrawn at any time.

Appendix B

Consent Form

This study involves filling out a series of questionnaires that address your feelings, attitudes, and perceptions about yourself and your experiences. Parts of the questionnaire package involve sensitive issues that may or may not have happened to you. There are questions addressing childhood victimization, adult sexual assault, and dating violence.

All questionnaires are completely anonymous. Each questionnaire package will be identified with a number code. Nowhere on the questionnaire do we ask for your name, and we have carefully avoided asking questions that might identify you indirectly. All questionnaires will be guarded carefully, and no one but the researcher will have access to them.

We hope that with this in mind, you will decide to participate. Keep in mind that you are under no obligation to participate, however. As much as we would like your cooperation, you should feel free to not fill out a questionnaire. In fact, if at any point while filling out the questionnaire you decide that you no longer wish to participate, you may stop wherever you are and fill in no more. Simply turn in your questionnaire and no one will be aware that your questionnaire is incomplete. If you choose to leave the experiment you will not lose your experimental credit.

The completion of the questionnaire package will take approximately 1½ hours and you will receive 3 experimental credits for your participation. You may withdraw from the study at any time without penalty and still receive your course credits.

Please indicate your consent to participate by placing your name and signature in the appropriate spaces below.

I, _____(print name) understand the content and requirements of this study, and the signature below indicates my consent to participate.

Signature: _____

Date: _____

THIS SHEET WILL BE SEPARATED FROM YOUR RESPONSES WHEN YOU SUBMIT THE QUESTIONNAIRE PACKAGE TO THE RESEARCHER.

Appendix C

Participant Instructions

Dear Student:

We would like to ask you to participate in this study of attitudes, family experiences, and relational experiences by filling out this questionnaire. Some of the questions here are very personal. Because they are personal, social scientists have been reluctant to investigate them in the past. If social scientists are to help society to become healthier environments for growing up, healthier for women; if we are to help answer social issues like parent-child relationships, child abuse, dating violence, sexual assault, and so forth, we need to know more about these personal things.

If you have chosen to answer this questionnaire, please proceed to the next page and begin. Please answer all questions as honestly as you can and remember not to put your name or student number on any of the forms. Please be sure to hand in the questionnaire plus the three IBM sheets together when you are finished.

Thank you for your cooperation.

Sue Nadon, M.A.
Marvin Brodsky, Ph.D.
Department of Psychology
University of Manitoba

Appendix D

Feedback to Participation

Researchers: Sue Nadon, M.A. and Marvin Brodsky, Ph.D.

When something "bad" happens, individuals have a tendency to look for reasons to explain the event' s occurrence. The purpose of this study is threefold. First, to explore the reasons (attributions) individuals give to explain the occurrence of victimization. Sometimes reasons involve internalizing the cause of the event and sometimes it involves externalizing it. The second aim of this study is to examine if individuals who have experienced victimization by someone known to them experience greater responsibility for the event compared to those individuals assaulted by strangers. My final area of interest involves examining the relationships between child and adolescent victimization, adult assault, and psychological outcomes and explore how these outcomes may be associated with the causes attributed to the events. I am particularly interested in exploring if women victimized by individuals known to them differ with respect to subsequent psychological impact compared to those assaulted by strangers. Past research is contradictory. Some studies have found no distinction, whereas others have found victimization groups differ with respect to depressed mood, anxiety, anger, problems with intimacy, flashbacks, among others things.

Many different people (about 800 in total) responded to the same questions that you have answered. Their responses will be analysed to see whether or not particular attributions about an event(s) can or cannot predict how individuals feel about themselves, others, and society.

I sincerely appreciate your support and involvement in this research project. If you have any questions about this study, please feel free to leave me a message at 474-9338 (General Office, Psychology). If you would like further readings about this area, please call and I can suggest some references. A general summary of the results will be made available through the offices of Dr. Marvin Brodsky and Sue Nadon upon completion of the study.

