
The goals of this article are to review the major findings from alcohol administration studies that use sexual aggression proxies and to encourage additional experimental research that evaluates hypotheses about the role of alcohol in the etiology of men’s sexual aggression. Experiments allow participants to be randomly assigned to drink conditions, therefore ensuring that any differences between drinkers and nondrinkers can be attributed to their alcohol consumption. One of the biggest challenges faced by experimental researchers is the identification of valid operationalizations of key constructs. The tension between internal and external validity is particularly problematic for violence researchers because they cannot allow participants to engage in the target behavior in the laboratory. The strengths and limitations associated with written vignettes, audiotapes, videotapes, and confederate proxies for sexual aggression are described. Suggestions are made for future research to broaden the generalizability of the findings from experimental research.


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This article systematically reviews empirical studies that examine associations between alcohol consumption and men’s sexual aggression with the goal of identifying major findings; gaps in current knowledge; and directions for future research, practice, and policy. We identified 25 cross-sectional surveys, 6 prospective studies, and 12 alcohol administration experiments published between 1993 and August 2013 with male college students and young adult (nonincarcerated) samples. Many cross-sectional surveys have demonstrated that distal and proximal measures of men’s alcohol consumption are positively associated with sexual assault perpetration, although very few of these studies evaluated how alcohol interacts with other risk and protective factors to exacerbate or inhibit sexual aggression. There are surprisingly few surveys that examine alcohol’s effects at the event level and over short-time intervals to identify how changes in alcohol consumption are associated with changes in perpetration status. Alcohol administration studies suggest some important mechanisms that warrant additional investigation.


Background: Several highly publicised rapes and murders of young women in India and South Africa have focused international attention on sexual violence. These cases are extremes of the wider phenomenon of sexual violence against women, but the true extent is poorly quantified. We did a systematic review to estimate prevalence. Methods: We searched for articles published from Jan 1, 1998, to Dec 31, 2011, and manually search reference lists and contacted experts to identify population-based data on the prevalence of women’s reported experiences of sexual violence from age 15 years onwards, by anyone except intimate partners. We used random effects meta-regression to calculate adjusted and unadjusted prevalence for regions, which we weighted by population size to calculate the worldwide estimate. Findings: We identified 7231 studies from which we obtained 412 estimates covering 56 countries. In 2010 7.2% (95% CI 5.2–9.1) of women worldwide had ever experienced non-partner sexual violence. The highest
estimates were in sub-Saharan Africa, central (21%, 95% CI 4·5–37·5) and sub-Saharan Africa, southern (17·4%, 11·4–23·3). The lowest prevalence was for Asia, south (3·3%, 0–8·3). Limited data were available from sub-Saharan Africa, central, North Africa/Middle East, Europe, eastern, and Asia Pacific, high income. Interpretation: Sexual violence against women is common worldwide, with endemic levels seen in some areas, although large variations between settings need to be interpreted with caution because of differences in data availability and levels of disclosure. Nevertheless, our findings indicate a pressing health and human rights concern.


Contamination concerns have been linked to increased posttraumatic stress symptoms. The present study offered a preliminary test of the roles of domain-specific contamination aversions in posttraumatic stress. Fifty women with a history of sexual or physical assault were recruited from the community and assessed for posttraumatic stress symptom severity and individual differences in mental contamination, direct contamination aversion aversion to normative contaminants (e.g., garbage)], indirect contamination aversion aversion to perceived contaminants (e.g., handrails]), and symptoms of contamination-based obsessive-compulsive disorder. We observed large and significant relations between posttraumatic stress symptoms and all forms of contamination fears and aversions among participants reporting sexual trauma, but minimal and non-significant relations among victims of physical assault. Exploratory tests revealed that the effects of basic contamination aversions on posttraumatic stress symptom severity were largely mediated by mental contamination. The present study suggests that contamination fears and aversions (i.e., normal or perceived) are highly related to posttraumatic stress symptoms among sexual trauma victims and highlights the importance of assessing and targeting feelings and evaluations related to contamination when treating posttraumatic stress symptoms among sexual trauma victims.


An exploratory study of trauma and religious factors in predicting drinking outcomes in african american sexual assault survivors.;

In this exploratory study, we examined the relationships between religious factors, trauma histories, and life satisfaction and alcohol-related outcomes in adult sexual assault survivors. A mail survey was administered to a community sample of African American survivors (N = 836) in the Chicago metropolitan area. Hierarchical regression analyses showed that for non-religious women, interpersonal trauma was related to greater frequency of heavy drinking. For moderately religious women, interpersonal and contextual traumas were related to more frequent heavy drinking. For highly religious women, religious coping was related to less frequent heavy drinking. Implications are drawn for research and treatment of female survivors.


Sexual offenses with or without aggression attract attention from the popular media and the scientific community. Empirical research suggests a relationship between anger and sexual violence. This article describes the key themes of dysfunctional anger and sexual violence, and how dysfunctional anger relates to sexual fantasies, sexual offending, and sexual recidivism. The implications of the findings for clinical practice and future research are discussed.
2015 Research Review
List of Articles Reviewed


Sexual assault, stalking, dating violence, and intimate partner violence, herein collectively termed interpersonal violence (IV), are public health problems affecting 20% to 25% of female college students. Currently, One Act is one of the few IV prevention training programs at universities that teach students bystander skills to intervene in low- and high-risk IV situations. The objectives of this study were 1) to evaluate One Act's effects on date rape attitudes and behaviors, and bystanders' confidence, willingness to help, and behavior, and 2) to compare the effects on bystander skills between One Act and Helping Advocates for Violence Ending Now (HAVEN), an IV response training program with similar participants. Data were collected over 2 years, before and after One Act and HAVEN trainings. We measured outcomes with four scales: College Date Rape Attitudes and Behaviors, Bystander Confidence, Willingness to Help, and Bystander Behavior. The analysis compared within- and between-group mean differences in scale scores pre- and post-trainings using linear mixed models. One Act showed improvements for date rape attitudes and behaviors ($p < .001$), bystander's confidence ($p < .001$), and willingness to help ($p < .001$). One Act participants' bystander confidence improved more ($p = .006$), on average, than HAVEN's. The differences in the two trainings' effects on bystander willingness to help and behavior had similar patterns but were not statistically significant. We found a larger positive impact on bystander confidence among students who participated in the bystander prevention training compared with the response training. Further research is needed to improve the measures for bystander behavior and measure the bystander trainings' larger impact on the community.


This study explored college students' perceptions regarding barriers to disclosure of sexual assault and helpfulness of campus resources for survivors of sexual assault. To better understand barriers and social reactions to disclosure of sexual assault, it is important to examine peer perceptions of barriers and resources for assault survivors. A total of 475 undergraduate students estimated the frequency with which various barriers prevent sexual assault disclosure and rated the helpfulness of several campus resources for both male and female survivors. Students perceived that barriers to disclosure were more likely to prevent men than women from telling someone they were assaulted and seeking help. Students also believed that campus resources are more helpful for female than male survivors. Students' negative perceptions of disclosure and help seeking for male survivors indicate that more education regarding the sexual assault of males and inclusive outreach is needed.


Background: Sexual assault disproportionately affects college students. Because most survivors do not report sexual assault, research has explored individual factors related to the reporting, with limited research exploring institutional-level factors related to victims' decisions to report their experiences. Objective: The purpose of this research was to describe three key areas: (a) campus assault adjudication, (b) protocols and campus responses to assault, and (c) provision of student prevention education regarding sexual violence. Participants: A nationally representative sample of 1,067 campus administrators responded to a survey regarding institutional sexual assault policies and procedures. Conclusions: Findings suggest that although many institutions are responding adequately to sexual assault in these three areas, improvements are possible. Implications for improving campus responses and further research are discussed.

Sexual violence is a significant problem on many college campuses. Bystander education programs have been found to train individuals to act to prevent sexual and partner violence and improve the responses of peers to survivors. Limited evidence suggests that gender differences exist between males and females regarding both attitudes toward, and use of, bystander behavior, with females reporting more supportive attitudes and greater use of bystander behavior. The purpose of this study is to compare male and female college students on attitudes toward date rape, bystander efficacy, intention to act as a bystander, and actual use of bystander behaviors. A secondary aim explored gender differences in theoretically driven bystander behaviors and barriers to acting as a bystander. A convenience sample of 157 full-time undergraduate students aged 18–24 years completed survey measures of attitudes related to sexual and partner violence and willingness to help. Analysis of variance and chi-square were used to compare gender differences in scores. Significant gender differences were found for date rape attitudes, efficacy, and intention to act as a positive bystander. Men reported more rape-supportive attitudes and greater intention to act as a bystander than women, whereas women reported greater levels of bystander efficacy than men. The findings can be used in tailoring gender-specific components of bystander education programs for sexual assault prevention and intervention.


Research has shown that college women are at considerable risk for sexual assault by dating partners, and studies have shown early detection of threat risk cues is an important factor in rape avoidance. This study examined how men and women process sexual encounters in a date rape situation and how they differ in interpretation of cues and response decision-making using Crick and Dodge's (1994) model of social information processing (SIP). Participants listened to an audio vignette depicting a female resisting sexual contact as the male continues to make sexual advances. The vignette was paused at a point in which there is ambiguity concerning the sexual intentions of the actors, and multiple choice/forced answer questions reflecting five stages in social information processing (causal and intent interpretation, goal clarification, response decision, response efficacy, and response evaluation) were administered. Analyses revealed males and females significantly differed in all SIP stages, and emotional reaction was a significant predictor of response decision. Implications of the findings were discussed.


Background: Lifetime victimization experiences, including child sexual abuse (CSA), child physical abuse (CPA), adult sexual assault (ASA), and adult physical assault (APA), are associated with health problems. Purpose: To examine relationships between cumulative victimization and physical health among heterosexual and lesbian women and determine whether these relationships differ by sexual identity. Methods: Large samples of heterosexual (n = 482) and lesbian women (n = 394) were interviewed. Questions included lifetime victimization experiences and physical health problems. Results: Compared to women who reported no childhood victimization, those who reported experiencing both CSA and CPA were 44% more likely to report health problems and women who experienced all four types of victimization (CSA, CPA, APA, ASA) were nearly 240% as likely to report physical health problems. Interaction analyses revealed the association between victimization and physical health did not differ by sexual identity.
identity. Conclusions: Although lesbians were more likely to report all types of victimization, results suggest that victimization conferred increased physical health risks regardless of sexual identity.

Anderson, R. E., & Cahill, S. P. (2014). Use of the response-latency paradigm for eliciting and evaluating women's responses to the threat of date rape. *Violence and Victims, 29*(2), 248-261. This study evaluates the novel use of the response-latency paradigm to elicit women's hypothetical behavioral responses to the threat of acquaintance rape. There were 146 college women recruited and randomly assigned to 4 study conditions. In 3 of the conditions, the threat to which participants responded was experimentally controlled; in the fourth control condition, participants selected the level of threat themselves, following standard procedure of the response-latency paradigm. Results indicated that participant's responses became more intense as threat levels increased; this relationship was not moderated by whether the threat was controlled by the experimenter or the participant. These results indicate the response-latency paradigm is useful for eliciting and evaluating women's hypothetical responses to the threat of acquaintance rape to learn more about this process.

Angelone, D. J., Mitchell, D., & Grossi, L. (2015). Men's perceptions of an acquaintance rape: The role of relationship length, victim resistance, and gender role attitudes. *Journal of Interpersonal Violence, 30*(13), 2278-2303. doi:10.1177/0886260514552448 Sexual aggression is a persistent and prevalent issue in the United States, which often results in a number of psychological, emotional, and physical consequences for victims. The current study examined whether the length of relationship between the victim and perpetrator, level of victim resistance, and observers' gender role attitudes play a role in observers' perceptions of an alleged sexual assault. Participants included 297 male college students from a public university in the Northeastern United States. Contrary to hypotheses, there were no significant effects for length of relationship on participants' attributions. Relative to no resistance, verbal and physical strategies by the victim predicted higher levels of victim credibility, perpetrator culpability, and perpetrator guilt, as well as lower levels of victim culpability and perceived victim pleasure. Endorsement of traditional adversarial sex role beliefs and hostile sexist attitudes, as opposed to egalitarian attitudes, were associated with the attribution of less credibility to the victim, perceived victim trauma, perpetrator culpability, perpetrator guilt, and shorter recommended prison sentences, as well as greater victim culpability and perceived victim pleasure. Laypersons' perceptions of sexual assault merit further study, as they are relevant to juror decision making and third party responses to sexual victimization (e.g., peer support for victim) and can contribute to the secondary victimization and recovery of survivors of sexual assault.

Annan, S. (2014). 'We desperately need some help here'-the experience of legal experts with sexual assault and evidence collection in rural communities. *Rural and Remote Health, 14*(4) Approximately 30% of people in rural communities report a sexual assault within their lifetime. The medico-legal response to a report of sexual assault may leave a significant impact on the victim. The purpose of this article is to examine the experiences of legal providers from rural communities, who assist victims of sexual assault.

**METHODS:**
A sample of expert participants were interviewed and included seven commonwealth attorneys (the state prosecuting attorneys in Virginia), six sheriffs or police investigators, and five victim-witness advocates, all from rural areas of Virginia. Qualitative data were collected by in-person interviews with a hermeneutic-phenomenological format.

**RESULTS:**
The experts interviewed described prosecution difficulties related to evidence collection and
unrealistic jury expectations. These legal experts also shared frustrations with limitations in local services and limitations in the experiences of local sexual assault nurse examiners.

**CONCLUSIONS:**
This study provides a context for understanding the rural medico-legal response to sexual assault and for the importance of the role of the sexual assault nurse examiner to rural populations. Interdisciplinary collaboration is key to improving prosecution outcomes as well as victim support after reporting.


Objectives: Intimate partner violence (IPV) is associated with increased risk of HIV among women globally. There is limited evidence and understanding about IPV and potential HIV risk pathways among sex workers (SWs). This study aims to longitudinally evaluate prevalence and correlates of IPV among street and off-street SWs over two-years follow-up. Methods: Longitudinal data were drawn from an open prospective cohort, AESHA (An Evaluation of Sex Workers Health Access) in Metro Vancouver, Canada (2010–2012). Prevalence of physical and sexual IPV was measured using the WHO standardized IPV scale (version 9.9). Bivariate and multivariable logistic regression using Generalized Estimating Equations (GEE) were used to examine interpersonal and structural correlates of IPV over two years. Results: At baseline, 387 SWs had a male, intimate sexual partner and were eligible for this analysis. One-fifth (n=83, 21.5%) experienced recent physical/sexual IPV at baseline and 26.2% over two-years follow-up. In multivariable GEE analysis, factors independently correlated with physical/sexual IPV in the last six months include: childhood (<18 years) sexual/physical abuse (adjusted odds ratio AOR]=2.05, 95% confidence interval CI]: 1.14–3.69), inconsistent condom use for vaginal and/or anal sex with intimate partner (AOR=1.84, 95% CI: 1.07–3.16), <daily prescription opioid use (AOR=1.72, 95% CI: 1.02–2.89), providing financial support to intimate partner (AOR=1.65, 95% CI: 1.05–2.59), and sourcing drugs from intimate partner (AOR=1.62, 95% CI: 1.02–2.26). Discussion: Our results demonstrate that over one-fifth of SWs in Vancouver report physical/sexual IPV in the last six months. The socio-structural correlates of IPV uncovered here highlight potential HIV risk pathways through SWs' intimate, non-commercial partner relationships. The high prevalence of IPV among SWs is a critical public health concern and underscores the need for integrated violence and HIV prevention and intervention strategies tailored to this key population.


Sexual victimization of boys and men is understudied despite its alarming prevalence and potentially detrimental outcomes. Research suggests that the majority of men who have experienced something that would qualify as child sexual abuse (CSA) or adult rape based on research definitions do not label their experiences as sexual abuse or rape. This study sought to examine men’s labeling of their own victimization by examining acknowledgment of CSA and adult rape in a convenience sample of 323 men who completed an online survey. In this sample, 49% of CSA victims and 24% of rape victims used the labels of sexual abuse and rape, respectively. Correlates of CSA acknowledgment included the perpetrator’s use of physical force during the incident. Correlates of rape acknowledgment included perpetrator’s use of force and a male rather than a female perpetrator. Acknowledged CSA victims reported more distress and higher rates of adult sexual revictimization compared with unacknowledged CSA victims.
Unacknowledged rape victims, but not acknowledged rape victims, reported higher rates of distress compared to non-victims. Rape myths and rigid definitions of masculinity are discussed as possible factors contributing to the high rates of unacknowledged sexual victimization in this sample.


Social–cognitive models of traumatic stress have urged researchers to investigate the complex changes in victims’ systems of belief following trauma. Among victims of rape, posttraumatic cognitions related to self-blame, safety, trust, intimacy, control, power, and esteem are common negative outcomes; yet there is great variability in the degree to which rape victims exhibit these reactions, and this remains unexplained. Two possible factors that may be relevant to the development of these posttraumatic cognitions are the extent to which the nonconsensual sexual act was internally perceived as nonconsensual by the victim and the extent to which it was internally perceived as unwanted by the victim. Although felt consent and perceived wanting are often conflated and rated dichotomously, there is evidence that they are distinct and may be experienced on a continuum. This study sought to examine the relationships among felt consent, wantedness, and posttraumatic cognitions in a sample of 189 undergraduate female victims of rape. Results demonstrated that perceived consent and perceived wantedness had unique and opposite relationships with posttraumatic cognitions: Greater felt consent was a risk factor for characterological and behavioral self-blame and maladaptive self-beliefs, but greater feelings of wanting to have sex constituted a protective factor for characterological self-blame, maladaptive self-beliefs, and maladaptive world-beliefs. A suppression effect was also identified, which provided evidence that perceived consent and wantedness work in tandem in the cognitive processing of rape. Clinical and research implications are discussed, with an emphasis on the importance of understanding and honoring victims’ perceptions.


Sexual violence is significantly higher among those with mental illness than the rest of the population. The risk of sexual violence posed to patients during inpatient admissions is now also beginning to be recognized, but remains a challenging area of practice. This paper introduces a trauma-informed care approach for responding to disclosures of sexual violence by people with serious mental illness, taking into account the complexities of caring for individuals who might be unable to provide coherent accounts of assaults and/or who might be experiencing varying degrees of psychosis. A framework for understanding and responding to disclosures of sexual violence that occur in mental health facilities is described, recognizing that such disclosures take many forms, including plausible and implausible accounts of recent sexual violence, as well as disclosures of past abuse triggered by current traumatic experiences. Illustrated by case studies, the practice implications for each type of disclosure described in the framework are explored in relation to investigation, care planning, and prevention.


This study prospectively examined the impact of men’s own attitudes and behaviors and perceptions of peer attitudes and behaviors on intentions and engagement in prosocial bystander behavior. Undergraduate men completed surveys at baseline and 4- and 7-month follow-ups. Men’s perceptions of peer attitudes and behaviors and their own attitudes and behaviors were
both important predictors of intentions. However, men’s own attitudes and behaviors appeared to be more robustly predictive of behavior. Intentions to engage in bystander behavior were not predictive of behavior. Results support two specific areas of bystander intervention programming addressing misperceptions of social norms and personal attitudes and behaviors.


Although research has been conducted on rape myth acceptance (RMA) and other factors associated with attribution formation, researchers have not yet determined how the combination of such factors simultaneously affects levels of victim blame and perpetrator blame. The current investigation recruited 221 students from an all-women's college to examine differences in blame attributions across RMA, victim gender, and perpetrator gender, and the relationship between the two parties (i.e., stranger vs. acquaintance). Results suggested that RMA, victim gender, and perpetrator gender account for a significant amount of variance in blame attributions for both victims and perpetrators. In sum, victim blame with female perpetrators was relatively consistent across levels of RMA, but increased substantially for male perpetrators as individuals endorsed higher levels of RMA. Perpetrator blame, however, was highest with male perpetrators when individuals endorsed low levels of RMA and lowest for male perpetrators when individuals endorsed relatively higher levels of RMA. Findings demonstrate the continued influence of RMA on blame attributions for both victims and perpetrators, and the stigma faced by male victims. More research is needed on the differing attributions of male and female victims and perpetrators, as well as differing attributions based on type of relationship. Such research will lead to a better and more thorough understanding of sexual assault and rape.


Growing awareness of the scope of violence against women (VAW) on college campuses has led to innovations in intervention and prevention. These efforts have often followed best practices in prevention, have targeted different campus populations, and used varied tools. Prevention evaluation on campuses is increasing. This review briefly summarizes what we have learned about preventing VAW on campus from evaluation research and then describes a roadmap for where research needs to go. To date, most work focuses almost exclusively on sexual violence, concentrates on single programs on one campus, focuses on attitude outcomes, and most research explores main effects of program utility. More complex prevention and research models are needed including the use of multipronged prevention approaches and researching their synergistic effects; investigation of more specific program effects to better unpack what essential elements of different prevention tools are driving changes; and more complex analyses of outcomes including exploration of moderating variables. This research agenda has implications for new programs, policies, and research designs including the importance of partnerships between practitioners and researchers to actualize these goals.

Intimate partner sexual violence (IPSV) is a significant aspect of intimate partner violence (IPV). While intimate partners commit one third of sexual assaults, IPSV is often overlooked in studies about IPV and in research on sexual violence. There are difficulties identifying, defining, and measuring IPSV, and research lacks consistency in terminology and measurement. The purpose of this article is to review the terms, definitions, and measurements associated with IPSV.

Academic journals and nonscholarly documents from the United States were searched for articles and reports associated with the study of sexual violence and IPV. Forty-nine documents met the criteria for inclusion. A four-part taxonomy defining IPSV was developed, which included IPSV, intimate partner sexual coercion, intimate partner sexual abuse, and intimate partner forced sexual activity. The average weighted prevalence rates of these various forms of IPSV were calculated across included research studies. However, the measurements generally used to assess IPV do not adequately measure IPSV. Future research should consist terms to ensure consistent conceptualization and measurement of IPSV and to inform practice with survivors.