If any of the issues brought up in the study have caused you distress, please contact either of us (Sue Nadon or Marvin Brodsky) at 474-9222. You can also seek services through Student Counselling Services at 474-8592. These services are free of charge.

You may also wish to use one of the confidential telephone counselling services available, free, to anyone in Winnipeg.

Klinic Community Health Centre: offers peer crisis counselling 24 hours a day at:

786-8686 (Crisis Counselling)
or

786-8631 (Sexual Assault Counselling)

Again, thank you for your assistance in this study.

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University of Manitoba

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Appendix E

Questionnaire Package

Background Information

1. AGE: ___ years

   GENDER: F ___ M ___

2. ETHNICITY:

   Caucasian ___
   Black ___
   Asian ___
   Hispanic ___
   Aboriginal ___
   Other ___

3. SOCIO-ECONOMIC STATUS OF YOUR FAMILY

   $15,000 ___
   $15-25,000 ___
   $25-35,000 ___
   $35-45,000 ___
   $45-55,000 ___
   $55-65,000 ___
   ➢ $65,000 ___

4. LIVING ARRANGEMENTS:

   What are your present living arrangements? (Check one)

   parent(s) ___ married/common-law ___
   boyfriend ___ room/housemate ___
   student residence ___ living alone ___

5. Have you ever sought the following types of help in dealing with emotional/psychological problems? (Check all applicable)

   Peer Counselling ___
   Group therapy/Support group ___
   Psychologist ___
   Psychiatrist ___
   Social Worker ___
   Counselling by clergy ___
   Other (please specify): ___

6. Have you ever been prescribed medication to deal with emotional/psychological problems?

   Yes ____ No ____

7. Have you ever been hospitalized for psychological problems?

   Yes ____ No ____

8. Are you currently involved in an intimate relationship (i.e. do you have a boyfriend, partner, lover, or spouse?)

   Yes ____ No ____

9. If you answered "No", have you been involved in an intimate relationship in the past?

   Yes ____ No ____

Part 2:

Blacken the letter on a separate IBM sheet, which applies to yourself. For example: I like food. If this is true about you, then blacken " **E**" (very true about me).

A = Not very true about me
B = Most not true about me
C = Sometimes true about me
D = Mostly true about me
E = Very true about me

1 I sometimes like to be alone and amuse myself. ____

2. If I have a problem I look at it as an opportunity to learn something new. ____

3. If life presents me with a lemon, I think about making lemonade. ____

4. I am the sort of person who prefers to light a candle instead of cursing the darkness. ____

5. If I get a flat tire I wait for someone to help me. ____

6. I consider myself competent. ____

7. When I get overwhelmed with stress I tend to give up. ____

8. I feel that I can do whatever I set out to do. ____

9. I like to solve problems of all kinds. ____

10. If I have a problem I try to focus on solving it. ____

11. If someone is angry at me I try to talk it out with them. ____

12. When I have a problem I unwind by drinking. ____

13. When I have a problem I focus on doing something else to avoid thinking about it. ____

14. When someone is mean to me I take it personally. ____

15. I prefer other people to take control over my life. ____

16. I try to avoid confrontations with other people. ____

17. My relationships with others tend to be very close. ____

18. I find it easy to trust other people. ____

A = Not very true about me
B = Mostly not true about me
C = Sometimes true about me
D = Mostly true about me
E = Very true about me

19. Other people often turn to me to help them when they have a problem. ____

20. I sometimes find myself in relationships which are not satisfying to me, but I stay in them anyway. ____

21. I have been in a really tough situation and I didn't know how to get out of it. ____

22. At times, I touch others when showing emotional support. ____

23. I feel comfortable with my feelings and emotions. ____

24. I am good at comforting other people. ____

25. I am usually able to express love and affection to others. ____

26. I feel tense in personally intimate situations. ____

27. I am very sensitive about being rejected. ____

28. I can usually laugh at myself. ____

29. I feel awkward around others. ____

30. I am often prone to brooding and sulking. ____

Part 3:

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

1.	Before voting I thoroughly investigate the qualifications of all the candidates.	T	F
2.	I never hesitate to go out of my way to help someone in trouble.	T	F
3.	It is sometimes hard for me to go on with my work if I am not encouraged.	T	F
4.	I have never intensely disliked anyone.	T	F
5.	On occasion I have had doubts about my ability to succeed in life.	T	F
6.	I sometimes feel resentful when I don't get my own way.	T	F
7.	I am always careful about my manner of dress.	T	F
8.	My tables manners at home are as good as when I eat out in a restaurant.	T	F
9.	If I could get into a movie without paying and be sure I was not seen I would probably do it.	T	F
10.	On a few occasions, I have given up doing something because I thought too little of my ability.	T	F
11.	I like to gossip at times.	T	F
12.	There have been times when I felt like rebelling against people authority even though I knew they were right.	T	F
13.	No matter who I'm talking to, I'm always a good listener.	T	F
14.	I can remember "playing sick" to get out of something.	T	F
15.	There have been occasions when I took advantage of someone.	T	F
16.	I'm always willing to admit it when I make a mistake.	T	F
17.	I always try to practice what I preach.	T	F
18.	I don't find it particularly difficult to get along with loud mouthed, obnoxious people.	T	F
19.	I sometimes try to get even rather than forgive and forget.	T	F
20.	When I don't know something I don't at all mind admitting it.	T	F

21.	I am always courteous, even to people who are disagreeable.	T	F
22.	At times I have really insisted on having things my own way.	T	F
23.	There have been occasions when I felt like smashing things.	T	F
24.	I would never think of letting someone else be punished for my wrong-doings.	T	F
25.	I never resent being asked to return a favour.	T	F
26.	I have never been irked when people expressed ideas very different from my own.	T	F
27.	I never make a long trip without checking the safety of my car.	T	F
28.	There have been times when I was quite jealous of the good fortune of others.	T	F
29.	I have almost never felt the urge to tell someone off.	T	F
30.	I am sometimes irritated by people who ask favours of me.	T	F
31.	I have never felt that I was punished without cause.	T	F
32.	I sometimes think when people have a misfortune they only got what they deserved.	T	F
33.	I have never deliberately said something that hurt someone's feelings.	T	F

Part 4:

Below is a list of problems and complaints that people sometimes have. Read each one carefully and select one of the number descriptors that best describes how much discomfort that problem has caused you in the **last two months**. Place your responses on the IBM sheet provided. Read the example below before beginning. If you have any questions, ask one of the researchers

EXAMPLE

How much were you distressed by:

Answer

Eg. Body Aches ..... Eg. C

Descriptors

A = Not at all
B = A little bit
C = Moderately
D = Quite a bit
E = Extremely

****

HOW MUCH WERE YOU DISTRESSED BY:

A = Not at all B = A little bit
C = Moderately D = Quite a bit
E = Extremely

1. Headaches. ____
2. Nervousness or shakiness inside. ____
3. Repeated unpleasant thoughts that won't leave your mind. ____
4. Faintness or dizziness. ____
5. Loss of sexual interest or pleasure. ____
6. Feeling critical of others. ____
7. The idea that someone else can control your thoughts. ____
8. Feeling others are to blame for most of your troubles. ____
9. Trouble remembering things. ____
10. Worried about sloppiness or carelessness. ____
11. Feeling easily annoyed or irritated. ____
12. Pains in heart or chest. ____
13. Feeling afraid of open spaces. ____
14. Feelings of low energy or slowed down. ____
15. Thoughts of ending your life. ____

HOW MUCH WERE YOU DISTRESSED BY:

A = Not at all
B = A little bit
C = Moderately
D = Quite a bit
E = Extremely

16. Hearing voices that other people do not hear. ____
17. Trembling. ____
18. Feeling that most people cannot be trusted. ____
19. Poor appetite. ____
20. Crying easily. ____
21. Feeling shy or uneasy with the opposite sex. ____
22. Feelings of being trapped or caught. ____
23. Suddenly scared for no reason. ____
24. Temper outbursts that you could not control. ____
25. Feeling afraid to go out of your house alone. ____
26. Blaming yourself for things. ____
27. Pains in lower back. ____
28. Feeling blocked in getting things done. ____
29. Feeling lonely. ____
30. Feeling blue. ____
31. Worrying too much about things. ____
32. Feeling no interest in things. ____
33. Feeling fearful. ____
34. Your feelings being easily hurt. ____
35. Other people being aware of your private thoughts. ____
36. Feelings others do not understand you or are unsympathetic ____
37. Feeling that people are unfriendly or dislike you. ____
38. Having to do things very slowly to insure correctness. ____
39. Heart pounding or racing. ____

HOW MUCH WERE YOU DISTRESSED BY:

A = Not at all
B = A little bit
C = Moderately
D = Quite a bit
E = Extremely

40. Nausea or upset stomach. ____
41. Feeling inferior to others. ____
42. Soreness of your muscles. ____
43. Feeling that you are watched or talked about by others. ____
44. Trouble falling asleep. ____
45. Having to check and double check what you do. ____
46. Difficulty making decisions. ____
47. Feeling afraid to travel on buses. ____
48. Trouble getting your breath. ____
49. Hot or cold spells. ____
50. Having to avoid certain things, places, or activities because they frighten you. ____
51. Your mind going blank. ____
52. Numbness or tingling in parts of your body. ____
53. A lump in your throat. ____
54. Feeling hopeless about the future. ____
55. Trouble concentrating. ____
56. Feeling weak in parts of your body. ____
57. Feeling tense or keyed up. ____
58. Heavy feelings in your arms or legs. ____
59. Thought of death or dying. ____
60. Overeating. ____
61. Feeling uneasy when people are watching or talking about you. ____
62. Having thoughts that are not your own. ____

HOW MUCH WERE YOU DISTRESSED BY:

A = Not at all
B = A little bit
C = Moderately
D = Quite a bit
E = Extremely

63. Having urges to beat, injure, or harm someone. ____
64. Awakening in the early morning. ____
65. Having to repeat the same actions such as touching, counting, or washing. ____
66. Sleep that is restless or disturbed. ____
67. Having urges to break or smash things. ____
68. Having ideas or beliefs that others do not share. ____
69. Feeling very self conscious with others. ____
70. Feeling uneasy in crowds, such as shopping or at a movie. ____
71. Feeling everything is an effort. ____
72. Spells of terror or panic. ____
73. Feeling uncomfortable about eating or drinking in public. ____
74. Getting into frequent arguments. ____
75. Feeling nervous when you are left alone. ____
76. Others not giving you proper credit for your achievements. ____
77. Feeling lonely even when you are with people. ____
78. Feeling so restless you couldn't sit still. ____
79. Feelings of worthlessness. ____
80. The feeling that something bad is going to happen to you. ____
81. Shouting or throwing things. ____
82. Feeling afraid you will faint in public. ____
83. Feeling that people will take advantage of you if you let them. ____
84. Having thoughts about sex that bother you a lot. ____
85. The idea that you should be punished for your sins. ____

HOW MUCH WERE YOU DISTRESSED BY:

A = Not at all
B = A little bit
C = Moderately
D = Quite a bit
E = Extremely

86. Having thoughts and images of a frightening nature. ____

87. The idea that something serious is wrong with your body. ____

88. Never feeling close to another person. ____

89. Feelings of guilt. ____

90. The idea that something is wrong with your mind. ____

Part 5:

Please indicate how much you agree or disagree with the following statements.

1. A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

2. Any female can get raped.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

3. One reason that women falsely report a rape is that they frequently have a need to call attention to themselves.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

4. Any healthy woman can successfully resist a rapist if she really wants to.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

5. When women go around braless or wearing short skirts and tight tops, they are just asking for trouble.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

6. In the majority of rapes, the victim is promiscuous or has a bad reputation.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

7. If a girl engages in necking or petting and she lets things get out of hand, it is her own fault if her partner forces sex on her.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

8. Women who get raped while hitchhiking get what they deserve.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

9. A woman who is stuck-up and thinks she is too good to talk to guys on the street deserves to be taught a lesson.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

10. Many women have an unconscious wish to be raped, and may then unconsciously set up situation in which they are likely to be attacked.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

11. If a woman gets drunk at a party and has intercourse with a man she's just met there, she should be considered "fair game" to other males at the party who want to have sex with her too, whether she wants to or not.

strongly agree	1.....2.....3.....4.....5.....6.....7	strongly disagree

12. What percentage of women who report a rape would you say are lying because they are angry and want to get back at the man they accuse?

A	B	C	D	E
almost all	about 3/4	about 1/2	about 1/4	almost none

13. What percentage of rapes would you guess were merely invented by women who discovered they are pregnant and wanted to protect their own reputation?

A	B	C	D	E
almost all	about 3/4	about 1/2	about 1/4	almost none

14. A person comes to you and claim they were raped. How likely would you be to believe their statement if the person were:

	Always A		Frequently B		Sometimes C		Rarely D	Never E
your best friend?	A	B	C	D	E			
an Aboriginal woman?	A	B	C	D	E			
a neighbourhood women?	A	B	C	D	E			
a young boy?	A	B	C	D	E			
a black woman?	A	B	C	D	E			
a white woman?	A	B	C	D	E			

Part 6:

Please answer the following questions about any **unwanted** sexual experiences that occurred when you were **AGE 17 OR OLDER**.

1. Have you given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because you were overwhelmed by a man's continual arguments and pressure? Y N

2. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man used his position of authority (boss, teacher, camp counsellor, supervisor) to make you? Y N

3. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? Y N

4. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down, etc.), but I intercourse **did not** occur. Y N

5. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by giving you alcohol or drugs, but intercourse **did not** occur. Y N

6. Have you given in to sexual intercourse when you didn't want to because you were overwhelmed by a man's continual arguments and pressure? Y N

7. Have you had sexual intercourse when you didn't want to because a man used his position of authority (boss, teacher, camp counsellor, supervisor) to make you? Y N

8. Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs? Y N

9. Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? Y N

10. Have you had sex acts (anal or oral intercourse or penetration by objects other than the penis, when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? Y N

Part 7:

Look back to the highest number on **Part 6 (page 13)** to which you answered "**yes**". We'd like to ask you some more questions about this experience. If you have had this experience more than once, think of the experience you remember best. If you did not have one of these experiences, please fill in circle A for each of the following.

1. What was your relationship to the man/men at that time? (Choose one) (If more than one man was involved, what was your relationship with the oldest?)

   a. Not applicable
   b. Stranger
   c. Non-romantic acquaintance (Friend, neighbour, etc.)
   d. Casual/first date or romantic acquaintance
   e. Relative (father, stepfather, uncle, brother)

2. How well do you know him?

   a. Not applicable
   b. Didn't know at all
   c. Slightly/moderately acquainted
   d. Very well acquainted
   e. Extremely well acquainted

3. How many times has he done this to you?

   a. Not applicable
   b. 1 time
   c. 2 times
   d. 3 times
   e. 4 or more times

4. How long ago did it happen?

   a. Not applicable
   b. Less than 6 months
   c. 6 months to a year
   d. 1-2 years
   e. Over 3 years

5. Was the man/men using any intoxicants on this occasion?

   a. Not applicable
   b. Alcohol
   c. Drugs
   d. Both
   e. None

6. Were you using any intoxicants on this occasion?

a. Not applicable
b. Alcohol
c. Drugs
d. Both
e. None

Did the man/men do any of the following to make you cooperate? (Write letter in blank provided)

a. Not applicable
b. No
c. Yes

7. Threats of physical force ____
8. Twisting you arm, holding you down, etc. ____
9. Hitting, slapping, etc. ____
10. Choking, beating, etc. ____
11. Use a weapon ____