The author considers the reactions of four women who had been sexually assaulted, with a focus on the rape trauma of two women with the diagnosis of “Complex-PTSD.” Both patients also had prolonged episodes of illegal drug dependence. The article investigates a variety of therapeutic responses to ameliorate disabling post-rape psychological symptoms, especially an intense feeling of numbing. Psychodynamic treatment was chosen for investigation rather than Prolonged Exposure (PET), or Cognitive Behavioral Therapy (CBT). Choice of these two treatments is supported by substantial statistical evidence. But many therapists continue to use psychoanalytic based approaches to treat rape victims. Schottenbauer et al, (2008) concluded that PET and CBT approaches had high non-response and dropout rates. Also psychodynamic comprehension may be particularly suitable for “complex PTSD” as defined below in this article. Two vignettes contrast the treatment processes and outcomes of these two women to two other patients who had been sexually assaulted, but whose psychopathology was less severe. The author proposes that full comprehension of severe numbing is essential in the selection of the best intervention strategy because this symptom (or affect) may determine the prognosis of raped patients.


Military sexual trauma (MST) includes sexual harassment or sexual assault that occurs during military service and is of increasing public health concern. The population prevalence of MST among female and male veterans who served during Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) has not been estimated to our knowledge. The purpose of this study is to assess the population prevalence and identify military correlates of MST, sexual harassment, and sexual assault among OEF/OIF veterans.

METHODS:
MST was assessed in the 2009-2011 National Health Study for a New Generation of U.S. Veterans, a survey of 60,000 veterans who served during the OEF/OIF eras (response rate, 34%, n=20,563). Weighted prevalence estimates and AORs of MST, sexual harassment, and sexual assault among women and men were calculated. Gender-stratified logistic regression models controlled for military and demographic characteristics. Data analyses were conducted in 2013-2014.

RESULTS:
Approximately 41% of women and 4% of men reported experiencing MST. Deployed men had...
lower risk for MST compared with non-deployed men, though no difference was found among women. However, veterans reporting combat exposure during deployment had increased risk for MST compared with those without, while controlling for OEF/OIF deployment. Among women, Marines and Navy veterans had increased risk for MST compared with Air Force veterans. MST was significantly higher among veterans who reported using Veterans Affairs healthcare services.

CONCLUSIONS:
These prevalence estimates underscore the importance of public awareness and continued investigation of the public health impact of MST.


This study sought to add to the limited information currently available on circumstances of sexual violence victimization and associated negative health experiences among Hispanic women. Data come from a community sample of mostly Mexican women in an urban southwestern city. Household interviews were completed with a sample of 142 women during 3 months in 2010. Findings indicate that 31.2% of women reported rape victimization and 22.7% reported being sexually coerced in their lifetime. Victims of rape and/or sexual coercion were significantly more likely to report symptoms of depression and post-traumatic stress disorder (PTSD) during their lifetime. Among victims whose first unwanted sexual experience resulted in rape and/or sexual coercion, perpetrators were almost always someone known to the victims, and were mostly family members or intimate partners, depending on the victim’s age. About one-fifth of victims were injured and 17.1% needed medical services. These findings suggest the need for more attention to the physical and mental health needs of sexually victimized Hispanic women.


The role of women in college sexual assault prevention and risk reduction has been controversial as movements for men's participation become more popular. Research on college sexual assault prevention and risk reduction has largely focused on individual programs or universities. Previous research has largely avoided larger studies of the messages many colleges give their students regarding who is responsible for rape prevention on campus. This article attempts to fill that gap by examining rape prevention and risk reduction tips posted on 40 college websites. Each tip was analyzed for frequency and intended audience and the women's tips as a group were analyzed for common themes. Researchers found that most tips are still directed at women and that they convey four main messages: there are no safe places for women, women can't trust anyone, women should never be alone, and women are vulnerable. Findings imply that the burden of college sexual assault prevention still falls primarily on female students.


A large body of research has explored the individual and situational factors that influence bystander intervention for sexual violence. However, little research has explored the how the bystander's relationship to the victim and the perpetrator impacts helping. To explore this gap in the literature, the present study used vignettes to experimentally manipulate the bystander's relationship to the victim, and the bystander's relationship to the perpetrator to examine how these factors impact intent to help in low (i.e., unwanted contact) and high (i.e., situation at high risk of rape) severity situations of sexual violence. The gender of the bystander was also
examined by recruiting a sample of women and men. Results suggested that bystanders were more likely to intervene when the situation was more severe and when the bystander was female. Results were mixed regarding intent to help when the bystander knew the victim or the perpetrator. Moreover, these factors interacted in complicated ways such that, for example, women are equally likely to intend to help a victim whether they know the perpetrator or not while men are more likely to help a victim if the perpetrator is someone they do not know. The results of this study suggest that bystander intervention for situations involving sexual violence are complex and future research should further tease out the moderating effects. Prevention programs using a bystander framework may need some segments of training that are more gender specific and that directly address the relationship between the bystander and the victim and perpetrator.


A promising line of inquiry in sexual violence prevention involves training potential bystanders to intervene in situations where there is risk for violence. Theories of bystander intervention often discuss barriers to helping behavior, but there has been little empirical inquiry into this question. We will present findings of a study of both barriers and facilitators of helping behavior in the context of sexual violence among first-semester college students. Two hundred and forty-two first year college students completed surveys during their first year of college. Measures included assessment of bystander behavior, perceived barriers to helping, as well as a variety of other variables identified in the literature as key correlates of helping. Quantitative and qualitative analyses were used to (a) describe barriers and facilitators of helping, (b) examine the relationship between barriers and self-reports of helping, and (c) model individual differences in helping behavior. In quantitative analyses, barriers, as assessed in this study, were better predictors of helping behavior directed at strangers than helping of friends. Results suggested that open-ended responses about the facilitators and barriers to helping for sexual violence map well onto social-psychological models of bystander behavior, and that greater prosocial tendencies, an intrapersonal variable, increase actual helping behavior. A more specific understanding of what promotes and hinders helping can be used to enhance prevention education efforts focused on increasing helpful bystander actions.


Trauma exposure and PTSD are associated with poorer physical health. Psychological and behavioral mechanisms may help account for this relationship. In this study, we tested avoidant coping and alcohol use as mediators of the relationship between trauma exposure, PTSD, and self-reported physical health complaints in female drinkers. In 827 college women, we compared three groups: women with no trauma history, women with a sexual assault but no PTSD, and women with a sexual assault and PTSD, on avoidant coping, alcohol use, and physical health complaints. We found that PTSD was positively associated with alcohol use and that PTSD and trauma exposure were associated with increased avoidant coping. We also found that avoidant coping mediated the relationship between trauma, PTSD, and physical health complaints. Alcohol use did not predict physical health but was associated with PTSD. These results suggest that in female college students, coping may be more critical in the PTSD/physical health relationship than alcohol and have implications for targeting coping in young trauma-exposed women to improve physical health.

Research has shown that experiences of military sexual assault and harassment can have a negative impact on veterans' health and functioning, even years or decades later, thus clearly identifying this as an important area of concern for social workers. In addition to understanding the scope and general impact of military sexual assault and harassment, social workers also must thoroughly understand how different cultural factors may intersect with veterans' experiences. To this end, this article reviews the current knowledge base on how veterans' life experiences related to gender can affect their experience of and recovery from military sexual assault and harassment, highlights common gender-specific issues, and discusses implications for practice.


Given the importance of reporting to sexual harassment prevention and intervention efforts, it is not surprising that an extensive scientific literature has developed on predictors of victims' decisions about making a formal report to authorities about their experiences. In contrast, little empirical work has focused on how reporting affects victims, particularly their psychosocial well-being. This study used a national sample of 1,562 former military Reservists who had experienced sexual harassment during their service to examine the relationship between reporting; experiences reporting; and psychosocial well-being, as indicated by post-harassment functioning, worst symptoms of posttraumatic stress disorder (PTSD) following the harassment, and current symptoms of depression. Making a formal report was not associated with well-being, but among those who did report, perceiving that the report had resulted in the harassment being addressed by authorities was associated with better post-harassment functioning and fewer symptoms of PTSD. Satisfaction with the reporting process showed the strongest association with well-being, demonstrating small but meaningful associations with depression and medium-to-large and medium associations with post-harassment functioning and PTSD, respectively. Although findings did not vary by gender, predictors accounted for more variance in well-being for men than women. In the whole sample, satisfaction with the reporting process mediated the relationship between victims' perceptions of system responsiveness to the report and post-harassment functioning and PTSD. Findings suggest that a victim's perceptions of and satisfaction with the reporting process may impact well-being more strongly than whether the victim made a report to authorities. Men may be even more strongly impacted by their experiences with the reporting process than women.


The prevalence, incidence, and impact of the gender-based abuse (GBA) of college women have been increasingly documented since the 1980s, with growing precision in the measurements and expanding identification of tactics. Although there is an obvious class bias in focusing on college women (compared to women of similar ages not attending college), it is important to address GBA among this population as they are at serious risk of sexual abuse (particularly incapacitated rape), intimate partner abuse (IPA), and stalking. This article addresses the stealth nature of the nonviolent GBA of college women and how these abuses frequently operate under the radar of acknowledgment by society, the abusers, campus officials, the criminal legal system, and sometimes, the survivors.
Sexual violence prevention has shifted from centering around a message of 'no means no' toward a message of 'get consent.' This paper explores how young adults conceptualise consent in relation to how they talked about expressing a willingness to participate in sex. The analysis here argues that understandings of consent are disconnected from how young people understand communication about sex. Consent is viewed as a formal minimum requirement for 'ok' sex. At the same time, young people were more sophisticated when discussing how they understand and communicate a willingness to have sex. Implications for sexual violence prevention education and research on sexual consent are discussed.

BACKGROUND: Delayed disclosure of rape has been associated with impaired mental health; it is, therefore, important to understand which factors are associated with disclosure latency. The purpose of this study was to compare various demographics, post-rape characteristics, and psychological functioning of early and delayed disclosers (i.e., more than 1-week post-rape) among rape victims, and to determine predictors for delayed disclosure. METHODS: Data were collected using a structured interview and validated questionnaires in a sample of 323 help-seeking female adolescents and young adults (12-25 years), who were victimized by rape, but had no reported prior chronic child sexual abuse. RESULTS: In 59% of the cases, disclosure occurred within 1 week. Delayed disclosers were less likely to use medical services and to report to the police than early disclosers. No significant differences were found between delayed and early disclosers in psychological functioning and time to seek professional help. The combination of age category 12-17 years [odds ratio (OR) 2.05, confidence intervals (CI) 1.13-3.73], penetration (OR 2.36, CI 1.25-4.46), and closeness to assailant (OR 2.64, CI 1.52-4.60) contributed significantly to the prediction of delayed disclosure. CONCLUSION: The results point to the need of targeted interventions that specifically encourage rape victims to disclose early, thereby increasing options for access to health and police services.

National statistics on the incidence of rape play an important role in the work of policymakers and academics. The Uniform Crime Reports (UCR) have provided some of the most widely used and influential statistics on the incidence of rape across the United States over the past 80 years. The definition of rape used by UCR changed in 2012 to include substantially more types of sexual assault. This article draws on 20 years of data from the National Incident-Based Reporting System to describe the impact this definitional change will have on estimates of the incidence of rape and trends over time. Drawing on time series as well as panel random effects methodologies, we show that 40% of sexual assaults have been excluded by the prior definition and that the magnitude of this error has grown over time. However, the overall trend in rape over time (year-to-year change) was not substantially different when comparing events meeting the prior definition and the subgroups of sexual assault that will now be counted.

Sexual violence (SV) is a significant public health problem. Using data from the 2005 Behavioral
Risk Factor Surveillance System (BRFSS), this article provides state-specific 12-month SV prevalence data for women residing in 23 states and two territories. Overall, more than 500,000 women in the participating states experienced completed or attempted nonconsensual sex in the 12-month period prior to the survey. The collection of state-level data using consistent, uniform, and behaviorally specific SV definitions enables states to evaluate the magnitude of the problem within their state and informs the development and evaluation of state-level SV programs, policies, and prevention efforts.


The present study examines public knowledge and use of a sexual offender Internet registry in New Jersey. A 20-item random digit dial telephone survey of 1,016 New Jersey residents was completed to determine public awareness and use of the New Jersey Sex Offender Internet Registry (NJSOIR). Approximately 51% of respondents reported knowledge of the NJSOIR, while 17% had accessed the site. Of those who accessed the site, 68% took some preventive measure based on the information they obtained. Logistic regression analyses demonstrate that ethnicity, education, and Internet access were associated with residents’ knowledge of the NJSOIR, while sex, race, education, being the parent/caregiver of a child below 18 years of age, and access to the Internet were associated with respondents’ likelihood to visit the registry website. These results suggest that an intervention that will increase public awareness of sex offender registries and provide specific preventive measures the public can take is needed.


Rape on the college campus has gained increasing amounts of attention in higher education, mainstream news, and public policy. The prevalence rates of rape are especially high among students who frequent campus parties, such as those hosted by fraternities. Researchers have described this increased risk by focusing on individual attitudes and behaviors of fraternity members or on the organizational norms and practices within the fraternity party subculture. To incorporate these studies into a single theoretical framework, this essay uses a social psychological approach to connect individual-level attitudes, (sub)culture, and behavior. I describe and apply identity theory and affect control theory, two structural symbolic interactionist theories, to explain why certain men are drawn to high-risk fraternities and how membership reinforces hostility toward and abuse of women. In doing so, I suggest several avenues for future research that would increase social psychological understanding of the heightened prevalence of sexual victimization within the fraternity party subculture.


Unwanted sexual experiences are seldom acknowledged as “rape.” These are identity-threatening events that cause negative affect and cognitive confusion. According to affect control theory, such events produce deflection that is resolved through restorative acts, redefinition of behavior, or modification or redefinition of identities. Since deflection reduction is an underspecified aspect of the theory, we employ theories of power dependence to better understand these processes. Using a mixed method approach, we qualitatively analyze 115 narratives about unwanted sexual experiences, finding respondents framed events in ways that protect the other person or their own self-meanings. We use closed-ended survey data to simulate women’s experiences in
Interact, affect control theory’s predictive software, to demonstrate how event reframings reduce deflection. Finally, we estimate regressions to predict how power dependence and other relational contexts influence responses to unwanted sexual experiences.

Braithwaite, J. (2014). Sexual violence in the backlands: Toward a macro-level understanding of rural sex crimes. *Sexual Abuse: A Journal of Research and Treatment*, doi:10.1079/063214521471 [pii] This research focuses on structural covariates of sex crimes in rural communities (using urban and urbanizing communities as comparison groups), with particular analysis on exploring how the magnitude and direction of such covariates differ with respect to type of sex crime. Using 2000 sex crime data from the National Incident-Based Reporting System (NIBRS) for the population of reporting U.S. cities, negative binomial and logistic regression procedures were used to explore the relationship between resource disadvantage, local investment, and economic inequality and sex crime subtypes. For sex crimes that occurred almost exclusively in the home, urban and urbanizing community rates were largely influenced by resource disadvantage and local investment, while these measures did not reach significance for explaining rural rates. Conversely, local investment was a significant predictor of sex crimes that occurred outside the home in rural communities. This research indicates that a structural analysis of sexual victimization (widely absent from the scientific literature) does yield significant findings and that disaggregation of crime into subtypes allows for a more detailed differentiation between urban and rural communities.

Brown, A. L., Banyard, V. L., & Moynihan, M. M. (2014). College students as helpful bystanders against sexual violence gender, race, and year in college moderate the impact of perceived peer norms. *Psychology of Women Quarterly*, 38(3), 350-362. Prior research documents that perceived peer norms are related to bystanders’ intentions and intervention behaviors in the context of sexual violence. Given the popularity of bystander intervention programming, it is important to know if variables like gender, race, or year in college impact intervention attitudes/behaviors or interact with perceived peer norms. Also relatively unexplored is the question of missed opportunities for intervention. For our final sample of 232 college students (66% female, 36% Black), screened by age, race, and missing data from an initial pool of 315 respondents, perceived peer norms supporting intervention positively predicted willingness to intervene against sexual violence (bystander intentions) but did not independently predict bystander behaviors or missed opportunities for intervention. Although women reported greater bystander intentions than did men, and Black participants reported more bystander behaviors than did White participants, gender, race, and year in college often interacted with peer norms and with each other in complex ways. Specifically, the predicted positive relationship between peer norms and bystander behaviors was observed only among Black students in at least their second year of college, and the predicted negative relationship between peer norms and missed opportunities was observed only for Black men. These nuances in factors that influence bystander actions have important implications for tailoring prevention tools on college campuses.

Brown, J., Burnette, M. L., & Cerulli, C. (2015). Correlations between sexual abuse histories, perceived danger, and PTSD among intimate partner violence victims. *Journal of Interpersonal Violence*, 30(15), 2709-2725. doi:10.1177/0886260514553629 Intimate partner violence (IPV), childhood abuse, and sexual assault in adulthood are profound public health concerns, particularly for women. Exposure to trauma can contribute to long-standing health problems and escalated medical costs. Unfortunately, these experiences are often intertwined. Sexual assault often occurs in intimate relationships in which there is concurrent IPV; likewise, many victims of IPV have experienced childhood abuse. The prevalent intersections
of these struggles can lead to posttraumatic stress disorder (PTSD) symptoms. This article examines the contributions of childhood abuse histories and sexual assault to PTSD symptoms among women experiencing IPV. Findings suggest childhood abuse experiences account for more variance in PTSD symptoms than adult sexual assault. Clinical implications are discussed.


There is a significant gap in understanding the risk of sexual victimization in individuals with autism spectrum disorders (ASD) and the variables that contribute to risk. Age appropriate sexual interest, limited sexual knowledge and experiences, and social deficits, may place adults with ASD at increased risk. Ninety-five adults with ASD and 117 adults without ASD completed questionnaires regarding sexual knowledge sources, actual knowledge, perceived knowledge, and sexual victimization. Individuals with ASD obtained less of their sexual knowledge from social sources, more sexual knowledge from non-social sources, had less perceived and actual knowledge, and experienced more sexual victimization than controls. The increased risk of victimization by individuals with ASD was partially mediated by their actual knowledge. The link between knowledge and victimization has important clinical implications for interventions.


Military sexual trauma is a strong predictor of psychiatric disorders and negative health outcomes among military personnel and veterans, but little is known about its relationship with suicide risk. The current study investigates the association of military sexual trauma with suicide risk among 464 U.S. military personnel and veterans enrolled in college classes. Results indicate that premilitary sexual assault was associated with significantly increased risk for later suicide ideation, plans, and attempts during military service. Unwanted sexual experiences occurring during military service was associated with significantly increased risk for suicide ideation and suicide plans for male participants. When considered simultaneously, premilitary sexual trauma showed relatively stronger associations with suicide risk among women whereas military sexual trauma showed relatively stronger associations with suicide risk among men. Results suggest differences in the relation of sexual trauma to suicide risk among male and female military personnel and veterans.


African American women are at a slightly increased risk for sexual assault (A. Abbey, A. Jacques-Tiaura, & M. Parkhill, 2010). However, because of stigma, experiences of racism, and historical oppression, African American women are less likely to seek help from formal agencies compared to White women (Lewis et al., 2005; S. E. Ullman & H. H. Filipas, 2001) and/or women of other ethnic backgrounds (C. Ahrens, S. Abeling, S. Ahmad, & J. Himman, 2010). Therefore, the provision of culturally appropriate services, such as the inclusion of religion and spiritual coping, may be necessary when working with African American women survivors of sexual assault. Controlling for age and education, the current study explores the impact of religious coping and social support over 1 year for 252 African American adult female sexual assault survivors recruited from the Chicago metropolitan area. Results from hierarchical linear regression analyses reveal that high endorsement of religious coping and social support at Time 1 does not predict a
reduction in posttraumatic stress disorder (PTSD) symptoms at Time 2. However, high social support at Time 2 does predict lower PTSD at Time 2. Also, it is significant to note that survivors with high PTSD at Time 1 and Time 2 endorse greater use of social support and religious coping. Clinical and research implications are explored.


Objectives. We explored qualitatively US servicewomen’s experiences with and perceptions of military sexual trauma (MST), reporting, and related services. Methods. From May 2011 to January 2012, we conducted 22 telephone interviews with US servicewomen deployed overseas between 2002 and 2011. We analyzed data thematically with modified grounded theory methods. Results. Factors identified as contributing to MST included deployment dynamics, military culture, and lack of consequences for perpetrators. Participants attributed low MST reporting to negative reactions and blame from peers and supervisors, concerns about confidentiality, and stigma. Unit cohesion was cited as both a facilitator and a barrier to reporting. Availability and awareness of MST services during deployment varied. Barriers to care seeking were similar to reporting barriers and included confidentiality concerns and stigma. We identified several avenues to address MST, including strengthening consequences for perpetrators. Conclusions. We identified barriers to MST reporting and services. Better understanding of these issues will allow policymakers to improve MST prevention and services.


The article examines how campus health centers contribute to the intervention and prevention of sexual assaults at U.S. universities and colleges. It discusses how these centers emphasize medical care for victims by either providing their own services or cooperating with community hospitals. Other topics covered include mental health services, media coverage of campus sexual assault, and policies at schools such as University of Wisconsin-Madison and Rutgers.


Purpose Literature on sexual assault case outcomes has demonstrated that victim credibility is a critical component in criminal justice outcomes. Much of this literature has focused on prosecutors’ evaluations of victim credibility and the role of credibility in decisions to charge. Comparatively less research has examined the specific factors that impact police investigators’ evaluation of victim credibility. This study examines how sexual assault investigators determine victim credibility. Methods This study analyzes interview data collected from 44 sexual assault investigators to understand how investigators evaluate victim credibility, and victim credibility’s role in decisions to arrest and present cases to prosecutors. Results Findings indicate that extralegal characteristics including victim behavior at the time of victimization and victim moral character were important factors when evaluating victim credibility. In the absence of corroborating evidence, victim credibility was considered the most critical factor in decisions to arrest and present cases to prosecutors. Finally, important distinctions were revealed between
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juvenile and adult investigators regarding the evaluation of credibility. Conclusions Police investigators’ decisions are guided by their perceptions of the characteristics necessary for prosecutors to accept charges in sexual assault investigations. Among these characteristics, victim credibility appeared to be the most important.


To address the underreporting and underprosecution of adult sexual assaults, communities throughout the United States have implemented multidisciplinary interventions to improve postassault care for victims and the criminal justice system response. One such model is the Sexual Assault Nurse Examiner (SANE) Program, whereby specially trained nurses provide comprehensive psychological, medical, and forensic services for sexual assault. In this study, we conducted a multisite evaluation of six SANE programs (two rural programs, two serving midsized communities, two urban) to assess how implementation of SANE programs affects adult sexual assault prosecution rates. At each site, most sexual assaults reported to law enforcement were never referred by police to prosecutors or were not charged by the prosecutor’s office (80%-89%). Individually, none of the sites had a statistically significant increase in prosecution rates pre-SANE to post-SANE. However, when the data were aggregated across sites, thereby increasing statistical power, there was a significant effect such that cases were more likely to be prosecuted post-SANE as compared with pre-SANE. These findings suggest that the SANE intervention model does have a positive impact on sexual assault case progression in the criminal justice system. Nevertheless, there is still a pressing need for improvement as the vast majority of both pre-SANE and post-SANE resulted in nonreferral/no charges filed.