12. What is the most sexual intimacy, if any, that you voluntarily had with the man/men before this happened? (Circle)

a. Not applicable
b. Kissing only
c. Petting above the waist
d. Petting below the waist
e. Sexual intercourse

13. Had you ever had intercourse with anyone before this happened? (Circle)

a. Not applicable
b. No
c. Yes

Did you do any of the following to resist his advances? (Write letter in blank provided)

a. Not applicable
b. No
c. Yes

14. Turn cold ____
15. Reason, plead, tell him to stop ____
16. Cry or sob ____
17. Scream for help ____
18. Run away ____
19. Physically struggle, push him away, hit or scratch ____

20. Did you discuss the experience with anyone?

a. Not applicable
b. No
c. Yes

21. If so, who?

a. Not applicable
b. Parent
c. Friend
d. Police
e. Teacher, doctor, clergy, or counsellor

22. What was the person's response?

a. No response
b. Anger at man
c. Disbelief
d. Sympathy towards you
e. Anger towards you

23. Did you press charges?

a. Not applicable
b. No
c. Yes

24. Do you think you might press charges at any future time?

a. Not applicable
b. No
c. Yes
d. I don't know

Please describe these aspects of the incident. (Write letter in blank provided)

a. Not applicable
b. Not at all or a little
c. Somewhat
d. Quite a bit
e. Very muc

25. How aggressive was the man/men? ____
26. How clear did you make it to the man/men that you didn't want sex? ____
27. How much do you feel responsible for what happened? ____
28. How much did you resist? ____
29. How responsible is he/are they for what happened? ____

30. With how many men have had sexual intercourse since this happened? (Circle)

a. Not applicable
b. 0 persons
c. 1-5 persons
d. 6-10 persons
e. Over 10 people

31. Have you had intercourse with the man/men involved in this experience since this happened?

a. Not applicable
b. No
c. Yes

32. Do you expect something like this to probably happen again?

a. Not applicable
b. No
c. Yes

33. Did you continue the relationship with this person?

a. Not applicable
b. No
c. Yes

34. Looking back on the experience, how would you describe the situation? (Remember this is confidential?)

a. Not applicable
b. I don't feel I was victimized
c. I believe I was a victim of a serious miscommunication.
d. I believe I was a victim of a crime other than rape.
e. I believe I was a victim of rape.

35. Did you see a counsellor, therapist, or psychologist to talk about what happened?

a. Not applicable
b. No
c. Yes

36. If yes, for how long? ____

Part 8A:

Pease answer the following questions about any **unwanted** sexual experiences that occurred when you were **AGE 16 OR YOUNGER** with someone **AT LEAST 5 YEARS OLDER** than yourself.

Please use the following scale to indicate how often each of the listed behaviours occurred.

1 = never
2 = once or twice
3 = 3-10 times
4 = 11-20 times
5 = more than 20 times

1) How often did you experience:
   a) Sexual kissing ____
   b) Fondling of the buttocks, thighs, breasts, genitals ____
   c) Insertion of fingers or objects into vagina/anus ____
   d) Oral sex ____
   e) Attempted vaginal intercourse ____
   f) Completed vaginal intercourse ____
   g) Anal intercourse ____

If you answered "never" to the above questions, please go on to the next questionnaire.
If some of these experiences did occur, please answer the questions below.

2) How old were you when the unwanted sexual contact began? ____

3) How many individuals were involved? ____

4) Please indicate who these individuals were (check all that apply):
   a) stranger ____
   b) unrelated acquaintance (Neighbour, babysitter, teacher) ____
   c) extended family (cousin, uncle/aunt, grandparent) ____
   d) sibling ____
   e) parent/stepparent/guardian ____

5) Were you ever (check all that apply):
   a) coerced into participating ____
   b) threatened ____
   c) physically forced ____
   d) physically hurt ____

6) Do you believe that you were sexually abused as a child?
   yes ____ no ____

Part 8B:

Now, we would like to ask you to answer the following questions about any **unwanted** sexual experiences that occurred when you were **AGE 16 OR YOUNGER** with someone **LESS THAN 5 YEARS OLDER** than yourself.