In this study, we conducted semistructured interviews with N = 20 adolescent sexual assault victims who sought postassault help from the medical and legal system to understand young survivors’ disclosure and help-seeking processes. Results revealed three distinct disclosure patterns and pathways to help-seeking. First, in the voluntary disclosure group, victims told their friends, who encouraged them to tell an adult, who then encouraged—and assisted—the survivors in seeking help. Throughout this process, the survivors’ disclosures at each step were within their control and reflected their choices for how to proceed. Second, in the involuntary disclosure pattern, victims also first disclosed to friends, but then those friends told adults about the assault, against the survivors’ wishes; the adults made the victims seek help, which was also against the survivors’ preferences. Third, in situational disclosures, the survivors were unconscious at the time of the assault, and their friends disclosed and sought help on their behalf. We also examined how these initial disclosure patterns related to victims’ continued engagement with these systems.


In August 2009, approximately 11,000 sexual assault kits (SAKs; ‘rape kits’) were found in a Detroit police department storage facility, the vast majority of which had never been tested for DNA evidence. To address this problem, a multidisciplinary action research project was formed to bring together researchers and practitioners from law enforcement, prosecution, forensic sciences, medicine/nursing, and victim advocacy to develop evidence-based response strategies. In this paper, we will draw upon qualitative interviews with Detroit stakeholders, archival records, and ethnographic observations to examine the events surrounding the discovery of the rape kits.
and why police personnel did not view the accumulation of so many untested SAKs as a problem. Over the course of this three-year action research project, Detroit stakeholders worked together to enact local- and state-level reforms to test these kits and to prevent this problem from happening again.


There has been sustained interest in the academic literature and in policy circles regarding how Sexual Assault Nurse Examiner (SANE) programs may bolster sexual assault prosecution rates in their communities, in addition to the health care they provide to their patients. To build evaluation capacity among forensic nurses so that they can evaluate their own programs, a practitioner-oriented, step-by-step evaluation toolkit (the SANE Practitioner Evaluation Toolkit) that can be used by SANE-A and SANE-P programs, and their community partners, to examine sexual assault prosecution rates in their local jurisdictions was created and validated. This article describes the process of creating and empirically validating the toolkit and presents the toolkit itself and accompanying resources that are available to practitioners. This article also provides recommendations regarding program readiness to engage in evaluation activities, without compromising program sustainability and patient care.


This review brings together both the legal literature and original empirical research regarding the advisability of amending the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act or creating new Department of Education regulations to mandate that all higher education institutions survey their students approximately every 5 years about students' experiences with sexual violence. Legal research conducted regarding the three relevant federal legal regimes show inconsistent incentives for schools to encourage victim reporting and proactively address sexual violence on campus. Moreover, the original research carried out for this article shows that the experience of institutions that have voluntarily conducted such surveys suggests many benefits not only for students, prospective students, parents, and the general public but also for schools themselves. These experiences confirm the practical viability of a mandated survey by the Department of Education.


Bystander approaches to reducing sexual violence train community members in prosocial roles to interrupt situations with risk of sexual violence and be supportive community allies after an assault. This study employs a true experimental design to evaluate the effectiveness of Bringing in the Bystander™ through 1-year post-implementation with first-year students from two universities (one rural, primarily residential; one urban, heavily commuter). We found significant change in bystander attitudes for male and female student program participants compared with the control group on both campuses, although the pattern of change depended on the combination of gender and campus.

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**Purpose**
The purpose of this study was to document the point and cumulative prevalence of incapacitated rape (IR) and forcible rape (FR) among first-year college women.

**Methods**
Female students (N = 483) completed a health questionnaire (1) on arrival on campus; (2) at the end of the fall semester; (3) at the end of the spring semester; and (4) at the end of the summer following their first year of college.

**Results**
Before entering college, 18% reported IR (attempted and/or completed), and 15% reported FR (attempted and/or completed). During the first year of college, 15% reported IR (attempted or completed) and 9% reported FR (attempted or completed). By the start of the second year (lifetime prevalence), 26% and 22% had experienced IR and FR (attempted or completed), respectively.

**Conclusions**
Both incapacitated and forcible sexual assaults and rape have reached epidemic levels among college women. Interventions to address sexual violence on campus are urgently needed.


Contemporary models of PTSD disaggregate this disorder into sub-clusters that differentially impact functioning. Severity of different types of PTSD symptoms in the acute posttrauma period may be predictive of the course of PTSD over time. Few research studies, however, have examined the predictive utility of PTSD sub-clusters. This study sought to determine the relative predictive validity of 4 sub-clusters, namely reexperiencing, strategic avoidance, emotional numbing, and hyperarousal, assessed within 1 month of a sexual assault. Women (N=120) who had been sexually assaulted completed self-report measures at 1 and 4 months postassault. Linear regression analyses revealed that early reexperiencing and emotional numbing sub-clusters uniquely contributed to the prediction of PTSD symptoms at month 4 (strategic avoidance and hyperarousal did not). To help explain and contextualize these findings, we explored the extent to which posttraumatic cognitions mediated the relationship between acute reexperiencing and emotional numbing and later PTSD symptoms. Simultaneous multiple mediation analyses revealed that general negative cognitions about the self significantly mediated the relationship between both reexperiencing and emotional numbing and month 4 PTSD symptoms. These findings have significant clinical implications, pointing to the importance of targeting posttraumatic cognitions in the acute posttrauma phase.


**BACKGROUND:** Stereotypes and prejudicial misconceptions are prevalent regarding sexual assaults and victims’ responses. These are collectively referred to as rape myths. This study examines three rape myths purporting that sexual assault victims (1) immediately report the crime, (2) experience severe physical and/or anogenital injuries, and (3) forcefully resist their assailant. **STUDY DESIGN:** This is a cross-sectional descriptive study examining presence of physical or anogenital injury, level of physical resistance during a sexual assault, and time to sexual assault report. Study subjects were female sexual assault victims examined by a sexual assault nurse examiner at Regions Hospital in St. Paul, Minnesota, in 2011 and 2012. **RESULTS:** Sexual assault nurse examiner reports for 317 subjects met the inclusion criteria and were reviewed. Twelve (4%) victims experienced physical injury requiring medical intervention. Thirty-four (11%) sustained anogenital injuries requiring medical intervention. Overall, 253 (81%)
victims did not actively resist at some point during the assault, with 178 (57%) victims never actively resisting. Nearly half (129, 43%) did not appear in the emergency department for 12 or more hours from the time of the assault. CONCLUSION: Women who seek emergency department assistance after a sexual assault take a variable amount of time to present to the emergency department, rarely experience moderate or severe physical or anogenital injury, and commonly do not exert strong physical resistance against their attacker during at least part of the assault.


Military sexual assault is a pervasive problem throughout the military services, despite numerous initiatives to end it. No doubt the military's lack of progress stems from the complexity of sexual assaults, yet in order to develop effective strategies and programs to end sexual assault, deep understanding and appreciation of these complexities are needed. In this paper, we describe the root causes and numerous myths surrounding sexual assault, the military cultural factors that may unintentionally contribute to sexual assault, and the uncomfortable issues surrounding sexual assault that are often ignored (such as the prevalence of male sexual assault within the military). We conclude by offering a broad, yet comprehensive set of recommendations that considers all of these factors for developing effective strategies and programs for ending sexual assault within in the military.


Men's violence against women—particularly intimate partner sexual violence (IPSV)—is associated with the transmission of HIV. Men who physically abuse their female intimate partners often also sexually abuse them. Latinas are one of the fastest growing populations in the USA and at high-risk for contracting HIV, though little is known about IPSV against physically abused Latinas, including whether there is an association between nativity of the victim and the likelihood of sexual violence by intimate partners. This study examined the (1) prevalence of recent (past 6 months) IPSV against 555 physically abused, help-seeking Latinas and (2) relationship of nativity to recent IPSV. This study used data collected in 2002-2003 from participants in one major city on the East Coast and one West Coast county, who were involved in the Risk Assessment Validation (RAVE) Study. The RAVE Study assessed the accuracy of four different methods for predicting risk of future intimate partner violence. IPSV was defined as an abusive male partner physically forcing sex (rape) or making the woman have sex without a condom. Recent IPSV was reported by 38 % of the sample. Among those reporting recent IPSV, multiple assaults were common: 30 % of women were raped and 51 % were made to have unprotected sex six or more times during the past 6 months. IPSV was significantly associated with nativity. Physically abused Latinas who were foreign born had two times greater odds of reporting recent IPSV than physically abused Latinas born in the USA, after controlling for other demographic covariates. Exploratory post hoc analyses examining all pairwise comparisons of IPSV against Latinas born in the USA, Mexico, Central America, South America, and the Caribbean also revealed some significant differences that warrant further study with larger samples. HIV prevention efforts aimed at reducing IPSV in this population are needed.


This study tests a liberation hypothesis for statutory rape incidents, specifically that there may be same-sex and race/ethnicity arrest disparities among statutory rape incidents and that these will be greater among statutory rape than among forcible sex crime incidents. 26,726 reported
incidents of statutory rape as defined under state statutes and 96,474 forcible sex crime incidents were extracted from National Incident-Based Reporting System data sets. Arrest outcomes were tested using multilevel modeling. Same-sex statutory rape pairings were rare but had much higher arrest odds. A victim-offender romantic relationship amplified arrest odds for same-sex pairings, but damped arrest odds for male-on-female pairings. Same-sex disparities were larger among statutory than among forcible incidents. Female-on-male incidents had uniformly lower arrest odds. Race/ethnicity effects were smaller than gender effects and more complexly patterned. The findings support the liberation hypothesis for same-sex statutory rape arrest disparities, particularly among same-sex romantic pairings. Support for race/ethnicity-based arrest disparities was limited and mixed.

The present study examined dispositional hope as a potential mediator of the association between sexual assault and negative affective conditions, namely, depressive and anxious symptoms in a sample of 223 female college students. Results from conducting bootstrapped mediation analyses indicated that hope agency, but not hope pathways, mediated the link between sexual assault victimization and negative affective conditions in females. Importantly, the associations of sexual assault with both depressive and anxious symptoms remained highly significant independent of hope. Some implications of the present findings are discussed.

The present study sought to examine for how loneliness and sexual assault are involved in predicting suicidal risk (viz., hopelessness & suicide probability) in a sample of 334 college students. Specifically, we were interested in examining whether sexual assault may play an additive as well as interactive role in the prediction of suicidal risk above and beyond loneliness. Results from regression analyses indicated that both loneliness and sexual assault were important and unique predictors of suicidal risk in students. Moreover, consistent with expectations, we found support for a Loneliness × Sexual Assault interaction in predicting both hopelessness and suicide probability. Inspection of the interactions indicated that the highest levels of suicidal risk were present for lonely students who had experienced some form of sexual assault. Some important implications of the present findings are discussed.

In this study, authors examined basic psychological needs (namely, competence, autonomy, and relatedness) as potential mediators of the association between sexual assault and depressive symptoms in a sample of 342 college students. Results from conducting a multiple mediation test provided support for partial mediation involving the indirect effects of competence and autonomy. In contrast, no support for mediation was found involving relatedness. It is notable that sexual assault remained a significant predictor of depressive symptoms in students. Therefore, findings indicate how sexual assault may both directly and indirectly (through psychological needs) lead to greater depressive symptoms in students. Authors concluded the article with a discussion of the implications of their findings for expanding the study of basic psychological needs in college students and the need for greater efforts to prevent and treat sexual assault on campus.
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The present study sought to examine for how hope and sexual assault are involved in suicidal risk in a sample of 325 college students. Specifically, we were interested to examine whether sexual assault may play an additive as well as interactive role in the prediction of suicidal risk (viz., suicidal behaviors & reasons for living) above and beyond hope. Results from regression analyses indicated that hope and sexual assault were important and unique predictors of suicidal risk in students. Moreover, we found some support for a Hope × Sexual Assault interaction in predicting both suicidal behaviors and reasons for living. However, only the findings for suicidal behaviors remained after controlling for concurrent depressive symptomatology. Some important implications of the present findings are discussed.


The present study sought to examine how social problem solving and sexual assault are involved in suicidal risk in a sample of 221 female college students. Specifically, we were interested to examine whether sexual assault may play an additive as well as interactive role in the prediction of suicidal risk (viz., hopelessness and suicidal behaviors) above and beyond social problem solving. Results from regression analyses indicated that deficits in social problem solving, especially low positive problem orientation, and sexual assault were important and unique predictors of suicidal risk in female students. Moreover, we found support for a Social Problem Solving × Sexual Assault interaction in predicting hopelessness. Significant interactions emerged specifically for negative problem orientation and impulsivity/carelessness style. Some important implications of the present findings are discussed.


Rape is a pervasive social problem that causes serious physical and psychological repercussions. Rape victims’ recovery is often complicated by the public’s failure to believe the victim and restore justice. This study applied system justification theory to examine whether the justification of gender inequality is related to moral outrage (an emotional precursor to corrective action) and rape myth acceptance; we also examined whether rape myth acceptance is associated with moral outrage at injustice. Results showed that gender-specific system justification correlated with less moral outrage at human suffering as well as greater rape myth acceptance. The relationships between these variables were similar for men and for women, a finding that suggests that rape myths are system justifying for women. When we controlled for gender-specific system justification, rape myth acceptance correlated with less moral outrage. Results are discussed in the context of how legitimizing ideologies reduce moral outrage at injustice and perpetuate a system of sexual violence.


Numerous studies have documented high rates of sexual harassment and sexual assault among servicewomen during military service. In this study, we qualitatively explore the strategies United States servicewomen employed to reduce their risk of violence exposure during their military
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Based on the analysis of 14 focus group discussions conducted from 2007 to 2010, we found that women used a number of protective strategies, including accessing networks of support, capitalizing on their status (linked to rank, age, or prior deployment experience), and wearing non-feminine clothing to minimize violence exposure keeping themselves and others safe. Although the women describe strategies they perceive as reducing the immediate threat of sexual harassment and sexual assault, they do not directly challenge the social hierarchy of the military environment, rape myths, or sexualized images of military women. Through an in-depth analysis of the women’s experiences and perceptions, we provide insights on the importance of better understanding issues related to environment and safety among women in the military—a relatively understudied area. In light of the context-specific risk women face in the military, we believe that our work provides a foundation for future efforts designed to prevent the occurrence of sexual assault during military service.


This article explores the experiences of undergraduate students who participated in a theatre-based, peer-education, sexual assault prevention intervention presentation. The programme was established and informed through the use of two models of Theatre for Social Change theory and practice: Theatre of the Oppressed (Boal, 1985) and Theatre for Community, Conflict, and Dialogue (Rohd, 1998). Both models emphasise a collaborative leadership style and process, which includes subverting social norms, an ethic of care and collaboratively constructing communal knowledge. Data were collected via focus group interviews, field notes and peer debriefing after each performance. Data reveal valuable implications for future practice and research development.


Previous research points to links between risk detection (the ability to detect danger cues in various situations) and sexual revictimization in college women. Given important differences between college and community samples that may be relevant to revictimization risk (e.g., the complexity of trauma histories), the current study explored the link between risk detection and revictimization in a community sample of women. Community-recruited women (N= 94) reported on their trauma histories in a semistructured interview. In a laboratory session, participants listened to a dating scenario involving a woman and a man that culminated in sexual assault. Participants were instructed to press a button “when the man had gone too far.” Unlike in college samples, revictimized community women (n= 47) did not differ in terms of risk detection response times from women with histories of no victimization (n= 10) or single victimization (n= 15). Data from this study point to the importance of examining revictimization in heterogeneous community samples where risk mechanisms may differ from college samples.


Little is known about the climate of the scientific fieldwork setting as it relates to gendered experiences, sexual harassment, and sexual assault. We conducted an internet-based survey of field scientists (N=666) to characterize these experiences. Codes of conduct and sexual harassment policies were not regularly encountered by respondents, while harassment and
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assault were commonly experienced by respondents during trainee career stages. Women trainees were the primary targets; their perpetrators were predominantly senior to them professionally within the research team. Male trainees were more often targeted by their peers at the research site. Few respondents were aware of mechanisms to report incidents; most who did report were unsatisfied with the outcome. These findings suggest that policies emphasizing safety, inclusivity, and collegiality have the potential to improve field experiences of a diversity of researchers, especially during early career stages. These include better awareness of mechanisms for direct and oblique reporting of harassment and assault and, the implementation of productive response mechanisms when such behaviors are reported. Principal investigators are particularly well positioned to influence workplace culture at their field sites.

Coker, A. L., Fisher, B. S., Bush, H. M., Swan, S. C., Williams, C. M., Clear, E. R., & DeGue, S. (2014). Evaluation of the green dot bystander intervention to reduce interpersonal violence among college students across three campuses. *Violence Against Women*, doi:1077801214545284 [pii] Evidence suggests that interventions to engage bystanders in violence prevention increase bystander intentions and efficacy to intervene, yet the impact of such programs on violence remains unknown. This study compared rates of violence by type among undergraduate students attending a college campus with the Green Dot bystander intervention (n = 2,768) with students at two colleges without bystander programs (n = 4,258). Violent victimization rates were significantly (p < .01) lower among students attending the campus with Green Dot relative to the two comparison campuses. Violence perpetration rates were lower among males attending the intervention campus. Implications of these results for research and practice are discussed.

Coker, A. L., Follingstad, D. R., Bush, H. M., & Fisher, B. S. (2015). Are interpersonal violence rates higher among young women in college compared with those never attending college? *Journal of Interpersonal Violence*, doi:0886260514567958 [pii] Estimates of sexual violence and partner violence rates among young women are generated primarily from college samples. Few studies have data to compare rates among similar-aged women attending college with those who never attended college. This study aims to estimate rates of partner violence by type (sexual, physical, and psychological) and severity (mild, moderate, severe), sexual harassment, and knowing or suspecting that someone put a drug in a drink (drugged drink) among a national sample of 959 young women aged 18 to 24 in an intimate relationship in the past 12 months who were either currently in college (college; n = 272) or never attended college (non-college; n = 687). After adjusting for demographic differences between these two groups, no significant differences were found in rates of sexual partner violence (28.4% non-college, 23.5% college), physical partner violence (27.9% non-college, 26.3% college), psychological partner violence (M score: 6.10 non-college, 5.59 college), sexual harassment (15.5% non-college, 14.1% college), or drugged drink (8.5% non-college, 7.8% college). Finding high rates of interpersonal violence among young women who are and are not currently attending college indicates the need to target all young adults with violence prevention interventions in educational, workplace, and other community-based settings.

Abstract: This study utilizes a prospective design to examine the interaction of recent rape/attempted rape with individual differences in thought suppression on increases in disordered eating symptoms during late adolescence/emerging adulthood. Thought suppression is the attempt to suppress unwanted thoughts. We propose that emerging adult women who have experienced recent rape/attempted rape and tend to use thought suppression as a coping mechanism are at risk for increases in disordered eating. 319 women completed the Eating
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Disorder Examination Questionnaire, the Sexual Experiences Survey, the Childhood Trauma Questionnaire, and the White Bear Thought Suppression Inventory in their first month of college and three months later. The experience of recent rape/attempted rape in the three months prior to the assessment accounted for unique variance in disordered eating at Time 2. Levels of thought suppression assessed at Time 1 significantly moderated the influence of recent rape/attempted rape on disordered eating at Time 2.


This case study describes Kentucky’s partnership with the Centers for Disease Control and Prevention (CDC) EMPOWER (Enhancing and Making Programs Work to End Rape) program to enhance the mission and services of existing rape crisis centers to include comprehensive primary prevention programming to reduce rates of sexual violence perpetration. The planning process and the successful implementation of a statewide, 5-year, randomized control trial study of a bystander prevention program (Green Dot), and its evaluation are described. Lessons learned in generating new questions, seeking funding, building relationships and capacity, and disseminating knowledge are presented.


Background: Forensic nurses, sexual assault nurse examiners (SANEs), and victim advocates have long recognized the trauma of sexual assault crimes and the significance of survivors' decisions around reporting these crimes to law enforcement agencies. Until recently, survivors who didn't report the crime were not entitled to a free medical forensic examination. In a significant policy shift, the Violence Against Women and Department of Justice Reauthorization Act of 2005 provided an additional decision option with regard to the medical examination for survivors of sexual assault. This provision, referred to here as the nonreport option, was established to offer survivors a full range of reporting options and to ensure exemplary health care, with evidence collection as an important secondary goal. Objectives: This study sought to examine the implementation of the nonreport option in Texas; explore its impact on SANEs, survivors, and the criminal justice system; and identify strengths and challenges of the nonreport process. Methods: A mixed-method approach was used that included qualitative interviews with 79 professionals who regularly respond to sexual assault crimes, a Web-based survey questionnaire of such professionals that yielded 131 completed surveys, and a review of existing data. Results: The step-by-step process involved in a nonreport case was described, and findings in three descriptive areas emerged: confidentiality processes, storage and shipment of evidence, and the use of the nonreport option. Beneficial effects of the nonreport option were identified in five areas: the role of SANEs, the impact on survivors, collaborative relationships, collateral crimes, and anonymous reporting strategies. Seven areas of remaining dilemmas were also identified. Conclusions: Findings indicate that the nonreport option has had a considerable positive impact on SANEs, survivors of sexual assault, and the criminal justice system. But challenges remain if this option is to be fully utilized in the future; further research is warranted. The authors also present recommendations to improve health care delivery.

Objectives. We assessed the prevalence of and risk factors for trading sex with a police officer among women recruited from drug courts in St Louis, Missouri. Methods. In 2005 to 2008, we recruited women into an HIV intervention study, which surveyed participants about multiple sociodemographic, lifestyle, and risk factors. Regression analyses assessed risk factors for trading sex, a form of police sexual misconduct (PSM). Results. Of the 318 participants, 78 (25%) reported a lifetime history of PSM. Among women who experienced PSM, 96% had sex with an officer on duty, 77% had repeated exchanges, 31% reported rape by an officer, and 54% were offered favors by officers in exchange for sex; 87% said officers kept their promise. Only 51% of these respondents always used a condom with an officer. Multivariable models identified 4 or more arrests (adjusted odds ratio AOR = 2.8; 95% confidence interval CI = 1.29, 5.97), adult antisocial personality (AOR = 9.0; 95% CI = 2.08, 38.79), and lifetime comorbid cocaine and opiate use (AOR = 2.9 1.62, 5.20) as risk factors; employment (AOR = 0.4; 95% CI = 0.22, 0.77) lowered the risk of PSM. Conclusions. Community-based interventions are critical to reduce risk of abuse of vulnerable women by police officers charged with protecting communities.

Activists try to use high profile trials to advance their political agendas, and we want to understand why they occasionally succeed in promoting policy reforms. We begin by reviewing literature on agenda setting and social problem construction, conceptualising high profile trials as “focusing events” that offer activists a chance to advance their definitions and remedies for particular social problems. We next outline the feminist movement against sexual violence as a useful example of activists trying to use trials for their own political purposes. Using events data from the New York Times and the secondary treatment of 13 high profile trials from 1960 to 1997, we examine factors that help or hinder activists’ efforts to use a trial to forward their cause. We see that both the nature of the trial and the political context surrounding it affect the likelihood that a movement gains control of its meaning and secures policy reform.

Using interviews with 43 college-age individuals, the present study aims to create a more nuanced and complex understanding of the relationship between alcohol and gender in instances of sexual victimization. The existing scholarship suggests that either alcohol or gendered processes are the primary factors in facilitating a sexual assault, one always dominating the other. However, participants express a more complex understanding that suggests that not only do each of these factors contribute individually to sexual victimization, but they also interact to create a context in which sexual victimization is not only possible but also likely. In these in-depth interviews, participants reveal the ways in which the physiological effects of alcohol, beliefs about alcohol, gender norms, sex scripts, and rape myths all work together to normalize male dominance and violence against women. Given that sexual assaults among college-age women have not declined in the past 50 years and alcohol consumption is present in upward of 50% of all assaults, it is critical that scholars continue to disentangle this relationship and reformulate the way we conceptualize sexual violence.

The article discusses rape jokes in stand-up comedy. Particular focus is given to the roles of irony, subversion, and gender stereotypes in comedy. According to the author, women comics...
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can potentially use ironic humor to disrupt cultural norms surrounding rape. Details on performances by comics Daniel Tosh, Louis C. K., George Carlin, Elayne Boosler, Sarah Silverman, and Wanda Sykes are presented.


There are several challenges associated with evaluating the prevalence of sexual trauma, including child sexual abuse and adult sexual assault. The aim of this study was to assess sexual trauma prevalence rates among first year college students (N= 954) using behaviorally specific questions and a more representative recruitment sample that did not rely on self-selection. Participants completed a list of sexual trauma questions, including general questions containing labels such as "rape" or "abuse" as well as behaviorally specific questions that describe specific behaviors that qualify as sexual trauma without labels. Results indicated that 6.7% of the sample reported at least one incident of child sexual abuse, with similar rates for men and women. Women were more likely to report a history of adult sexual assault, which was reported by 12.4% of the total sample. Participants were also more likely to endorse a history of sexual trauma when answering behaviorally specific rather than general "label" questions. Women survivors in particular were more likely than men to identify their experiences as abuse/assault (66.7% versus 21.1% for child sexual abuse), which may help explain prevalence differences between men and women in prior research. Men may be less likely than women to label their experiences as abuse and may be underidentified in sexual trauma research without the use of behaviorally specific questions. Overall, the results of this study suggest that the prevalence of sexual trauma is better assessed using behaviorally specific questions and that this is an important topic of study among both men and women.


It is the conventional wisdom among some universities that the highest risk of sexual assault is in the first or possibly second year in school. While initially belief in this pattern was primarily based on anecdote, recently some attempts have been made to more systematically and quantitatively test the existence of a "red zone," a time of heightened risk of sexual assault sometime near the beginning of a female student's time at the college. However, most of these studies have been conducted with relatively small convenience samples from single schools and have had conflicting results. Here, I test the red zone hypothesis using self-reported sexual victimization data with a large sample (~16,000) drawn from 22 schools as part of the Online College Social Life Survey. To investigate the specific mechanisms responsible for the red zone, I separately test for the existence of a red zone for four different types of sexual victimizations: physically forced intercourse, attempted forced intercourse, unwanted intercourse when incapacitated, and unwanted intercourse due to verbal pressure. Within these categories, I separately address sexual victimization that occurred while hanging out and sexual victimization during a party. Prior literature has emphasized the role of parties in the increased risk of assault for freshman. While I find some evidence for this in the higher estimates for sexual victimization at a party, the freshman effect remains for other types of sexual victimizations, suggesting that the red zone is not easily attributable to a single mechanic cause, but to more generalizable factors. With one exception, I find that the red zone does not extend into the sophomore year.

The article discusses several flaws underlying the report "2012 Sexual Assault Prevention and Response Office " which was released by the U.S. Department of Defense. Particular focus is given to the fallout resulting from military sexual assault, as well as sexual assault provisions of the National Defense Authorization Act 2013. Also discussed are how various military branches share dissimilar data and the number of victims who are not reporting the crimes due to their fear of retaliation.


Sexual violence and other forms of sexual assault and coercion have a pervasive presence in the lives of many young people. School and community services and programs that are geared toward sexual assault awareness and prevention of sexual violence have thus been offered to youth in high-school settings. The goal of the present study was to assess the effectiveness of one such sexual assault awareness and prevention workshop designed and presented specifically for male and female youth aged 15 to 17 over a three month follow-up. A sample of 794 youth recruited from two schools were randomly assigned to two experimental conditions. Participants completed self-report outcome measures that assessed their knowledge of sexual assault, awareness of available resources, attitudes toward sexual assault, ability to identify sexual assault and to respond appropriately to a disclosure of sexual assault as well as sexual victimization. The data were analyzed using random coefficient analyses, which revealed that the workshop was effective in improving general knowledge regarding sexual assault, awareness of resources in the event of experiencing sexual assault, and attitudes regarding sexual assault. Participation in the program was also shown to enhance youth's ability to recognize sexual assault in a dating context and to diminish hypothetical responses that deny or minimize sexual assault in a dating situation disclosed by a peer. With one exception, these improvements were similar for male and female youth. The results indicate that the workshop was effective and that revision of some aspects of the implementation could further maximize its impact.

findings to a novel non-forensic population.

**Methods**
Male university students (N = 367) anonymously completed online questionnaires.

**Main Outcome Measures**
Participants completed the Sexual Experiences Survey, Improved Illinois Rape Myth Acceptance Scale, Hostility Towards Women Scale, Likelihood of Rape Item, Experiences in Close Relationships Scale, Dysfunctional Sexual Beliefs Scale, and Brief Sexual Functioning Questionnaire.

**Results**
Sexual functioning was not significantly associated with sexually coercive behaviors in our sample ($r = 0.08, P = 0.247$), though a significant correlation between sexual functioning and rape myth acceptance was found ($r = 0.18, P = 0.007$). Path analysis of all variables showed that the likelihood of rape item was the strongest correlate of sexually coercive behaviors ($\beta = 0.34, P < 0.001$), while dysfunctional sexual beliefs appeared to mediate the association between anxious attachment and likelihood of rape item score. Anxious ($r = −0.27, P = 0.001$) and avoidant ($r = −0.19, P = 0.004$) attachment also correlated significantly with lower sexual functioning.

**Conclusions**
These findings suggest the relationship between sexual functioning and sexual coercion may be less robust than previously reported, and may be due to a shared association with other factors. The results elaborate on the interrelation between attachment style and dysfunctional sexual beliefs as predictors of sexual coercion proclivity, suggesting avenues for further research.
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Objective: Social norms approaches to sexual assault prevention have proliferated despite a dearth of empirical evidence for the tenets of social norms theory as it relates to sexual assault. Whereas previous research has found that men’s perceptions of peer aggression influence their perpetration of sexual assault, previous research has not assessed the extent to which men’s perceptions are accurate about their close peers. Method: Undergraduate men (N = 100) from the psychology participant pool completed surveys along with a close friend (N = 100); the concordance in their beliefs about rape and attitudes toward women as well as reported sexually aggressive behaviors was assessed. Results: Men’s own beliefs about rape and attitudes toward women were correlated with both their perceptions of their friends’ and of the average college male’s beliefs, but not with their friends’ actual reported beliefs; men’s perceptions of their friends’ beliefs about rape and attitudes toward women were uncorrelated with their friends’ actual reported beliefs as well. Perpetrators of sexual assault were significantly more likely to overestimate their friends’ involvement in sexually aggressive behaviors than were nonperpetrators. The order of measures presented was unrelated to endorsement of any of the variables of interest. Conclusions: Perpetrators of sexual assault hold inaccurate beliefs about their peers’ sexually aggressive attitudes and behaviors, which can be targeted in prevention programming. Such programming should provide more accurate descriptive (e.g., rates of sexual assault among men) as well as injunctive norms (i.e., rates of men’s approval or disapproval of attitudes and beliefs) to combat pluralistic ignorance and the false consensus effect.

The effect of number of perpetrators involved in multiple perpetrator rapes on offense characteristics is underresearched despite beliefs that duos/dyads differ in their interactions and dynamics to groups of 3+ members. We analyzed a national sample of 336 allegations of completed and attempted rape of female victims from the United Kingdom. Rapes committed by multiple (duos and groups of 3+ perpetrators) and lone offenders were compared on offense characteristics (incorporating the approach, maintenance, and closure phases of each rape) and victim and offender sociodemographic characteristics. Significant differences between rapes committed by lone, duo, and 3+ group offenders were found for the age and ethnicity of the offenders; the type of approach used; the locations of the initial contact, assault, and release of the victims; the use of a vehicle; the precautions utilized; the verbal themes present; and the sex acts performed. These results have implications for educational prevention programs and interventions with offenders.

Although multiple perpetrator rape is a relatively under-researched area, a few authors have proposed theories to try to explain this complex phenomenon. The majority of these theories only examined some factors that are believed to play a part in multiple perpetrator rape (e.g., socio-cultural factors and group processes). The most recent and comprehensive model proposed is the Multi-Factorial Theory of Multiple Perpetrator Sexual Offending. This article critically examines this theory and the factors and processes that are suggested as contributing to multiple perpetrator rape (i.e., individual, socio-cultural and situational factors including the interactions between them). Some evidence is found to support this model although further research is needed to fully test it.
This study examined the association between the quality of verbal evidence in cases of sexual assault reported by adults and professionals’ (police and prosecutor) ratings of the likelihood that the cases will result in a conviction at trial. Sixteen police detectives and 19 prosecutors (all specialists in sexual assault) each read two mock sexual offence briefs of evidence, one of a case involving rape of an adult and the other involving an adult reporting historical child sexual abuse. For each case type, two versions of the briefs were developed with regard to evidence quality, which varied according to the degree of elaboration in the responses by the witnesses and suspect, and contextual evidence. Participants rated the likelihood of proceeding with a case and conviction (on 10-point likert scales) and provided a rationale for their decisions. Almost all of the participants agreed that the cases would proceed to court. However, the likelihood of conviction was not associated with the likelihood of proceeding to court, or the evidence quality of the briefs. Differences were found in both the ratings of proceeding to court and conviction, and the factors underpinning the ratings across the two professional groups. The implications of the findings for police organisations are discussed.

The purpose of this research was to examine the effects of violence on body image variables for college women. Undergraduate women participated in an online study assessing sexual violence (SV), intimate partner violence (IPV), self-objectification, body surveillance, and body shame experiences. Findings suggest that both SV and IPV contribute to women's body shame. In addition, the associations between IPV and body shame appear to be explained through self-objectification processes, but not the associations between SV and body shame. Thus, important differences between IPV and SV regarding self-objectification processes emerged. Theoretical and practical implications, as well as directions for future research, are discussed.

Sexual assault in the United States is an important public health concern. Using prospective longitudinal methods and responses from 217 community men, we examined whether background characteristics predicted subsequent sexual aggression (SA) perpetration during a 3-month follow-up period. We also examined event-specific characteristics of reported SA occurrences. Consistent with predictions, SA perpetration history, aggressive and impulsive personality traits, rape myth attitudes, and alcohol expectancies predicted SA (both non- and alcohol-involved) at follow-up. In addition, alcohol-involved assaults occurred more often with casual (vs. steady) partners but were more likely to involve condom use with casual (vs. steady) partners. Results suggest important avenues for future research and SA prevention efforts.

Prior research on rapes reported to law enforcement has identified criminal sophistication and the use of force against the victim as possible unique identifiers to serial rape versus one-time rape. This study sought to contribute to the current literature on reported serial rape by investigating how the level of criminal sophistication of the rapist and use of force used were associated with two important outcomes of rape: victim injury and overall severity of the assault. In addition, it
was evaluated whether rapist and victim ethnicity affected these relationships. A nation-wide sample of serial rape cases reported to law enforcement collected by the Federal Bureau of Investigation (FBI) was analyzed (108 rapists, 543 victims). Results indicated that serial rapists typically used a limited amount of force against the victim and displayed a high degree of criminal sophistication. In addition, the more criminally sophisticated the perpetrator was, the more sexual acts he performed on his victim. Finally, rapes between a White rapist and White victim were found to exhibit higher levels of criminal sophistication and were more severe in terms of number and types of sexual acts committed. These findings provide a more in-depth understanding of serial rape that can inform both academics and practitioners in the field about contributors to victim injury and severity of the assault.


The article looks at gendered violence at the U.S. Air Force Academy (USAFA). Particular focus is given to the experiences of one of the two authors as a USAFA cadet in 2003, when 61 women cadets reported having been sexually assaulted at the USAFA. According to the authors, minor acts of harassment, symbolic violence, and institutional norms at the USAFA create an atmosphere that begets more overt violence against women.


This systematic review examined 140 outcome evaluations of primary prevention strategies for sexual violence perpetration. The review had two goals: 1) to describe and assess the breadth, quality, and evolution of evaluation research in this area; and 2) to summarize the best available research evidence for sexual violence prevention practitioners by categorizing programs with regard to their evidence of effectiveness on sexual violence behavioral outcomes in a rigorous evaluation. The majority of sexual violence prevention strategies in the evaluation literature are brief, psycho-educational programs focused on increasing knowledge or changing attitudes, none of which have shown evidence of effectiveness on sexually violent behavior using a rigorous evaluation design. Based on evaluation studies included in the current review, only three primary prevention strategies have demonstrated significant effects on sexually violent behavior in a rigorous outcome evaluation: Safe Dates (Foshee et al., 2004); Shifting Boundaries (building-level intervention only, Taylor, Stein, Woods, Mumford, & Forum, 2011); and funding associated with the 1994 U.S. Violence Against Women Act (VAWA; Boba & Lilley, 2009). The dearth of effective prevention strategies available to date may reflect a lack of fit between the design of many of the existing programs and the principles of effective prevention identified by Nation et al. (2003).


The current study investigated a model explaining sexual assault victims’ severity of trauma symptoms that incorporated multiple stigma constructs. Integrating the sexual assault literature with the stigma literature, this study sought to better understand trauma-related outcomes of sexual assault by examining three levels of stigma—cultural, social, and self. Results showed self-
stigma was significantly and positively related to trauma symptom severity. Thus, results revealed that the internalized aspect of stigma served as a mechanism in the relation between sexual assault severity and increased levels of trauma symptom severity, highlighting the importance of assessing self-stigma in women reporting sexual assault experiences.


A recent series of highly publicized campus sexual assaults and the questionable responses by the academic institutions where they occurred has led some policymakers and academic administrators to call for legislative and institutional change. For such changes to be effective, academic administrators and legislators need solutions that effectively protect victims, punish perpetrators, and encourage institutional compliance with relevant legislation. Furthermore, there has been significant debate about how much the criminal justice system can and should be involved when sexual assaults occur on college campuses. To address these questions, there needs to be a more thorough understanding of existing state sexual assault laws and their capacity to handle sexual assaults that occur on college campuses. This project identified and systematically examined all U.S. state statutes relating to sexual assault to evaluate to what extent these laws are appropriate and accessible for victims of campus sexual assault. Results revealed that all 50 states have at least 1 criminal statute addressing sexual assault, with a total of 432 statutory subsections being identified for inclusion. Across statutes, key concepts relating to consent and incapacity were often ill defined or undefined, and many of the statutes appear to be poorly suited to handling campus sexual assaults. These findings have implications for the adjudication of campus sexual assaults, and such results can potentially be used to amend existing legislation and inform future legislation.


Women veterans experience high rates of lifetime intimate partner violence (IPV) and suffer a variety of trauma-related health conditions. The purpose of this study was to identify health status and health risk behaviors associated with experiences of psychological, physical, or sexual IPV among women veterans receiving care at a Veterans Affairs (VA) medical center. We conducted surveys with 249 women veteran patients and examined health factors associated with each form of violence. Sexual IPV victimization had the most pronounced associations with adverse health. In multivariate analysis, controlling for age, race, and income, women veterans who experienced sexual violence victimization were close to or more than three times as likely as those who experienced no IPV to report poor or fair overall health, a diagnosis of post-traumatic stress disorder or depression, bipolar disorder, or anxiety, difficulty sleeping, cigarette smoking, and problem drinking. Those who reported psychological violence only (without physical or sexual violence) also reported greater odds of self-rated poor or fair health. These findings are consistent with findings from studies with non-veteran populations and serve to further identify the unique contributions of sexual IPV to health outcomes. The integrated VA health care system offers opportunities for IPV identification and response including a coordinated team-based care model with social work integrated within primary care.

Prior research has shown that (1) better knowledge about the consequences of rape goes along with less rape-supportive attitudes and lower rape proclivity, and (2) empathy with the victims correlates negatively with sexual aggression. In two experiments, the authors combined these approaches in order to reduce sexual harassment myth acceptance (SHMA) and the likelihood to sexually harass (LSH). In Study 1, 101 male and female university students read a report describing sexual harassment as either serious or harmless, and completed scales assessing dispositional empathy and SHMA. Results showed that higher empathy was associated with lower SHMA; furthermore, learning about the seriousness (vs. harmlessness) of sexual harassment led to lower SHMA, particularly in participants low in empathy. Gender differences in SHMA were fully explained by gender differences in empathy. In Study 2, perspective taking, a crucial aspect of empathy, was manipulated. One hundred nineteen male and female participants read either a neutral text or a description of a sexual harassment case, which was written either from the female target's or from the male perpetrator's perspective; then they completed scales measuring SHMA and (only male participants) LSH. The target's perspective led to lower SHMA and to lower LSH than did the neutral text, whereas no such effect was found for the perpetrator's perspective. Implications for intervention programs are discussed.


Background Despite increasing evidence for a relation between posttraumatic stress disorder (PTSD) and self-injurious behaviors (SIB), limited research has examined the factors that may moderate the associations between PTSD and both nonsuicidal SIB (deliberate self-harm; DSH) and suicidal SIB (suicide attempts). Nonetheless, research suggests that characteristics of the traumatic event, co-occurring borderline personality disorder (BPD), and emotion dysregulation may influence the relations between PTSD and SIB. Methods Thus, the aim of this study was to examine the moderating role of these factors in the association between PTSD and SIB (including history and frequency of DSH and suicide attempts, and DSH versatility) among a sample of substance use disorder inpatients with (n=116) and without (n=130) a history of PTSD. Results From stepwise regression analyses indicate that sexual assault-related PTSD predicted suicide attempt frequency and DSH versatility among those with PTSD. Furthermore, results from hierarchical linear and logistic regression analyses suggest that co-occurring BPD moderates the relationship between PTSD and both DSH history and versatility and emotion dysregulation moderates the relationship between PTSD and DSH frequency. Specifically, the relations between PTSD and DSH outcomes were stronger among participants with co-occurring BPD and higher levels of emotion dysregulation. Limitations This study is limited by its reliance on cross-sectional, self-report data. Conclusions Despite limitations, findings suggest distinct risk factors for suicide attempts and DSH, and highlight the importance of examining characteristics of the trauma and associated BPD and emotion dysregulation in assessing risk for SIB in PTSD.


Little research has examined the factors that help to explain or predict different attributions of blame that rape survivors assign to their assault experiences. The current study sought to examine (a) rape survivors’ attributions of blame to themselves and to external sources, specifically the perpetrator, the circumstances surrounding the assault (i.e., the situation), and society; (b) whether or not rape survivors attribute more blame to certain sources than others; and (c) which individual and situational factors that have been discussed in the sexual assault
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Research literature help to explain self-blame, perpetrator blame, situational blame, and societal blame within a college sample (N = 129). Results indicated that rape survivors attributed the most blame to themselves and to society, some blame to the situation, and the least blame to the male involved. Multiple regression analyses revealed that, for the most part, variables specific to the rape survivor (e.g., history of childhood sexual abuse, clarity of refusing sex, and perceived level of intoxication) significantly related to self-blame, whereas variables specific to assault severity significantly related to perpetrator blame (e.g., level of physical harm, type of rape, and recency of the assault), although in some unexpected ways. Age and recency of the assault were significantly related to situational blame. Clarity of refusing sex was the only variable that was significantly related to societal blame. Implications are discussed for prevention, education, and practice.


Objective: Prior research has documented favorable effects of active and educational videogames among adolescents. However, research on potential negative effects of such games is limited. Scholars have called attention to games portraying sexualized female characters. The purpose of the current study was to experimentally investigate the effect of playing a videogame with a sexualized female character on adolescents’ acceptance of rape myths and tolerance for sexual harassment. Materials and Methods: Fifty-seven secondary school pupils, 12–15 years of age, participated in a 2 (gender: boys versus girls) × 2 (game character: nonsexualized versus sexualized female) factorial design experiment. Participants played a game for 15 minutes and were randomly assigned to one of the two game characters. Afterward, they completed established scales to assess rape myth acceptance and tolerance for sexual harassment. Results: Analyses of variance showed greater acceptance of rape myths (P = 0.039) and greater tolerance of sexual harassment (P = 0.046) in adolescents who played with the sexualized woman compared with adolescents in the control condition. We did not find significant differences between boys and girls or any interaction effect between gender and game character. Conclusions: Findings suggest that game playing with a sexualized woman may increase adolescents’ acceptance of rape myths and tolerance for sexual harassment. These findings highlight attention to the use of sexualized female game characters in (educational and active) videogames that target adolescents.