Please use the following scale to indicate how often each of the listed behaviours occurred.

1 = never
2 = once or twice
3 = 3-10 times
4 = 11-20 times
5 = more than 20 times

1) How often did you experience:
   a) Sexual kissing ____
   b) Fondling of the buttocks, thighs, breasts, genitals ____
   c) Insertion of fingers or objects into vagina/anus ____
   d) Oral sex ____
   e) Attempted vaginal intercourse ____
   f) Completed vaginal intercourse ____
   g) Anal intercourse ____

If you answered "never" to the above questions, please go on to the next questionnaire. If some of these experiences did occur, please answer the questions below.

2) How old were you when the unwanted sexual contact began? ____

3) How many individuals were involved? ____

4) Please indicate who these individuals were (check all that apply):
   a) stranger ____
   b) unrelated acquaintance (Neighbour, babysitter, teacher) ____
   c) extended family (cousin, uncle/aunt, grandparent) ____
   d) sibling ____
   e) parent/stepparent/guardian ____

5) Were you ever (check all that apply):
   a) coerced into participating ____
   b) threatened ____
   c) physically forced ____
   d) physically hurt ____

6) Do you believe that you were sexually abused as a child?
   yes ____ no ____

Part 9:

Directions: Look back to the highest question number on **Part 6** to which you answered "**yes**". Considering this experience, we would like to ask you to rate some statements according to whether or not you have had any of these thoughts, even if you did not tell them to anyone. You may have thought of a few or many of these statements in relation to your own experience. If you have had this experience more than once, think of the experience you remember best. Some of the statements may be in your thoughts more often than others. Please indicate how often, if at all, you have had the following thoughts **when you thought about your experience** in the past month. Using the following scale blacken the letter on a separate IBM sheet, which applies the highest number to yourself.

A = Never
B = Occasionally
C = Sometimes
D = Often
E = Most of the time

This experience happened to me because...

1. I'm a careless person. ____
2. I didn't lock my windows/doors. ____
3. there are sick people in this world. ____
4. I was out alone at night. ____
5. society encourages violence against women. ____
6. I'm an attractive woman. ____
7. I accepted a date with someone I didn't know well. ____
8. I'm a bad person. ____
9. I didn't resist. ____
10. some men are evil. ____
11. I'm weak and vulnerable. ____
12. I didn't have a weapon or mace. ____

This experience happened to me because...

13. there's something about me that attracts rapists. ____
14. my roommate/husband wasn't home. ____
15. I trust people too much. ____
16. God was testing me. ____
17. I'm a gullible person ____
18. I didn't know how to defend myself. ____
19. I put myself in a situation I couldn't get out of. ____
20. I didn't scream for help. ____
21. some men can't control their need for sex. ____
22. I didn't know how to say no. ____
23. I'm an extroverted person. ____
24. no one was around to prevent it from happening. ____
25. I'm a passive person. ____
26. the rapist had a weapon. ____
27. I'm an independent person. ____
28. I got drunk/stoned. ____
29. because of fate ____
30. I'm a party-goer. ____
31. I'm stupid. ____
32. no one ever taught me self-defence. ____
33. I didn't look through the peephole and/or check for identification before letting him in my house. ____
34. I was somewhere I shouldn't have been. ____

Part 10:

Directions: Answer this next group of items by looking back to the highest question number to which you answered "**yes**" in **Part 6**.

With consideration of this incident, in terms of percentages, what percent of blame would you place on the other person, society, yourself, or elsewhere.

Percentage given to other person: ____

Percentage given to society: ____

Percentage given to yourself: ____

Percentage given elsewhere: ____

Specify: _____

100 %

THANK YOU FOR YOUR PARTICIPATION!