The social identity approach makes a distinction between behavior motivated by intergroup versus interpersonal identities, which may be relevant to victim blaming in the case of rape. Using a mock jury paradigm, we examined the impact of defining rape as an act of interpersonal violence (personal assault) versus intergroup violence (a “hate crime”), crossed with a manipulation describing the attacker as either an acquaintance or stranger. Defining rape in intergroup terms led to less victim blame than when it was defined in interpersonal terms, and participants blamed the victim more when she was assaulted by an acquaintance than a stranger.


The purpose was to analyze the percent of targets achieved for seven student objectives of Healthy Campus 2020. The objectives were chosen to assess our university’s implementation of a
Sexual Assault Violence Prevention and Awareness campaign. Overall, 1,019 students at our university filled out the ACHA-NCHA II Survey. Our SSRU identified four areas of health concerns where improvements are necessary to align more closely with Healthy Campus 2020: physical assaults, emotionally and sexually abusive intimate relationships, non-consensual touching and penetration, and feelings of safety at night. To align our student health objectives with the Healthy Campus 2020 targets we have identified the following areas that need extra efforts: physical assaults, emotionally and sexually abusive intimate relationships, non-consensual touching and penetration, and feelings of safety at night. Based on these results we will continue emphasizing the prevention model using a coordinated, educational approach.


This article describes three studies in which we explored the influence of the sexist ideology attributed to the perpetrator on women’s responses to hypothetical acts of sexual assault perpetrated by male intimate partners. In Study 1 (n = 83), college women read three sexual assault scenarios in the context of an intimate relationship. The male partner’s sexist ideology (benevolent, hostile, or control) was manipulated within participants. Women showed less active responses when the partner had been described as a benevolent sexist man. This effect was replicated in Study 2 (n = 103), which showed a relationship between women’s less active responses and the belief that benevolent sexist men are very attracted to and interested in their partners. Study 3 (n = 130) demonstrated experimentally that women’s responses are less active when they are exposed to information that indicates that the perpetrator is both high in benevolent sexism and highly attracted to his victim than when the latter information is not provided. Results suggest that sexist ideology and particularly benevolent sexism—attributed to the perpetrator in this case—is highly important in women’s reactions to acts of sexual violence perpetrated by male intimate partners.


Teen dating violence and sexual victimization are serious public health concerns. Although research has highlighted the correlates and consequences of such abuse, little is known about early antecedents. The current study sought to identify the risk and protective factors evident in early adolescence that are associated with sexual and dating violence victimization in late adolescence. The sample involved 236 (52 % female) low-income Latino (69 %) and African American (31 %) youth, their older sisters, and their mothers who were studied when youth were, on average, ages 13 and 18 years. The results indicated that early indicators of a risky lifestyle (e.g., getting drunk, having sex) and having deviant friends and siblings were associated with a higher likelihood of subsequent victimization. Mothers’ early strictness, monitoring, and conservative sexual attitudes predicted a lower likelihood of subsequent assault and served as significant buffers given specific risks, particularly for girls and Latinos. The findings suggest that behavior and social network patterns established relatively early in life increase one’s vulnerability to victimization later in life, as well as point to aspects of parenting that serve a protective function against such outcomes.

The aim of this study was to describe contextual events, abuse experiences, and disclosure processes of adolescents who presented to a hospital-based Child Advocacy Center for medical evaluation and evidentiary collection as indicated after experiencing multiple perpetrator rape during a single event (n = 32) and to compare these findings to a group of single perpetrator sexual assaults (n = 534). This study used a retrospective mixed-methods design with in-depth, forensic interviews and complete physical examinations of gang-raped adolescents. Patients ranged from 12 to 17 years (M = 14 years). Girls who experienced multiple perpetrator rape during a single event were more likely to have run away, to have drunk alcohol in the past month, and to have participated in binge drinking in the past 2 weeks. Acute presentation of these victims were rare but 30% had hymenal transections and 38% had sexually transmitted infections (STIs). Forensic interviews revealed alcohol was a common weapon used by offenders, and its use resulted in victims experiencing difficulty in remembering and reporting details for police investigation or physical and mental health care. Most victims were raped at parties they attended with people they thought they could trust, and they felt let down by witnesses who could have helped but did not intervene. Although relatively rare, multiple perpetrator rape during a single event is a type of severe sexual assault experience and has significant risks for deleterious health outcomes. These victims require health care by trained providers to diagnose physical findings, treat STIs, screen for trauma, and support victims.


The purpose of this study was to utilize a mixed methodological approach to better understand the co-occurrence of perpetrator tactics and women’s resistance strategies during a sexual assault and women’s reflections on these experiences. College women were recruited from introductory psychology courses and completed both forced-choice response and open-ended survey questions for course credit. Content-analytic results of college women’s written responses to an open-ended question suggested that women’s resistance strategies generally mirrored the tactics of the perpetrator (e.g., women responded to perpetrator verbal pressure with verbal resistance). However, there were some instances in which this was not the case. Furthermore, a number of women expressed a degree of self-blame for the sexual assault in their responses, as well as minimization and normalization of the experience. These findings suggest that sexual assault risk reduction programs need to directly address victims’ self-blame as well as create an atmosphere where societal factors that lead to minimization can be addressed.


The purpose of this study was to estimate the 6-month incidence rates of sexual assault, physical dating violence (DV), and unwanted pursuit (e.g., stalking) victimization among sexual-minority (i.e., individuals with any same-sex sexual experiences) college students with comparison data from non-sexual-minority (i.e., individuals with only heterosexual sexual experiences) college students. Participants (N = 6,030) were primarily Caucasian (92.7%) and non-sexual-minority (82.3%). Compared with non-sexual-minority students (N-SMS; n = 4,961), sexual-minority
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students (SMS; n = 1,069) reported significantly higher 6-month incidence rates of physical DV (SMS: 30.3%; N-SMS: 18.5%), sexual assault (SMS: 24.3%; N-SMS: 11.0%), and unwanted pursuit (SMS: 53.1%; N-SMS: 36.0%) victimization. We also explored the moderating role of gender and found that female SMS reported significantly higher rates of physical DV than female N-SMS, whereas male SMS and male N-SMS reported similar rates of physical DV. Gender did not moderate the relationship between sexual-minority status and victimization experiences for either unwanted pursuit or sexual victimization. These findings underscore the alarmingly high rates of interpersonal victimization among SMS and the critical need for research to better understand the explanatory factors that place SMS at increased risk for interpersonal victimization.


The article discusses the influence of norms on the acceptability of sexual coercion in casual interactions with women. Topics mentioned include statistics on the number of sexual assaults perpetrated in 2011 according to the Bureau of Criminal Justice, factors linked with male engagement in forced sexual activity, and the importance of considering interactive factors in predicting risk for sexual assault.


This research reports the findings of an evaluation of a peer-facilitated, bystander sexual violence prevention program to determine its effectiveness at changing attitudes and behaviors related to sexual violence with university males who are at low- and high-risk of using sexually coercive behavior. Bystander interventions focus on men and women as bystanders to change social norms in a peer culture that supports abusive behaviors. Few studies have examined the effectiveness of these interventions with high-risk populations, which is the focus of this study. A bystander sexual violence prevention program was presented to 142 fraternity members. A quasi-experimental design utilizing pre-, post-, and follow-up surveys was used to compare the effectiveness of this prevention program with university males who are at low- and high-risk of using sexually coercive behavior in intervention and comparison groups. Participants' risk status was measured prior to the intervention using the Modified-Sexual Experiences Survey. The measures evaluated changes in attitudes (rape myth acceptance and bystander attitudes) and behaviors (sexually coercive behaviors, sexually coercive behavioral intentions, and bystander behaviors). Data analyses included Repeated-Measures Analysis of Covariances. The findings suggest that a bystander sexual violence prevention program has a positive impact on attitudes and behaviors related to sexual violence among fraternity members, however, the program had less impact on high-risk males. The results of this study will expand our ability to design programs that can have an impact on reducing sexual violence on campus by ensuring the programs are having the desired impact on the target audience.


In this Series paper, we review evidence for interventions to reduce the prevalence and incidence of violence against women and girls. Our reviewed studies cover a broad range of intervention models, and many forms of violence—ie, intimate partner violence, non-partner sexual assault, female genital mutilation, and child marriage. Evidence is highly skewed towards that from studies from high-income countries, with these evaluations mainly focusing on responses to
violence. This evidence suggests that women-centred, advocacy, and home-visitation programmes can reduce a woman’s risk of further victimisation, with less conclusive evidence for the preventive effect of programmes for perpetrators. In low-income and middle-income countries, there is a greater research focus on violence prevention, with promising evidence on the effect of group training for women and men, community mobilisation interventions, and combined livelihood and training interventions for women. Despite shortcomings in the evidence base, several studies show large effects in programmatic timeframes. Across different forms of violence, effective programmes are commonly participatory, engage multiple stakeholders, support critical discussion about gender relationships and the acceptability of violence, and support greater communication and shared decision making among family members, as well as non-violent behaviour. Further investment in intervention design and assessment is needed to address evidence gaps.


College women have the highest rates of sexual violence, sexually transmitted infections, and unintended pregnancy compared with women in all other age groups. Although much is known about sexual risk behaviors among college women, less is known about how women negotiate consent for contraceptive use during sexual encounters. Therefore, the purpose of this qualitative descriptive study was to explore college women’s knowledge, attitudes, and beliefs about contraceptive and sexual consent during dating relationships. Twenty-six women participated in five focus groups on two college campuses in the northeastern United States. Content analysis was used to analyze the data. The three main categories that emerged from the analysis included the influence of alcohol on sexual behaviors, lack of negotiation for sexual consent and contraceptive use, and fear of pregnancy. The results of this study highlight the complex social interactions and norms that college women encounter when making decisions regarding sexual activity and contraceptive use. The results of this study can inform the role of college health providers and forensic nurses to promote sexual health and safety when they interact with college women.


Evidence based on almost 300,000 sexual assaults from the National Incident-Based Reporting System showed that the modal age of victims was 15 years, regardless of the age of the offender, the gender of the offender, or the gender of the victim. We suggest that adolescents have the highest risk of victimization because of their sexual attractiveness, vulnerability, and exposure to motivated offenders. As a result of these factors, sexual assault is as much an offense against young people as it is against women. The sexual attractiveness of young people also has implications for the age of offenders. Older men have much higher rates of offending than one would expect, given the age-desistance relationship. Thus, we found that older men have much higher rates of sexual assault than physical assault. Finally, evidence suggested that homosexual men were at least as likely as heterosexual men to commit sexual assault. The pattern suggests that the tendency for sexual assaults to involve male offenders and female victims reflects male sexuality rather than attitudes toward women.

Almost all research on sexual assault victimization among undergraduate university students pertains to incidents that occur on domestic college and university campuses. The purpose of the present study was to investigate the prevalence of sexual assault victimization and related factors among undergraduates in the context of study-abroad programs. Two hundred eight female students (52% response rate) from a small university in the northeastern United States who had recently studied abroad responded to an online survey containing measures of sexual assault, posttraumatic stress responses (PSR), and alcohol consumption. Almost 19% of the respondents indicated one or more types of sexual assault victimization. Approximately 17% reported non-consensual sexual touching, 7% attempted rape, 4% rape, with 9% reporting attempted rape or rape. As in domestic studies, victimization in this sample was related positively to alcohol consumption and PSR. Use of force was the most frequently reported perpetrator tactic. In sum, the high rates of sexual assault victimization reported by this sample during study abroad replicate previous findings. This context requires further attention from sexual assault researchers, especially given the increasing numbers of university students engaging in study abroad, and from campus support personnel who may be unaware of the likelihood of assault in this context.


We examined the influence of alcohol on remembering an interactive hypothetical sexual assault scenario in the laboratory using a balanced placebo design. Female participants completed a memory test 24 hours and 4 months later. Participants reported less information (i.e., responded "don't know" more often to questions) if they were under the influence of alcohol during scenario encoding. The accuracy of the information intoxicated participants reported did not differ compared to sober participants, however, suggesting intoxicated participants were effectively monitoring the accuracy of their memory at test. Additionally, peripheral details were remembered less accurately than central details, regardless of the intoxication level; and memory accuracy for peripheral details decreased by a larger amount compared to central details across the retention interval. Finally, participants were more accurate if they were told they were drinking alcohol rather than a placebo. We discuss theoretical implications for alcohol myopia and memory regulation, together with applied implications for interviewing intoxicated witnesses.


Use of pornography is common among adolescents and young adults, with most men and a growing number of women viewing regularly. A vast body of research suggests pornography use is associated with multiple attitudinal and behavioral variables. One of those associations, for both men and women, is higher pornography use is correlated with a lower likelihood of intervening to prevent sexual assault. The present study explored how motives for viewing pornography related to male (n = 139) and female (n = 290) college students' willingness and efficacy to intervene to help prevent a sexual assault from occurring. We found that several motivations to view pornography were associated with suppression of willingness to intervene as a bystander, even after controlling for frequency of pornography use. This study joins others in suggesting an association between pornography use and callousness toward sexual violence.
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The problem of sexual violence against women has been analyzed with an eye to the causal significance of misogyny, but legal analysis has neglected the role played by other facets of sexism, including ostensibly "benevolent" sexism (or chivalry), in the perpetuation of rape culture, which normalizes this violence. Additionally, discussions of sexual violence often overlook the epidemic of acquaintance rape, although it accounts for the majority of sexual assaults committed. This Comment draws on social psychology and gender theory to posit that benevolent-sexist ideologies construct women as creatures devoid of agency, leading men to routinely presume women's consent to sexual activity whether or not such consent in fact exists. The legal treatment of women's rape and sexual harassment claims shows the catastrophic effects of this process as women are relegated cognitively, socially, and legally to a role of passive receptivity-forced to prove an absence of consent as men are taught to assume its presence. This Comment reviews legal proposals to address rape and sexual harassment, some of which have been implemented, and concludes that direct legal reforms alone are insufficient. It asserts that gender norms, and the rigid binary division of gender, must be broken down if the rates at which rape is committed and acquitted are to decrease. It finally identifies possible steps that target the root of sexism and rape culture-binary gender differentiation-and concludes that the liberation of queer, trans, and intersex communities is essential to the feminist project of eradicating sexual violence.


Sexual victimization is prevalent in the United States and overrepresented among adolescents. Research typically assesses victimization on a continuum of severity and rarely examines patterns of victimization within an individual. Using latent class analysis, the present study investigated whether meaningful classes of sexual victimization could be found based on the tactic used and severity of sexual behavior. Personal characteristics and psycho-behavioral outcomes were explored as they related to victimization classes. Peer sexual coercion experiences were examined among 657 racially diverse high school and college students, and four classes were identified: non-victims (54%), manipulated and forced fondle/intercourse (27%), poly-victimization (9.5%), and forced fondling (9.5%). Sexual victimization classes were significantly characterized in regards to childhood sexual abuse, gender, and age. The poly-victimization class (i.e., verbal coercion, substance facilitated, and physical force resulting in completed intercourse) showed the greatest level of psycho-behavioral consequences with significantly lower self-esteem, higher psychological distress, and more sexual risk taking than all other classes. The manipulated and forced class also showed significantly lower self-esteem than non-victims. Findings provide important implications for understanding patterns of sexual victimization and related consequences to help target interventions more effectively.


Young people tend to disclose relationship violence experiences to their peers, if they disclose at all, yet little is known about the nature and frequency of adolescent help-seeking and help-giving behaviors. Conducted within a sample of 1,312 young people from four New York City high schools, this is the first paper to ask adolescent help-givers about the various forms of help they provide and among the first to examine how ethnicity and nativity impact help-seeking behaviors. Relationship violence victims who had ever disclosed (61 %) were more likely to choose their
friends for informal support. Ethnicity was predictive of adolescent disclosure outlets, whereas gender and nativity were not. Latinos were significantly less likely than non-Latinos to ever disclose to only friends, as compared to disclosing to at least one adult. The likelihood of a young person giving help to their friend in a violent relationship is associated with gender, ethnicity, and nativity, with males being significantly less likely than females to give all forms of help to their friends (talking to their friends about the violence, suggesting options, and taking action). Foreign-born adolescents are less likely to talk or suggest options to friends in violent relationships. This study also found that Latinos were significantly more likely than non-Latinos to report taking action with or on behalf of a friend in a violent relationship. This research shows that adolescents often rely on each other to address relationship violence, underlining the importance of adolescents' receipt of training and education on how to support their friends, including when to seek help from more formal services. To further understand the valuable role played by adolescent peers of victims, future research should explore both which forms of help are perceived by the victim to be most helpful and which are associated with more positive outcomes.


We assessed relations among neighborhood characteristics and sexual intimate partner violence against women (SIPVAW), among low-income, drug-involved, women (n = 360) and men (n = 670) in New York City between 2005 and 2009. Six percent of women (n = 22) and 5% of men (n = 33) reported experiencing and perpetrating SIPVAW in the past year with a main partner. In adjusted mixed models among women, neighborhood ethnic heterogeneity was significantly negatively associated with SIPVAW victimization. In adjusted logistic models among men, neighborhood collective efficacy was significantly positively associated with SIPVAW perpetration. Novel theoretical frameworks are needed to guide research on neighborhoods and partner violence.


Military sexual trauma (MST) represents a significant public health concern among military personnel and Veterans and is associated with considerable morbidity and suicide risk. It is estimated that 22% of Veteran women and 1% of Veteran men experienced sexual assault or repeated, threatening sexual harassment during their military service. Exposure to traumatic stress has detrimental effects on emotion regulation, which refers to a set of strategies used to modulate different components of emotion at different points on the trajectory of an emotional response. Mindfulness-based interventions offer approaches to health that focus on mind and body practices that can help regulate the experience and expression of difficult emotions. Mindfulness-based stress reduction (MBSR) is an evidence-based therapy shown to be effective for depression, anxiety, and post-traumatic stress disorder. This article discusses the rationale for providing MBSR to Veterans who have been exposed to MST. The article also discusses ways to facilitate implementation of this practice in the U.S. Department of Veterans Affairs health care system. We address potential barriers to care and ways to facilitate implementation at the
patient, provider, organization/local, and policy levels. MBSR is likely to be an important component of a comprehensive approach to care for Veterans exposed to MST.


Research studies examining the health correlates of violence against women have consistently demonstrated associations between violence and poor health outcomes, but have not examined a disparate impact on racial minorities. Alaska Victimization Survey data (2010) were used to examine whether a disparate relationship between victimization and health problems exists for minority women relative to White women. The Alaska Victimization Survey (AVS) is a cross-sectional survey designed to provide baseline estimates of intimate partner and sexual violence for Alaskan women. Logistic regression was used to assess the odds of experiencing various health problems given race and exposure to violence status while holding age and education constant. This study found that victimization increased the odds of health problems for all women, but significantly more so for minority women. Based on allostatic load theory, minority women who are victims of violence may be more likely to experience poor health outcomes because of the compounding effects of life stressors on neural, endocrine, and immune systems. Policy and practice implications of the study findings suggest preventing and reducing violence against all women, and for informed physicians to screen patients for abuse histories and refer to appropriate counseling and other stress reduction resources.


This study examined the relationships among victimization, demographic characteristics, and activity choices in a cross-sectional sample of 479 undergraduate students. In the sample, 74% was female and 65% was Caucasian, with an even distribution of ages ranging from 18 to 22+ years; all participants completed an online survey. Using survey feedback, the study team performed multivariate regression analysis and reported quantity and type of victimization experiences in relation to factors that may contribute to identifying groups at risk for experiencing violence. Findings suggest that gender, grade point average, and membership in student organizations or Greek-letter organizations influence students’ potential for different types of victimization. Furthermore, alcohol use and household income did not have a statistically significant relationship with any victimization types. Finally, rates reported indicate student underreporting and illustrate difficulty implementing the Clery Act. Policy recommendations, future research, and limitations are discussed. With accurate victimization data, resources and services may be more efficiently allocated to meet the needs of students at greater risk for victimization.


Sexual assault is unfortunately common, especially among lesbian, gay, and bisexual (LGB) individuals. Yet, the associations of such victimization have not yet been extensively established in the areas of sexual identity and romantic relationship functioning. Accordingly, the present study examined the associations between lifetime sexual assault, LGB identity, and romantic relationship functioning in a sample of 336 LGB individuals. A history of sexual assault was associated with attachment anxiety and several sexual identity components (i.e., higher levels of acceptance concerns, identity uncertainty, internalized homonegativity, and identity superiority).
Furthermore, an association of sexual assault and attachment avoidance was moderated by internalized homonegativity. Finally, a more secure LGB identity was associated with healthier romantic relationship functioning. Collectively, these findings are applicable to services for LGB sexual assault victims, suggesting the incorporation of treatment that bolsters LGB identity and couple functioning. Limitations and future directions are discussed.


This study used an experimental paradigm to investigate the roles of sexual victimization history and alcohol intoxication in young women’s sexual-emotional responding and sexual risk taking. A nonclinical community sample of 436 young women, with both an instance of heavy episodic drinking and some HIV/STI risk exposure in the past year, completed childhood sexual abuse (CSA) and adolescent/adult sexual assault (ASA) measures. A majority of them reported CSA and/or ASA, including rape and attempted rape. After random assignment to a high alcohol dose (.10 %) or control condition, participants read and projected themselves into an eroticized scenario of a sexual encounter involving a new partner. As the story protagonist, each participant rated her positive mood and her sexual arousal, sensation, and desire, and then indicated her likelihood of engaging in unprotected sex. Structural equation modeling analyses revealed that ASA and alcohol were directly associated with heightened risk taking, and alcohol’s effects were partially mediated by positive mood and sexual desire. ASA was associated with attenuated sexual-emotional responding and resulted in diminished risk taking via this suppression. These are the first findings indicating that, compared to non-victimized counterparts, sexually victimized women respond differently in alcohol-involved sexual encounters in terms of sexual-emotional responding and risk-taking intentions. Implications include assessing victimization history and drinking among women seeking treatment for either concern, particularly women at risk for HIV, and alerting them to ways their histories and behavior may combine to exacerbate their sexual risks.


Objective: This study provided a novel consideration of the relations between alcohol consumption, sexual objectification, and sexual violence, because evidence for the links between sexual objectification and alcohol consumption as well as objectification and sexual violence are almost nonexistent in the published literature. We also developed a measure of interpersonal sexual objectification perpetration (ISOS-P) because there are no existing self-report measures of this construct. We hypothesized that these variables would be associated positively and that sexual objectification (including evaluating women’s bodies and making sexual advances toward women) would mediate the relation between alcohol use and sexual violence. Method: To test these possibilities, undergraduate men completed measures assessing their alcohol use, sexual objectification, and sexual violence. Results: Positive relations emerged between alcohol consumption frequency, alcohol consumption quantity, body evaluation, sexual advances, and sexual violence. A path analysis revealed that the combined effect of body evaluation and sexual advances was a significant mediator of the alcohol quantity and sexual violence link. As well, body evaluation was a significant mediator of the alcohol quantity and sexual advances link. Conclusion: This study provides a novel contribution to the literature by developing a measure of sexual objectification perpetration and showing that this construct mediates the frequently documented association between heavy drinking and sexual violence. These findings have implications for the prevention of alcohol-related sexual assault on college campuses.

There remains resistance to feminist self-defense and resistance training programming for women, despite (a) documented effectiveness of rape resistance strategies in avoiding rape, (b) consistently high rates of sexual victimization on college campuses, and (c) limited evidence of lasting change in sexual assault perpetration reduction within existing men's prevention programs. The current article seeks to discuss (1) the rationale for feminist self-defense and resistance training for women, (2) key components of feminist self-defense and resistance training, (3) barriers to its implementation, (4) outcomes of self-defense and resistance training programming, and (5) recommendations for future work. Such suggestions include increasing funding for large-scale self-defense and rape resistance outcome research to examine program effectiveness. Specifically, outcome research that examines the role of contextual factors (e.g., alcohol use) and women's victimization histories is needed. Finally, self-defense training and resistance training should be combined with bystander intervention and men's programs with the goal of providing synergistic effects on rape reduction.


The present study describes the 4- and 7-month postintervention outcomes of a sexual assault risk reduction program for women, which was part of an evaluation that included a prevention program for men. Relative to the control group, participants evidenced more relational sexual assertiveness and self-protective behavior, and were more likely to indicate that they utilized active verbal and physical self-defense strategies. Whether or not women experienced subsequent victimization did not differ between groups. Relative to control group women who were victimized, program participants who were victimized between the 4- and 7-month follow-up blamed the perpetrator more and evidenced less self-blame.

Gillum, T. L. (2014). Reconceptualizing prevention of violence against women on college campuses: Response to victoria banyard's actualizing the potential of primary prevention: A research agenda. Trauma, Violence & Abuse, 15(4), 352-357. doi:10.1177/1524838014521029 [doi] Research is clear that violence against college women is a problem that warrants alternative prevention approaches to addressing and reducing its prevalence and creating safer campuses for women and men. Banyard's presentation gave us food for thought as we consider what such novel approaches may look like. New and innovative approaches that are multifaceted, comprehensive, and informed by theory are key. The ecological model can inform our understanding of the issue, the risk and protective factors associated, and the design and implementation of prevention efforts. It is critically important to engage college students in these efforts to create interventions that are culturally appropriate for college students. We must also meet students where they are, utilizing social marketing campaigns and capitalizing on social media and the use of communication technologies. Together, such efforts will facilitate our ultimate goal of reducing, if not eliminating, violence against women on college campuses.

among lesbian and bisexual women than heterosexual women. Although descriptive drinking norms are one of the highest predictors of alcohol use in emerging adults, this is the first study to examine the relationship between sexual assault history, drinking norms, and alcohol use in lesbian and bisexual women. We found that CSA severity was associated with a higher likelihood of experiencing more severe alcohol-involved ASA, more severe physically forced ASA, and was indirectly associated with more drinking behavior and higher drinking norms. Additionally, more severe alcohol-involved ASA was associated with higher drinking norms and more drinking behavior, but physically forced ASA was not. These findings help explain previous contradictory findings and provide information for interventions.


Research has linked sexual assault, substance use, and sexually transmitted infection (STI) risk in women. Sexual assault by means of verbal sexual coercion (VSC) is more common than sexual assault by means of physical tactics, but VSC is rarely assessed independently. In addition, past work has established global connections among substance use, sexual assault history, and STI risk; however, assessing substance use during sexual behavior is less common. This study examined the relations among VSC, STI risk behavior, and substance use and attitudes. We hypothesized that women with larger numbers of VSC experiences would report more frequent sexual risk behaviors and substance use and attitudes. Participants with larger numbers of VSC experiences reported larger numbers of anal sex partners, more frequent penile–vaginal sex and sexual activity after substance use, and stronger sex-related alcohol expectancies. These findings suggest that VSC is associated with higher levels of STI risk in women.


Objective: The current study examined the relationship between sexual assault history and drinking protective behavioral strategies (PBS). Given the relationship between sexual assault history and alcohol use, we hypothesized that after we controlled for drinking behavior, women with a childhood sexual abuse (CSA) history would use fewer drinking PBS than those without a CSA history. We also hypothesized that a history of adolescent/adult sexual assault (ASA) involving incapacitation and force would be associated with lower use of drinking PBS after controlling for CSA history and drinking behavior. Method: A total of 800 undergraduate college women completed a survey online. Results: Regression analyses indicated that the only sexual assault history type that was consistently related to all three types of drinking PBS was ASA involving incapacitation. Women with a history of incapacitated ASA were less likely to use any type of drinking PBS than women without such history. A history of other types of sexual assault (CSA, physically forced ASA, and verbally coerced ASA) was associated only with lower use of serious harm-reduction drinking PBS, such as going home with a friend or knowing the location of your drink. Conclusions: This was the first study to examine the relationship between different sexual assault histories and drinking PBS, and it furthers our understanding of the relationship between alcohol and sexual assault. Possible reasons for this relationship between ASA and PBS use are discussed.

The present study investigated the impact of impeaching a rape victim with evidence of a simultaneous civil suit during a criminal trial. In three experiments, male and female undergraduates (Experiment 1) and community members (Experiments 2 and 3) read a rape trial summary in which the victim accused the defendant of raping her in a hotel. In the impeachment condition, the Defense mentioned that the victim simultaneously sued either the hotel (Experiments 1, 2, 3) or the alleged perpetrator (Experiment 3) for US$1 million. In the control condition, the Defense did not mention a civil suit. In all experiments, mock jurors were more likely to render not guilty verdicts and had higher pro-defendant ratings (e.g., defendant credibility) when the Defense impeached the victim than when the Defense did not impeach her. In addition, victim credibility (Experiments 1, 2, 3) and victim greed (Experiment 3) mediated the impact of impeachment on verdict. Results are discussed in terms of the prejudice rape victims may face in criminal court when they also seek justice in civil court.


The present study investigated the influence of a sexual assault nurse examiner's (SANE's) testimony on mock juror perceptions of a child or adolescent victim of child sexual assault. Community members (N = 252, 156 females) read a fictional criminal trial summary of a child sexual assault case in which the victim was 6 or 15 years old and the prosecution presented medical testimony from a SANE or a traditional registered nurse (RN), or did not present medical testimony. Mock jurors were more likely to render guilty verdicts when a SANE testified compared with the other two testimony conditions. In addition, pro-victim judgments (e.g., sympathy toward the victim) and negative defendant judgments (e.g., anger toward the defendant) mediated this relation. Finally, cognitive network representations of the case demonstrated that the RN and no-medical-testimony groups were similar and the SANE group was distinct from the other two conditions. We discuss these results in terms of the implications of SANE testimony in child sexual assault court cases.


Military sexual trauma (MST) is sexual assault that occurs during military service. Survivors of MST and their romantic partners suffer physical, emotional, psychological, and interpersonal difficulties, which can compound on traumas experienced in the military and traumas prior to service. The authors emphasize the importance of the military as a family to better inform the impact of MST on the individual as well as its treatment. Further, the authors include both the survivor and her partner in treatment to address the systemic influence of MST. This therapy model integrates transgenerational theory, attachment theory, emotionally focused therapy, and incest treatment models to help the MST survivor and romantic partner process the trauma. The therapist identifies projections present in the relationship, helps the couple become more sensitive to emotional needs, and helps create a secure attachment within the partnership, which allows the couple to continue processing the trauma even after the termination of therapy.


The intersection between a woman's body weight and sexual history and the victim blaming attitudes of future health care providers was investigated. University undergraduate students (N = 91) enrolled in programs associated with the provision of health care read 1 of 4 patient files of
a woman reporting a rape as well as 2 distracter files. Results showed that, for overweight rape victims/survivors, study participants' antifat attitudes were correlated with victim blaming attitudes. Male participants held the attacker significantly less responsible than did female participants if the victim/survivor had several previous sexual partners. Findings suggest that body weight should be considered as a contributing factor in attitudes toward rape victims/survivors, and the gender of the health care provider can be a factor in the post-assault treatment of overweight rape victims/survivors.


Rural survivors of sexual assault and domestic violence experience considerable difficulties accessing mental health services. Similarly, graduate psychology training programs located in rural locations have historically been limited in their ability to provide trainees with extensive exposure to specific client populations. With the advent of distal technologies-especially secure, encrypted videoconferencing capabilities--it is now possible to connect rural clients with specialized, mental health services provided by university-based training clinics. This article reviews mental health care needs and treatment barriers experienced by rural populations, and describes an innovative solution to begin to address these problems. Specifically, a partnership between a university-based mental health care clinic and 3 rural domestic violence/rape crisis centers is described, and preliminary treatment outcome data are presented. Training benefits reported by graduate student therapists and satisfaction ratings provided by crisis center staff and advocates are also presented and discussed.


Sexual Assault Response Teams (SARTs) bring together sexual assault responders (e.g., police, prosecutors, medical/forensic examiners, rape victim advocates) to coordinate and improve the response to sexual assault. Ultimately, SARTs seek to improve sexual assault victims’ experiences of seeking help and sexual assault case outcomes in the criminal justice system. To date, there are hundreds of SARTs across the United States and yet, there has been no nationally representative study of how SARTs are implemented. Therefore, the current study used a multistep process to create the first sampling frame of SARTs and then studied how SARTs are structured and function within a random sample of SARTs. Findings reveal commonalities as well as variation across SARTs. Most SARTs rated improving legal outcomes, improving victims’ help-seeking experiences, and prevention/education as important goals, yet most prioritized their time and energy toward victims’ experiences. SARTs’ membership varied, with an average of 12 organizations involved in the SART, and 75% of SARTs having active membership from police, prosecutors, rape victim advocates, and medical/forensic examiners. SARTs were moderately formalized and most SARTs engaged in most collaborative processes (e.g., multidisciplinary cross-training, case review, policy/protocol development, and review) on an as needed basis. Finally, results revealed that some types of cross-system coordination in responding to victims/cases were quite frequent, whereas other types of coordination were quite infrequent. Implications for future research and supporting the development and sustainability of SARTs are discussed.


Objective: Sexual Assault Response Teams (SARTs) seek to improve the response to sexual
assault by coordinating the efforts of police, prosecutors, nurses/doctors, victim advocates, and other sexual assault responders. However, SARTs vary with respect to their structure, that is, the composition and organization of their team. Therefore, the current study explored the relationship between SART structure and effectiveness. Method: A random sample of N = 172 SART leaders was interviewed. Participants reported on SART structural characteristics and their perceptions of their team’s effectiveness at improving victims’ help-seeking experiences, victims’ participation in the criminal justice system, police processing of cases, and prosecution of cases. Results: Cluster analysis revealed 3 types of SARTs: “Low Adopters” utilized fewer formal structures and were less likely to institutionalize collaborative processes into their teamwork; “High Adopters” utilized more formal structures and were more likely to institutionalize collaborative processes, but did not engage in program evaluation as a multidisciplinary team; and “High Adopters Plus Evaluation” were similar but also engaged in evaluation as a team. High Adopters Plus Evaluation were perceived as significantly more effective than Low Adopters across all domains. High Adopters Plus Evaluation were perceived as more effective at improving victims’ participation in the criminal justice system than High Adopters. SARTs with broader active membership from more stakeholder groups also tended to have higher perceived legal effectiveness. Conclusions: SARTs should consider broad-based active membership and adopting formal structures and collaborative processes to organize their team. Future research can continue to examine factors that contribute to SART success.

One-third of sexual assault cases that are reported to the police involve adolescent victims (Snyder, 2000), yet little is known about adolescent victims’ interactions with law enforcement. Through semistructured interviews with 20 adolescent sexual assault victims, this study sought to understand—from the perspectives of the adolescents—how the police interacted with them on an interpersonal level and the impact this had on the adolescents’ emotional well-being and engagement in the criminal justice system. Findings revealed that when the police engaged in behaviors that the victims perceived as caring, compassionate, and personable (vs. behaviors that were perceived as uncaring, insensitive, and intimidating), there was a positive impact on victims’ emotional well-being and criminal justice system engagement. Implications for improving adolescents’ help-seeking experiences are discussed.

Sexual objectification, the tendency to reduce women to their bodies, body parts, or sexual functions for use by others, has been theorized to set the stage for more severe acts of violence but has been largely absent from the existing sexual victimization literature. The purpose of this study was to explore the role of sexual objectification in mediating the well-established link between women’s alcohol use and sexual victimization. A large sample of undergraduate women (N = 673) reported their alcohol use (frequency and quantity), experiences of sexual objectification (body evaluation and unwanted explicit sexual advances), and sexual victimization. Results indicated positive bivariate correlations among all study variables. Path analyses showed that mild forms of sexual objectification (body evaluation) mediated the link between the frequency of alcohol use and more extreme forms of sexual objectification (unwanted advances).
Furthermore, the combined effect of sexual objectification (body evaluation and unwanted advances) mediated the link between alcohol use (frequency and quantity) and sexual victimization. The current findings are among the first to evaluate sexual objectification as a mechanism in the link between alcohol use and sexual victimization. Results suggest that efforts to prevent alcohol-related sexual violence may benefit from addressing sexual objectification.


Homeless youth commonly report engaging in sexual risk behaviors. These vulnerable young people also frequently report being sexually victimized. This systematic review collates, summarizes, and appraises published studies of youth investigating relationships between homelessness, perpetration of sexual offenses, experience of sexual victimization, and engagement in sexual risk behavior. A systematic search of seventeen psychology, health, and social science electronic databases was conducted. Search terms included "homeless*,” “youth,” “offend*,” “victimization,” “crime,” “rape,” “victim*,” and “sex crimes.” Thirty-eight studies were identified that met the inclusion criteria. Findings showed homeless youth commonly report being raped and sexually assaulted, fear being sexually victimized, and engage in street prostitution and survival sex. Rates of victimization and sexual risk behavior were generally higher for females. Given the paucity of longitudinal studies and limitations of current studies, it is unclear whether homelessness is prospectively associated with sexual victimization or engagement in sexual risk behavior, and whether such associations vary cross nationally and as a function of time and place. Future prospective research examining the influence of the situational context of homelessness is necessary to develop a better understanding of how homelessness influences the perpetration of sexual offenses, experience of sexual victimization, and engagement in sexual risk behavior among homeless youth.


Criminality in cyberspace has been the subject of much debate since the 1990s, yet comparatively little attention has been paid to technology-facilitated sexual violence and harassment (TFSV). The aim of this article is to explore the ways in which retraditionalized gender hierarchies and inequalities are manifested in online contexts, and to conceptualize the cause and effects of TFSV as "embodied harms." We argue that problematic mind/body and online/off-line dualisms result in a failure to grasp the unique nature of embodied harms, precluding an adequate understanding and theorization of TFSV.


The goal of this study was to examine lifetime patterns of sexual assault and associated risks among a purposive sample of gay and bisexual men (N = 183; 18 to 35 years old, M = 24.3). Cross-sectional data were collected via written, self-administered questionnaires and face-to-face, event-based qualitative interviews. Alcohol severity scores indicated high rates of hazardous drinking (53.0%) and possible dependence (14.2%) among participants. One-half of men (50.8%) reported childhood sexual abuse (CSA), and 67.2% reported adult sexual assault (ASA). Average age at most recent ASA was 21 years. Most perpetrators (83.9%) of recent ASA incidents were male; 67.0% of participants reported consuming alcohol and/or drugs prior to the most recent incident. Regression findings indicated more severe CSA experiences and past alcohol-related problems predicted recent severe ASA. Although we found similarities between
gay and bisexual men in lifetime sexual assault history, we found some distinct differences in ASA risk factors. Bisexual men reported higher alcohol severity scores, more female ASA perpetrators, higher internalized homophobia scores, and fewer male sexual partners than gay men. Findings suggest the need for interventions that reduce ASA risk among sexual minority men—and the potential benefits of focusing on alcohol consumption in risk reduction efforts.


Although evidence suggests that bystander prevention programs are promising interventions for decreasing sexual violence and dating violence on college campuses, there have been no studies to date evaluating moderators of bystander program effectiveness. The current study evaluates whether different demographic characteristics, attitudes, knowledge, and behaviors at pretest predict change over a 6-month follow-up for students who participated in a bystander prevention program. Participants in the three assessments (pretest, posttest, 6-month follow-up) included 296 college students who were mandated to attend a bystander program during their first year orientation. Analyses showed that with few exceptions, the bystander program worked best for students who were most at risk given their pretest demographics and levels of attitudes condoning dating violence and sexual violence, bystander efficacy, and bystander behaviors. Results are discussed in terms of suggestions for future research.


Some argue that bystander intervention programs for sexual violence (SV) and dating violence (DV) prevention should be facilitated by peer educators. However, there is no evidence that peer educators are more effective than professionals at delivering program material. This study experimentally evaluated a bystander prevention program; half of participants were assigned to peer educators and half to professionals. Multilevel modeling showed that peer educators had a significantly better effect at reducing some SV- and DV-supportive attitudes and at increasing
bystander efficacy. There were no differences in educators’ effectiveness at reducing other SV- and DV-related attitudes or at increasing bystander behaviors.

Despite high rates of gendered violence among youth, very few young women report these incidents to authority figures. This study moves the discussion from the question of why young women do not report them toward how violence is produced, maintained, and normalized among youth. The girls in this study often did not name what law, researchers, and educators commonly identify as sexual harassment and abuse. How then, do girls name and make sense of victimization? Exploring violence via the lens of compulsory heterosexuality highlights the relational dynamics at play in this naming process. Forensic interviews with youth revealed patterns of heteronormative scripts appropriated to make sense of everyday harassment, violence, coercion, and consent. Findings inform discussions about the links between dominant discourses and sexual subjectivities as we try to better understand why many regard violence a normal part of life.

Rape is prevalent at colleges. Although research suggests commonalities across many college women’s rape experiences (e.g., perpetrators using multiple coercive strategies), vignettes used to assess rape perceptions often reflect false beliefs. Two studies varying a perpetrator’s coercive tactics examine rape perceptions using vignettes reflecting rape myths, rape scripts, or many college women’s common rape experiences. Participants perceive a woman who was raped more positively in vignettes reflecting common rape experiences versus those reflecting rape myths or scripts. Theoretical, educational, and research implications are discussed.

Objective: Military Sexual Trauma (MST) can be a harmful aspect of military life. Despite the availability of resources, Service members may encounter barriers that impede help-seeking for sexual assault (i.e., encountering logistical constraints, anticipating stigma). We examined how such barriers undermine wellbeing (i.e., exacerbate symptoms of depression and posttraumatic stress disorder PTSD) among MST survivors, both women and men. Additionally, we investigated how these barriers aggravate depression among Service members who feel unsafe from sexual assault. Method: The current study was a secondary analysis of the 2010 Workplace and Gender Relations Survey of Active Duty Members (WGRA; N = 26,505). Personnel who had experienced MST (n = 542) and those who felt unsafe from sexual assault (n = 1,016) were included in the analyses. Results: The most commonly endorsed barriers were fears that they would be seen as weak, their leaders may treat them differently, and their coworkers might have less confidence in them. As expected, both MST survivors and those feeling unsafe reported more negative psychological symptoms as a function of help-seeking barriers. Conclusions: Results suggest that removal of these barriers may be helpful for the protection of mental health—among assault victims and nonvictims alike. For instance, efforts could be taken to reduce logistical barriers (e.g., allowing time for health care visits) and stigma (e.g., enhancing training for all personnel who work with MST survivors).

Sexual assault is an insidious problem in the United States military. In 2005 the Department of Defense (DoD) created the Sexual Assault Prevention and Response Office, which centralizes responsibility for sexual assault training. However, this training initiative has undergone little evaluation by outside researchers. Addressing this need, we analyzed responses from over 24,000 active duty personnel who completed the 2010 DoD Workplace and Gender Relations Survey. We assessed whether sexual assault training exposure (None, Minimal, Partial, or Comprehensive) predicted accurate knowledge of sexual assault resources and protocols. Using a social-ecological framework, we investigated whether institutional and individual factors influenced Service members' training exposure and judgment of training effectiveness. According to our results, exposure to comprehensive training predicted lower sexual assault incidence and superior knowledge. However, comprehensive training differed as a function of military branch, rank, gender, and sexual assault history. Judgments of training effectiveness also varied across these dimensions. Our results highlight the importance of considering context, gender, and victimization history when evaluating institutional efforts to end sexual violence. The DoD's 2010 annual report on military sexual assault concluded that 'most Active Duty members receive effective training on sexual assault' (p. 104). Our results cast doubt on that assertion.


Self-defense classes are offered across the nation as a strategy for reducing women's vulnerability to sexual assault. Yet there has been little systematic research assessing the effectiveness of these classes. In this article, I use data from a mixed methods study of a 10-week, university-based, feminist self-defense class to examine the effectiveness of self-defense training over a 1-year follow-up period. My analyses indicate that women who participate in self-defense training are less likely to experience sexual assault and are more confident in their ability to effectively resist assault than similar women who have not taken such a class.


How do the news media portray women's resistance to sexual assault? We analyze articles from a systematic sample of 16 U.S. newspapers across 1 full calendar year to assess whether and how newspapers describe women's resistance. We find that in most cases, newspaper reports reinforce the belief that women are incapable of effectively defending themselves. Most articles fail to mention women's resistance or do so only to note its failure; the longer the article, the more likely it is to follow these patterns. Headlines exaggerate these patterns, presenting virtually no evidence that the articles that follow, or that assaults themselves, contain any female resistance or agency. In only a very small minority of cases are women described as strong, competent actors with the ability to defend themselves against violence. We conclude with a discussion of the potential individual and societal consequences of these patterns.


The United States should adopt the international doctrine of command responsibility within the Uniform Code of Military Justice (UCMJ) as a solution to widespread reports of intra-military rape and sexual assault. Applying command responsibility to serious violations of the UCMJ, like rape, would establish a clear mandate for the military to prosecute any commander who fails to
reasonably prevent, investigate, or punish serious UCMJ violations that he or she knew about, either via constructive or actual knowledge. Congress should limit the doctrine's scope to serious UCMJ violations that commanders are aware of and recklessly choose to ignore in order to prevent significant, rather than trivial harms. Although the Department of Defense recently articulated a duty to prosecute intra-military rape and sexual assault, establishing a duty achieves nothing without proper enforcement--command responsibility is one solution.


Undergraduate students indicated their level of agreement with written statements about whether they had experienced sexual assault, sexual abuse, or sexual harassment (women) or committed sexual assault, sexual abuse, or sexual harassment (men). Then all students read state law concerning these offenses and responded to the statements again. In their second ratings, after reading the law, women were significantly more likely to report experiencing abuse and harassment and men to report committing abuse and harassment. There were no significant changes in reports of experiencing or committing assault. Overall, women were significantly more likely to report experiencing assault, abuse, and harassment than men were to report perpetrating it, in all three areas.


Background: Mental contamination is a psychological sense of contamination that involves an internal, emotional feeling of dirtiness that may be evoked by unwanted thoughts and images, such as sexual assaults. Aims: This study aimed to investigate which types of unwanted sexual experiences evoke the strongest mental contamination, and to test the hypothesis that cognitive appraisals of an unwanted sexual experience predict indices of mental contamination (i.e. feeling of dirtiness, urge to wash, internal negative emotions, and external negative emotions). Method: 148 female participants were asked to recall their most distressing unwanted sexual experiences. Indices of mental contamination and cognitive appraisals of the experience were then assessed. Results: Our findings indicated that individuals recalling experiences related to rape felt more intense feelings of dirtiness than individuals recalling other types of unwanted sexual experience, such as verbal sexual assault, visual sexual assault, and forcible touching/frottage. In addition, hierarchical regression analyses demonstrated that a cognitive appraisal of perceived violation predicted all of the indices of mental contamination after controlling anxiety, depression, and fear of contact contamination. Conclusions: The present study demonstrated that an individual is at greatest risk of mental contamination if she has experienced rape/attempted rape, and if she makes a cognitive appraisal of violation regarding the incident.


This study examined whether cognitive distortions (i.e., assimilated and overaccommodated thoughts) and realistic (i.e., accommodated) thoughts assessed from impact statements written
5–10 years after completing cognitive processing therapy (CPT) accurately predicted posttreatment maintenance or decline in treatment gains during the same period. The sample included 50 women diagnosed with posttraumatic stress disorder (PTSD) secondary to rape who participated in a randomized clinical trial of CPT for PTSD. Cognitions were assessed via coding and analyses of participants' written impact statements at three time points: beginning of treatment, end of treatment, and at 5–10 years follow-up. Primary mental health outcomes were symptoms of PTSD (Clinician-Administered PTSD Scale) and depression (Beck Depression Inventory). Changes in trauma-related beliefs between the end of treatment and long-term follow-up were associated with concomitant changes in PTSD and depression symptoms (effect sizes ranging from $r = .35–.54$). Declines in accommodated thinking and increases in overaccommodated thinking were associated with elevations in symptomatology. Improvement in accommodated thinking and declines in overaccommodated thinking were associated with lower PTSD and depression symptoms during this same time period. Findings provided support for the role of changes in accommodated and overaccommodated thinking being associated with level of PTSD and depression many years after participating in CPT.


Spousal exemptions from rape prosecution persist in many US states' criminal codes thereby compromising women's rights to bodily self-control and personhood. Power resources theory—which emphasizes that given limited resources, groups act strategically to achieve goals—and gender stratification perspectives guided an event history analysis of the likelihood of marital rape criminalization in US states between 1978 and 2007. Findings suggest criminalization is influenced by the expected marginal benefit of law reform, women's relative socioeconomic resources, and racial heterogeneity. This research highlights the importance of considering how existing laws, group resources, and intersecting social cleavages influence the expansion of women's rights.


Sexual assault in the military is an intolerable problem. A challenge in dealing with this problem has been the lack of a conceptual framework for comprehensively organizing needed interventions. Adapting the Toxic Triangle model developed by Padilla, Hogan, and Kaiser (2007), we examine military sexual assault from the interacting perspectives of conducive environments, destructive leaders, and susceptible followers. These components support tactical interventions, many of which can be conducted through the existing infrastructure of training and professional military education. Interventions include better leader development, accountability, and assertive followership.


**OBJECTIVES:**
We extended past research on sexual violence etiology by examining the impact of perceived pressure to have sex by any means and the types of objectifying and egalitarian language that friends used when discussing women.

**METHODS:**
We examined a community sample of young single men interested in dating women (n = 423) who completed audio computer-assisted self-interviews at baseline (spring/summer 2008) and 1 year later (spring/summer 2009). We used hierarchical logistic regression analyses that controlled for baseline sexual aggression.

**RESULTS:**
Approximately one quarter of participants (n = 108) reported that they made a woman engage in some type of sexual activity during the past year when they knew she was unwilling or unable to consent. Past-year perpetrators perceived more pressure from their friends to have sex by any means, felt less comfortable with their friends making egalitarian statements about women, and used more objectifying statements when describing how their friends talked about women compared with nonperpetrators. Seventy-eight percent of men were correctly classified by these predictors.

**CONCLUSIONS:**
Men's discussions with each other about women could foster an environment that encourages or discourages sexual violence. We discussed future research and prevention implications.


Despite increased attention, education, and prevention programs, sexual assault of college students and underreporting of this victimization remain a pervasive problem. Previous research has examined factors influencing the reporting of crimes by the public to the police, the extent of sexual victimization on college campuses, sexual assault victimization reporting and/or disclosure (for both university victims and non-university victims), and perceptions of police by university students. However, there remains a dearth of research examining whether students’ perceptions of police influence their decision to report victimization, in particular sexual assault victimization. The present study examined whether students’ perceptions of police influence their decision to report victimization. Using data obtained from a survey of students attending a public university in Southwestern Pennsylvania, the current study examines factors that impact victimization reporting and whether perceptions of police influence victims’ decision to report or not. The results of the analyses indicated that victimization reporting and satisfaction with the police were impacted by gender, and support was found for the proposition that perceptions of the police influence the likelihood to report victimization.


Feminist research has played a pivotal role in uncovering the extent and nature of male violence against women and suggests that the main motivations for rape are the need for power, control and domination. This paper argues that, although feminist explanations of rape are robust and comprehensive, male victims of rape have largely been excluded from this field of research. While feminism has enabled the victimisation of women to be recognised, further understanding of the victimisation of men is required. Some feminist writers (such as hooks, 2000) have argued that men's emancipation is an essential part of feminism since men are equally harmed by gender role expectations and sexism. This paper makes a contribution to current knowledge through evaluating the social constructions, stigma and phenomenological realities associated with male
rape (by both men and women), arguing that there has been neglect in this area that functions to support, maintain and reinforce patriarchal power relations and hegemonic masculinities.

Johnson, S. A. (2014). Understanding the role of alcohol during rape: The perfect storm of attention, emotion, & expectancies. *International Journal of Emergency Mental Health and Human Resilience*, Sex offenders and violent offenders in general that were intoxicated at the time of their offense often claim that they were too intoxicated to know 1) what they were doing at the time of the offense and 2) therefore unable to recall the details of the offense situation the next day. What the literature has to say contradicts the claims of sex offenders or violent offenders who claim they were "out of control" and that they do not recall what they did in the offense situation. Alcohol use (mild to moderate consumption) appears to result in 1) alcohol myopia; 2) increased attentional focus on the more salient emotions (whether negative or positive); 3) improved creative thinking and improved attention to the activity at hand; 4) decreased frontal lobe activity (e.g., lack of concern about consequences or morals); 5) is impacted by alcohol expectancies; and 6) does not prevent an individual from being able to recall activity that occurred while intoxicated when provided cues.

Jones, D. L. (2014). Collateral damage related to rape and interpersonal violence in higher education. *Journal of College Student Psychotherapy, 28*(3), 174-176. doi:10.1080/87568225.2014.914811 The author discusses the harmful damages caused by crimes such as sexual assault, rape, and violence in higher education in the U.S. The author states that survivor and alleged perpetrator are most affected by rape and interpersonal violence. The author notes that individuals subjected to charges or investigations is subjected to unfair criticism while victims go unnoticed. The author mentions that the dynamics of rape cases caused coaches, athletic directors, and college presidents to resign.

Jordan, C. E., Combs, J. L., & Smith, G. T. (2014). An exploration of sexual victimization and academic performance among college women. *Trauma, Violence & Abuse, 15*(3), 191-200. doi:10.1177/1524838014520637 The literature has documented the widespread nature of sexual assault victimization among college women. While the aftermath of violence against university women has also received focus, that is, documenting trauma-related sequelae; risk factors; reporting patterns; and legal interventions, the impact on academic performance has not received adequate attention in the literature. The primary purpose of this study was to explore the association of rape and sexual assault with academic performance among college women. Its specific aims included the following: to compare high school and college sexual assault experiences with collegiate grade point averages (GPAs) at key points in time; to examine any differences in GPA by type of sexual assault; to urge researchers studying retention and persistence patterns or sexual assault among college students to ensure that the relationship between the two is included in research designs; and to recommend that academic institutions expand programming on retention to include rape and sexual assault among the risk factors associated with a lack of persistence.

Jouriles, E. N., Simpson Rowe, L., McDonald, R., & Kleinsasser, A. L. (2014). Women’s expression of anger in response to unwanted sexual advances: Associations with sexual victimization. *Psychology of Violence, 4*(2), 170. Objective: To examine the association between women’s prior sexual victimization and their expression of anger in response to unwanted sexual advances. Method: Sixty-five female undergraduate students participated in role plays with male actors. During the role plays, which were conducted using virtual reality technology, the male actor made unwanted sexual advances
toward the participant. Participants’ expression of anger in response to these advances was coded and analyzed. Results: Women with a history of sexual victimization were observed to be less angry and used fewer anger words in response to initial unwanted sexual advances, compared with women with no history of sexual victimization. Conclusion: This study highlights the potential importance of women’s expression of anger in response to unwanted sexual advances. Specifically, anger expression might be important to consider in understanding women’s vulnerability to victimization and revictimization, and as an intervention target for programs designed to help women resist sexual violence. Finally, this study illustrates the potential benefits of a unique methodology—role plays conducted using virtual reality—for investigating women’s responses to unwanted sexual advances.

The article discusses sexual consent and its influence on the sexual behavior of college students in the U.S. Topics covered include the rape culture on college campuses, the effectiveness of sexual-assault policies, and the affirmative-consent policy. Also mentioned are the sexism, hegemonic masculinity and patriarchy that pervade college campuses.

Sexual assault is prevalent in the United States, particularly among college women. Prevention programs are implemented to combat assault, yet rates have not changed for five decades. A course designed to deconstruct contextualized factors contributing to assault was developed as an alternative prevention initiative. The current study assessed the effectiveness of the course compared with a traditional program via in-depth interviews with students. Findings indicated that students in the course were more likely to acknowledge underlying determinants of sexual assault and articulate how such behaviors could lead to assault. The course could be an effective approach to sexual assault prevention education.

Objective: Sexual assault is prevalent among college students. In response, universities have implemented prevention education initiatives. These interventions, however, often ignore the broader sociocultural context in which sexual violence occurs. This calls for innovative approaches in prevention education, which address the broader context. Computer games provide such an opportunity by providing simulated real-life scenarios, nonlinear narratives, and an interactive medium. We report the development and pilot testing of "Campus Craft," a game prototype that focuses, among other things, on sexual assault prevention. Materials and Methods: The prototype was developed through a participatory design process; students, educators, and subject matter experts helped design and develop scenarios, game mechanics, and learning objectives. The prototype was evaluated by college students (n = 141) in a multi-method approach. The evaluation encompassed issues of usability, game mechanics, attitudes, and learning outcomes. Results: Findings indicated that participants rated various aspects of the game positively. Additionally, use of "Campus Craft" contributed to differences in student learning of prevention concepts between the pre- and post-test such that students scored higher on the post-test. Conclusions: Findings demonstrate that, on average, students learned several core concepts related to sexual consent and rape culture through gameplay. Results suggest that computer-based gaming may be a viable avenue for sexual assault prevention education. Findings demonstrate that this approach could be effective in increasing student knowledge and
understanding of factors that contribute to sexual assault in college. Future research is needed to corroborate findings and better understand the feasibility of using this approach among larger samples of college students.


Because sexual assault is often defined in terms of nonconsent, many prevention efforts focus on promoting the clear communication of consent as a mechanism to reduce assault. Yet little research has specifically examined how sexual consent is being conceptualized by heterosexual college students. In this study, 185 Midwestern U.S. college students provided responses to open-ended questions addressing how they define, communicate, and interpret sexual consent and nonconsent. The study aimed to assess how college students define and communicate consent, with particular attention to gender differences in consent. Results indicated no gender differences in defining consent. However, there were significant differences in how men and women indicated their own consent and nonconsent, with women reporting more verbal strategies than men and men reporting more nonverbal strategies than women, and in how they interpreted their partner’s consent and nonconsent, with men relying more on nonverbal indicators of consent than women. Such gender differences may help to explain some misunderstandings or misinterpretations of consent or agreement to engage in sexual activity, which could partially contribute to the occurrence of acquaintance rape; thus, a better understanding of consent has important implications for developing sexual assault prevention initiatives.


Although sexual assault prevention education tends to focus on consent promotion as a means to reduce rates of sexual assault, little is known about how college students consent to sexual activity. The current study aimed to better understand college students’ consent via the systematic development of the Consent to Sex Scale (CSS), utilizing mixed methods via three phases and two waves of data collection. In Phase 1, qualitative data were collected from college students (n = 185) to provide a foundation for item writing. In Phase 2, closed-ended items were written for a quantitative instrument and reviewed by a team of experts. In Phase 3, a quantitative survey, including items written in Phase 2, was administered to college students (n = 685); the measure was assessed for its psychometric properties. Exploratory factor analysis was utilized, resulting in a five-factor solution. The CSS and corresponding factors demonstrated high internal consistency reliability and expected gender differences, supporting the construct validity of the measure. The CSS assesses college students’ cues for indicating consent to sex, a construct not addressed by previous measures. The validated scale may be useful in future research to better understand how consent relates to other behaviors or constructs.


Objectives: This study assessed the extent to which consuming alcohol prior to sexual activity influenced college students’ verbal/behavior cues utilized to communicate consent (external consent) as well as their feelings associated with consent (internal consent). Methods: Data was collected via paper-and-pencil surveys administered to heterosexual college students (N = 794) in the United States. Results: After controlling for gender, relationship status, rape myth
acceptance, and alcohol expectancies, findings indicated that alcohol consumption prior to sexual activity was associated with both internal and external consent. Conclusions: Current findings can help inform sexual assault prevention education programming given the high rates of sexual assault occurring on college campuses that involve alcohol consumption.


Sexual assault prevention efforts have focused on educating students to obtain consent as a mechanism to reduce sexual assault, yet little is known about how college students consent to sex. Additionally, there are currently no measures available to assess students' consent to sex. The current study aimed to better understand college students' consent by using a systematic approach to develop validated measures of sexual consent. This study integrated mixed methods via three phases and two waves of data collection to develop two measures of consent. In Phase 1, qualitative data were collected from college students (n = 185) to inform the design of quantitative measures aimed at assessing sexual consent at last sexual intercourse. In Phase 2, items were written for the closed-ended quantitative instrument and reviewed by a team of experts, educators, and clinicians. In Phase 3, a quantitative survey was administered to college students (n = 660) which included the measures of consent developed from the Phase 1 data; the measures were assessed for their psychometric properties. Exploratory factor analyses were utilized to assess the measures and resulted in five factors each for both consent scales. Both scales had high internal consistency reliability, showed gender differences, and showed differences across relationship status (single vs. in a relationship). The two newly developed measures assess unique constructs of consent and demonstrate assessments of specific concepts. Our findings provide an important contribution to the field of sexuality as these measures can be used in future research to better understand sexual consent.


Native American women experience higher rates of sexual assault than other women in the United States, yet there is limited information on the accessibility of forensic services for Native American victims of sexual violence. This study used geographic information systems technology to map known sexual assault examiner (SAE) and sexual assault response team (SART) programs in the United States (n = 873) in proximity to 650 census designated Native American lands. Analysis was repeated for 29 Indian Health Service and tribal-operated facilities that self-identified that they provide sexual assault examinations. Network analysis showed that 30.7% of Native American land is within a 60-minute driving distance of a facility offering SAE or SART services. Indian Health Service and tribal-operated facilities increased accessibility to SAE services on 35 Native American lands. This study shows gaps in coverage for more than two thirds of Native American lands, including 381 lands with no coverage, highlighting the need for expanded SAE and SART services near or on Native American land.

The present research examined bystander responses to potential party rape scenarios involving either a friend or a stranger at risk. Undergraduate students (N = 151) imagined attending a party and seeing a man lead an intoxicated woman (friend or stranger) into a bedroom. After random assignment to conditions, participants reported on intentions to help, barriers to helping, victim blame, and empathic concern. As expected, based on their shared social group membership, bystanders intended to offer more help to friends than to strangers. Bystanders also reported more personal responsibility to help and more empathic concern when the potential victim was a friend rather than stranger. Observing a friend versus stranger at risk did not affect audience inhibition or perceived victim blame. Compared with women, men reported more blame and less empathic concern for potential victims. However, there were no gender differences in bystander intent to help or barriers to helping. In multivariate analyses, both responsibility to help and empathic concern for the potential victim uniquely predicted bystanders' intent to help a woman at risk for party rape. Results suggest that promoting social identification with peers at risk could increase bystander intervention.


This study examined male bystanders’ responses to risk for party rape. Undergraduate men (N = 77) imagined attending a party (either alone or with 3 friends) where a sober man led an intoxicated potential victim (either a man or woman) into a bedroom. After random assignment to 1 of these 4 conditions, participants completed measures of behavioral inaction and barriers to action. Bystanders in groups were more inactive than lone bystanders. Compared to bystanders who saw a woman at risk, bystanders who saw a man at risk reported greater inaction and greater barriers to action, including risk uncertainty, lack of responsibility to help, and skills deficits. Results highlight social factors that inhibit male bystanders’ prosocial responses to high-risk situations.


This research examined bystander responses to 1 of 4 potential party rape scenarios. Undergraduate women (N = 249) imagined attending a party either alone or with three friends where a sober man led an intoxicated potential victim (either male or female) into a bedroom. After random assignment to conditions, participants reported on intent to help and barriers to helping the potential victim. In contrast to the classic bystander effect, bystanders in groups intended to offer more help than lone bystanders. Bystanders also intended to offer more help to potential female than male victims and experienced more barriers to helping male victims. Two of these barriers (lack of personal responsibility to help and identifying risk) explained the lower intentions to help potential male victims. Potential male victims were more likely than female victims to be perceived as gay, and bystanders reported the least intentions to help presumably gay men at risk.


Under the military justice system, as it currently stands, commanding officers (COs) almost complete discretion to decide whether to prosecute the accused in sexual assault cases, and
whether to commute the sentences of soldiers found guilty of such crimes. In the wake of the Department of Defense's estimate that 26,000 sexual assaults occurred in fiscal year 2012 alone, Congress passed the National Defense Authorization Act for Fiscal Year 2014 (NDAA for FY14). In addition to giving victims of sexual assault greater legal rights, the legislation denies commanders the right to overturn jury convictions and subjects COs' decisions not to prosecute to civilian review. Critics such as Senator Kirsten Gillibrand (D-NY), however, have suggested that the problem lies in placing the legal power in the hands of COs, and recommend removing sexual assault cases from the chain of command entirely by instituting a third party into such proceedings. This Note assesses the strengths of the reforms contained in the NDAA for FY14 and those of Senator Gillibrand's alternative proposal. It then suggests that the best solution is one charting a hybrid approach -- requiring formalized training of the COs by state or federal prosecutors specializing in sexual assault crimes, mandating review of a CO's decision not to prosecute in limited circumstances, subjecting COs' power to commute sentences to judicial approval, and ensuring that each prosecution be headed by a neutral CO. Such a solution would diminish COs' almost unlimited authority in sexual assault proceedings, while still allowing them a role consistent with the overarching purpose of the military justice system -- to ensure good order and discipline.


Little research has examined the relationship between women’s labeling of their sexual assault experiences and sexual functioning, as well as identification of variables that may mediate the labeling-trauma outcome relationship. The purpose of this study was to fill this gap in the literature, by examining the potential mediating role of coping strategies in response to sexual assault in the relationship between labeling and sexual functioning. The sample included 135 college women with a history of adolescent/early adulthood sexual assault. Labeling was not bivariately related to sexual functioning outcomes; however, anxious coping mediated the relationships between labeling and both sexual lubrication and sexual satisfaction. This suggests that correlational analyses between labeling and trauma outcomes may not capture the complexity of this relationship, as it may be more indirect. Furthermore, results suggest that labeling is part of the coping process in response to sexual assault; some women who consider their experience to be sexual assault may engage in anxious coping efforts, contributing to difficulties with sexual lubrication and sexual dissatisfaction. Victims actively working to integrate their sexual assault experience with prior beliefs and self-concept may benefit from treatment focused on decreasing anxious coping, especially as it relates to sexual functioning.


Child sexual abuse (CSA) is a social problem that often inflicts long lasting psychological trauma and leads to psychopathology, behavioural problems and re-victimization. Treating young people who are presenting with the detrimental effects of CSA is often difficult because these effects offset efforts at establishing a therapeutic bond. Animals have been found to facilitate the development of the therapeutic alliance between client and practitioner and therapies utilizing horses have the added bonus of empowering clients. This study aimed to evaluate an Equine Facilitated Program (EFT) run by Phoenix House, a sexual assault referral centre in Queensland, Australia. Participants were six boys and nine girls (aged 8-11 years) and 15 adolescent girls (aged 12-17 years). All participants provided several measures of data designed to establish levels of psychological distress at three points in time. That is, Time 1-intake into the service; Time 2-following approximately 6 weeks of in-clinic counselling and pre-EFT; and Time 3 post-
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EFT (9-10 week duration). Significant improvements in functioning were found between Time 2 and Time 3 assessment across all psychometric measures and for both age groups. No, or non-significant, improvements were found between Time 1 and Time 2 assessments. Overall the results show that EFT proved an effective therapeutic approach for the children and adolescents referred to the service. Of particular note was the finding that efficacy was similar across gender, age and Indigenous/non-Indigenous status. Implications of this and suggestions for further research are discussed.

The authors discuss the implications of the risk of rape and sexual assault during international travel. Topics discussed include the risk of sexual violence to foreign travelers, the causes and diagnosis of sexually transmitted diseases, and the studies pertaining to the incidents of sexual violence among travelers.

BACKGROUND: Domestic and sexual violence are significant public health problems but little is known about the extent to which men and women with severe mental illness (SMI) are at risk compared with the general population. We aimed to compare the prevalence and impact of violence against SMI patients and the general population.
METHOD: Three hundred and three randomly recruited psychiatric patients, in contact with community services for ≥ 1 year, were interviewed using the British Crime Survey domestic/sexual violence questionnaire. Prevalence and correlates of violence in this sample were compared with those from 22 606 general population controls participating in the contemporaneous 2011/12 national crime survey.
RESULTS: Past-year domestic violence was reported by 27% v. 9% of SMI and control women, respectively [odds ratio (OR) adjusted for socio-demographics, aOR 2.7, 95% confidence interval (CI) 1.7-4.0], and by 13% v. 5% of SMI and control men, respectively (aOR 1.6, 95% CI 1.0-2.8). Past-year sexual violence was reported by 10% v. 2.0% of SMI and control women respectively (aOR 2.9, 95% CI 1.4-5.8). Family (non-partner) violence comprised a greater proportion of overall domestic violence among SMI than control victims (63% v. 35%, p < 0.01). Adulthood serious sexual assault led to attempted suicide more often among SMI than control female victims (53% v. 3.4%, p < 0.001).
CONCLUSIONS: Compared to the general population, patients with SMI are at substantially increased risk of domestic and sexual violence, with a relative excess of family violence and adverse health impact following victimization. Psychiatric services, and public health and criminal justice policies, need to address domestic and sexual violence in this at-risk group

Sexism is associated with a number of negative outcomes, including gender-based violence and pay inequity. Men overestimate their male peers' sexism, which may make them reluctant to
intervene. Moreover, they often have little practice at doing so. Several researchers have demonstrated that attitude change can be effected through behavior change. The current study involved a preliminary investigation of the power of a behavior intervention to reduce sexist attitudes in undergraduate males at a southeastern United States university. All participants (N = 43; 85.4 % Caucasian) completed measures for sexism and rape supportive attitudes, once from the perspective of the self and then from estimations of the 'average male' in their groups. Participants (N = 23) in the behavior intervention critiqued sexist ideologies through verbal role playing and a written exercise, while participants in the control condition (N = 20) completed an assertiveness skills intervention and a written exercise. Two weeks later, all participants completed the same measures. Participants in the behavior intervention group showed a significant decrease in sexist attitudes (F (1, 41) = 4.55, p = .04) compared with control participants, demonstrating that a behavior intervention measurably reduces sexism in college men.


Although prison rape has been recognised for years, it began to receive increased attention in the USA following the passage of the Prison Rape Elimination Act (PREA). In addition to prevalence and victimisation estimates, several researchers have examined the attitudes of correctional personnel towards prison rape. However, few have surveyed the opinions of those not currently working in the criminal justice system. Drawing from the body of research on rape myths, our goal was to examine prison rape myth acceptance among a university student sample to describe these beliefs, as well as examine attitudinal correlates. The findings indicated that prison rape-supportive beliefs were evident among a minority of the sample and were predicted by general punitiveness and male and female rape myth acceptance. The acceptance of victim-blaming myths identified in this study warrants further investigation. It is possible that educational efforts would be successful in reducing these rape-supportive beliefs.


Much research has found that alcohol use is associated with sexual aggression (SA) perpetration among male college students. To increase understanding of this association, the present study examined whether other established risk factors for SA perpetration in this population were associated differentially with incidents that were preceded by alcohol use and incidents that were not preceded by alcohol use. The sample included 638 male college students who completed self-report measures of seven risk factors and SA perpetration during their first and second years of enrollment at a large, public university in the southeastern United States. A multivariate, multinomial logistic regression model revealed none of the seven factors increased risk for both alcohol-involved and alcohol-uninvolved SA perpetration. The model did identify binge drinking as a risk factor for alcohol-involved SA perpetration and impulsivity, rape myth attitudes, and hostility toward women as risk factors for alcohol-uninvolved perpetration. If these results can be replicated, then they would suggest that different risk factors should be targeted to optimize the effect of preventive interventions on the occurrence of the two types of SA perpetration.


Objective: Because of its high prevalence and serious consequences for victims, sexual violence is a significant problem on college campuses. Sexual assault prevention programs based on the
bystander intervention model have been shown to be effective; however, current programs are limited in terms of ease of distribution. To address this issue, we developed and evaluated "Take Care," an online bystander intervention program. To our knowledge, this is the first empirical evaluation of an online bystander intervention program designed to prevent sexual violence.

Method: Ninety-three participants (80.6% female, 19.4% male) recruited from social psychology classes at a midsize university were randomly assigned to view 1 of 2 online programs: Take Care or a control program on study skills. Before viewing the programs, participants completed measures of bystander behaviors and feelings of efficacy for performing such behaviors. Measures were administered again postintervention and at a 2-month follow-up assessment. Results: Participants who viewed Take Care reported greater efficacy for engaging in bystander behaviors at postintervention and 2 months after treatment, compared with those who viewed the control program. In addition, participants who viewed Take Care reported performing relatively more bystander behaviors for friends at the 2-month follow-up assessment, compared with participants who viewed the control program. Conclusions: These results suggest that sexual violence prevention programs may be effectively adapted to an online format.


Effects of ambivalent sexism, sexism norms, victim behavior, and type of violence on male students’ reactions to male violence against women in intimate relationships were examined. Participants judged a scenario depicting an act of sexual or non-sexual violence against a female partner who had either shown overtly sexual or non-sexual behavior toward another man. Generally, high (vs. low) hostile sexism, high (vs. low) hostile sexism norm feedback, and victim’s overtly sexual (vs. non-sexual) behavior led to stronger victim blame and perceived approval of the aggressor’s behavior. The victim of non-sexual violence was blamed more than the rape victim, particularly if she had behaved in an overtly sexual manner.


With high college enrollment and increasing alcohol use, Asian American (AA) college women may be at particular risk for experiencing alcohol-involved acquaintance rape. Although AA women have expressed the weakest intentions to report rape when compared to other ethnic groups, cultural factors influencing these intentions remain unexamined. Guided by grounded theory, 17 self-identified AA college women were interviewed about how the average AA college woman would respond to an alcohol-involved acquaintance rape. Despite awareness of benefits of disclosing rape, participants emphasized that nondisclosure would be the normative response. Three themes emerged from participants: institutional, sociocultural, and psychological contexts of nondisclosure. At an institutional level, nondisclosure referenced mental health and police services, which included Asian stereotypes and mistrust of police. Within a sociocultural context, rape nondisclosure focused on negative consequences on relationships with parents and, to a lesser extent, on friendships. Emotional avoidance and not labeling an acquaintance rape as rape were psychological strategies for rape nondisclosure. Participant's conceptualizations of mental and physical health concerns, specifically post-rape concerns, were framed within sociocultural/macrostructural contexts and may not match that of the more individualistic U.S. mainstream conceptualizations of health. Culturally sensitive rape education may be more effective in increasing rape prevention and support.

The article reports empirical evaluation of RESTORE, a restorative justice (RJ) conferencing program adapted to prosecutor-referred adult misdemeanor and felony sexual assaults. RESTORE conferences included voluntary enrollment, preparation, and a face-to-face meeting where primary and secondary victims voice impacts, and responsible persons acknowledge their acts and together develop a re-dress plan that is supervised for 1 year. Process data included referral and consent rates, participant characteristics, observational ratings of conferences compared with program design, services delivered, and safety monitoring. Outcome evaluation used 22 cases to assess (a) pre–post reasons for choosing RESTORE, (b) preparation and conference experiences, (c) overall program and justice satisfaction, and (d) completion rates. This is the first peer-reviewed quantitative evaluation of RJ conferencing for adult sexual assault. Although the data have limitations, the results support cautious optimism regarding feasibility, safety, and satisfactory outcomes. They help envision how conferencing could expand and individualize justice options for sexual assault.


Campus response to sexual violence is increasingly governed by federal law and administrative guidance such as the 1972 Title IX, the 2011 Dear Colleague Letter (DCL), and the 2013 Violence Against Women Act. Educational institutions are directed to expand disciplinary responses and establish coordinated action to eliminate sexual violence and remedy its effects. Compliance fosters a quasi-criminal justice approach not suited to all sexual misconduct and inconsistent with developing practice in student conduct management. This article envisions restorative justice (RJ) enhancements to traditional student conduct processes that maintain compliance, expand options, empower victim choice, and increase responsiveness to DCL aims. The article (1) defines sexual violence and sexual harassment within the DCL scope, (2) elaborates the DCL position on permissible alternative resolutions and differentiates mediation from RJ, (3) sequences action steps from case report to finalization, including both restorative and traditional justice pathways; and (4) discusses building support for innovation beginning with existing campus response.


The attrition of rape cases from the criminal justice system (CJS) remains high and there is a paucity of research in relation to marginalized groups. Sex workers (SWs) are vulnerable to sexual violence due to the nature of their work. They are also unlikely to report such violence to police for a range of reasons. Two stages of research sought to describe the victim, perpetrator, and offense characteristics of SW rape and to examine the attrition of these cases. All rapes and attempted rapes (N = 1,146) reported to police in a large city in the South West of England over a 21-year period were examined; 67 cases involved SWs. Data were extracted from police files in line with the variables of interest. Secondary analysis of the total number of SW rapes (n = 67) resulted in a profile of these cases. A matched pairs study revealed significant differences in victim, perpetrator, and assault characteristics between SW (n = 62) and non-sex-worker (NSW) samples (n = 62). Although no significant difference was found in terms of attrition from the CJS,
SW cases were observed to secure more convictions for rape than NSW cases. The implications of the findings for practice and future research are discussed.


Social workers regularly assist sexual assault victims and would benefit from a greater understanding of causes for delayed presentation to seek medical care. Delays in presentation of sexual assault victims affect the legal value of collected evidence. The authors of this study sought to characterize the nature and frequency of delayed presentation among victims. To do so, they performed a chart review from 2001 to 2007 of the Sexual Assault Forensic Examiner program at their institution. Delayed presentation was defined as presentation more than 12 hours after the assault. Chi-square test was used to contrast frequencies, and multivariate regression was used to control for confounders. Among 482 victims, more than half presented delayed. Of the victims who documented whether they knew the perpetrator, 63 percent knew the perpetrator, with 58 percent of these presenting delayed. Knowing the perpetrator was significantly associated with delayed presentation. Age, ethnicity, and gender were not associated with delayed presentation.


Study Objective This study examined awareness among adolescents of a local rape crisis center as well as their knowledge about sexual violence. Design The Cleveland Rape Crisis Center (CRCC) conducts sexual violence prevention programs for high school students. A written, anonymous survey was distributed to students prior to the start of the program. Students were asked if they had heard of the CRCC; knowledge about sexual violence was assessed with a series of 7 statements (rape myths) that participants identified as true or false. Surveys were reviewed retrospectively. Analyses were carried out for individual questions and frequencies compared using chi-square analysis. Results A total of 1633 surveys were collected; 1118 (68.5%) participants were female and 514 (31.5%) were male; ages ranged from 12 to 19 years. Respondents described themselves as being of European descent (45.9%), African descent (26.2%), or mixed race (17.7%). Just over half (863, 52.9%) of survey respondents had heard of the CRCC. Over half (950, 58.2%) of participants answered 5 or more questions correctly (range of correct answers 0 to 7). In general, more participants who were aware of the CRCC were able to identify statements about rape correctly ( P < .01 for statements 1, 4, 5, 6, and 7, P < .001 for ≥5 correct). Age, gender, and race were all significantly associated with knowledge about rape. Females were consistently more likely to get an answer correct, as were participants of European descent. Conclusion Awareness of the CRCC was associated with increased knowledge about sexual violence.


This study examined the impact of various traumas across the life span on screening positive for current posttraumatic stress disorder (PTSD) and depression among heterosexual and sexual minority women veterans. Women veterans were recruited over the Internet (N = 706, 37% lesbian or bisexual) to participate in an anonymous, online survey. We assessed childhood trauma; adult sexual assault and adult physical victimization before, during, and after the
military; combat exposure; perceived sexist discrimination during military service; sexual minority military stressors; past-year sexist events; and whether participants screened positive for PTSD or depression. Binary logistic regressions were used to generate odds ratios and 95% confidence intervals for PTSD and depression, stratified by sexual orientation and controlling for demographic characteristics. Lesbian and bisexual women reported higher rates of trauma across the life span, although in some instances (e.g., sexual assault during and after military service, combat exposure), they did not differ from their heterosexual counterparts. Childhood trauma and traumas that occurred during military service added the most variance to both PTSD and depression models. Sexual assault during military service appeared to be especially harmful with respect to screening positive for PTSD for both sexual orientation groups. Results revealed a number of other predictors of mental health status for women veterans, some of which differed by sexual orientation. Findings indicate a significant burden of interpersonal trauma for both heterosexual and lesbian/bisexual women veterans and provide information on the distinct association of various traumas with current PTSD and depression by sexual orientation.


The aim of the current study was to enhance the assessment and predictive accuracy of risk assessments for sexual offenders by utilizing detailed crime scene analysis (CSA). CSA was conducted on a sample of 247 male acquaintance rapists from Berlin (Germany) using a nonmetric, multidimensional scaling (MDS) Behavioral Thematic Analysis (BTA) approach. The age of the offenders at the time of the index offense ranged from 14 to 64 years (M = 32.3; SD = 11.4). The BTA procedure revealed three behavioral themes of hostility, criminality, and pseudo-intimacy, consistent with previous CSA research on stranger rape. The construct validity of the three themes was demonstrated through correlational analyses with known sexual offending measures and criminal histories. The themes of hostility and pseudo-intimacy were significant predictors of sexual recidivism. In addition, the pseudo-intimacy theme led to a significant increase in the incremental validity of the Static-99 actuarial risk assessment instrument for the prediction of sexual recidivism. The results indicate the potential utility and validity of crime scene behaviors in the applied risk assessment of sexual offenders.


Contemporary victimology recognizes that an understanding of the mechanism of blaming requires a comprehensive approach that includes the victim, the offender, and the bystander. However, most of the existing research on blaming focuses on the victim and the offender, ignoring the issue of bystander-blaming. This study highlights the bystander and investigates bystander-blaming by exploring some theoretical explanations, including counterfactual thinking, defensive attribution, and gender differences. The study included 363 young male and female participants, who read vignettes describing the behavior of the victim and the bystander in a rape scenario and answered questions regarding bystander-blaming. The results show that both counterfactual thinking and defensive attribution play a role in bystander-blaming. This article addresses the theoretical and practical implications of these findings.


Sexual violence continues to be a significant public health problem worldwide with serious consequences for individuals and communities. The implementation of prevention strategies that
address risk and protective factors for sexual violence at the community level are important
components of a comprehensive approach, but few such strategies have been identified or
evaluated. The current review explores one potential opportunity for preventing sexual violence
perpetration at the community level: alcohol policy. Alcohol policy has the potential to impact
sexual violence perpetration through the direct effects of excessive alcohol consumption on
behavior or through the impact of alcohol and alcohol outlets on social organization within
communities. Policies affecting alcohol pricing, sale time, outlet density, drinking environment,
marketing, and college environment are reviewed to identify existing evidence of impact on rates
of sexual violence or related outcomes, including risk factors and related health behaviors.
Several policy areas with initial evidence of an association with sexual violence outcomes were
identified, including policies affecting alcohol pricing, alcohol outlet density, barroom
management, sexist content in alcohol marketing, and policies banning alcohol on campus and in
substance-free dorms. We identify other policy areas with evidence of an impact on related
outcomes and risk factors that may also hold potential as a preventative approach for sexual
violence perpetration. Evidence from the current review suggests that alcohol policy may
represent one promising avenue for the prevention of sexual violence perpetration at the
community level, but additional research is needed to directly examine effects on sexual violence
outcomes.

Littleton, H. (2014). Interpersonal violence on college campuses: Understanding risk factors and
doi:10.1177/1524838014521030
This commentary discusses the contributions of Drs. Antonia Abbey and Catherine Kaukinen to
our understanding of risk factors for sexual and physical aggression among college students.
Major contributions of their work are outlined. These include Abbey’s contributions to our
understanding of trajectories of sexually aggressive behavior among college men, risk factors for
engaging in sexual aggression among men, and the role of alcohol in sexual aggression. In
addition, Kaukinen’s work has increased our understanding of the frequency of violence in college
dating relationships as well as the association of violent relationships with health risk behaviors.
Directions for future research are also outlined including a need to identify trajectories of violence
risk as well as a need to understand the complex interrelationships among health risk behaviors
and interpersonal violence. Finally, implications for practice and university policy are discussed,
including a focus on the development of effective preventive strategies and proactive responses
to violence.

Livingston, J. A. 1., livingst@ria.buffalo.edu, Testa, M., Windle, M., & Bay-Cheng, L. (2015). Sexual
doi:10.1016/j.adolescence.2015.05.018
This study examines whether use of alcohol at first coitus is associated with increased sexual risk
for young women. First coitus is the focus of the investigation because it is a memorable,
formative experience that has implications for subsequent sexual health. A community sample of
young women ages 18–19 years (N = 227) completed retrospective interviews. Characteristics
and perceptions of the first coital event were examined using chi squares and one-way
multivariate analysis of variance (MANOVA) to determine if there were differences based on
alcohol-involvement. Alcohol-involved first coitus events occurred in social settings with risky
partners, were rated less positively, and were non-consensual relative to those that did not
involve alcohol. Alcohol use was not related to condom use. Alcohol-involvement was associated
with subsequent pairing of alcohol with sex and incapacitated rape. Adolescent alcohol use occurs
in contexts that increases young women's sexual risk through exposure to risky partners.

This article has two overall goals. First, to examine the current state of sexual violence research to highlight several shortcomings in the knowledge on partner sexual violence. Second, to describe several factors to consider in future research to facilitate a more in-depth understanding of partner sexual violence. Shortcomings of the research on partner sexual violence include (1) overreliance on dichotomous yes/no representations of sexual violence experiences; (2) lack of, or inadequate documentation of the scope and nature of partner sexual violence; (3) inadequate ways to account for impairment of consent under different circumstances; (4) difficulties in discriminating unwanted from nonconsensual sexual activities; and (5) limited information about the role sexual violence plays in the larger context of coercive control. In order to facilitate a more in-depth understanding of partner sexual assault, there is a need (1) to better understand the scope and nature of partner sexual assault and (2) to better understand the role partner sexual violence plays in coercive control. By improving the measurement of this phenomenon, victims, researchers, practitioners, and those involved in the justice system might be better equipped to respond to sexual violence among intimate partners.


This article examines how isolated instances of sexual violence affect adult female survivors’ employment and economic well-being. This study draws on data from 27 in-depth, qualitative interviews with sexual assault survivors and rape crisis service providers. The findings suggest that sexual assault and the related trauma response can disrupt survivors’ employment in several ways, including time off, diminished performance, job loss, and inability to work. By disrupting income or reducing earning power, all of these employment consequences have implications for survivors’ economic well-being in the months or years following the assault. In addition, I argue that for many survivors, these employment consequences compound one another and ultimately shift survivors’ long-term economic trajectories. By highlighting survivors’ lived experiences of the financial aftermath of sexual assault, these findings help to illuminate the processes by which sexual violence decreases survivors’ income over the life course. Understanding the financial effects of sexual violence can help researchers better understand and predict the recovery process, while helping practitioners to design more effective interventions for survivors.


This article argues that economic instability and sexual violence reinforce each other in two ways. First, the devastating psychological consequences of sexual assault can diminish work performance and disrupt income, creating economic instability, particularly for the asset-poor. Latina and African American women face particular risk due to barriers to appropriate post-assault resources and low rates of asset ownership. Second, income- and asset poverty increase women’s risk for sexual violence and complicate recovery. Women with financial and social resources can leverage these assets to both avoid and recover from sexual assault, whereas women without such resources lack these options. Policy solutions are proposed.


For 15 years, former assistant football coach Jerry Sandusky used his Penn State University perquisites to lure young and fatherless boys by offering them special access to one of the most
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revered football programs in the country. He repeatedly used the football locker room as a space to groom, molest, and rape his victims. In February 2001, an eye-witness alerted Penn State’s top leaders that Sandusky was caught sexually assaulting a young boy in the showers. Instead of taking swift action against Sandusky, leaders began a cover-up that is considered one of the worst scandals in sports history. While public outcry has focused on the leaders’ silence, we focus on the talk that occurred within the organization by key personnel. Drawing from court documents and internal investigative reports, we examine two euphemism clusters that unfolded in the scandal. The first cluster comprises reporting euphemisms, in which personnel used coded language to report the assault up the chain of command. The second cluster comprises responding euphemisms, in which Penn State’s top leaders relied on an innocuous, but patently false, interpretation of earlier euphemisms as a decision-making framework to chart their course of (in)action. We use this case to demonstrate how euphemistic language impairs ethical decision-making, particularly by framing meaning and visibility of acts, encouraging mindless processing of moral considerations, and providing a shield against psychological and material consequences. Further, we argue that euphemism may serve as a disguised retort to critical upward communication in organizations.


Intimate partner violence (IPV) and sexual violence (SV) are widespread among adolescents and place them on a lifelong trajectory of violence, either as victims or perpetrators. The aim of this review was to identify effective approaches to prevent adolescent IPV and SV and to identify critical knowledge gaps. The interventions reviewed in this article reflect the global focus on interventions addressing violence perpetrated by men against women in the context of heterosexual relationships. Interventions for girls and boys (10–19 years) were identified through electronic searches for peer-reviewed and gray literature such as reports and research briefs. Studies were excluded if they were published before 1990 or did not disaggregate participants and results by age. Programs were classified as “effective,” “emerging,” “ineffective,” or “unclear” based on the strength of evidence, generalizability of results to developing country settings, and replication beyond the initial pilot. Programs were considered “effective” if they were evaluated with well-designed studies, which controlled for threats to validity through randomization of participants. A review of 142 articles and documents yielded 61 interventions, which aimed to prevent IPV and SV among adolescents. These were categorized as “parenting” (n = 8), “targeted interventions for children and adolescents subjected to maltreatment” (n = 3), “school based” (n = 31; including 10 interventions to prevent sexual assault among university students), “community based” (n = 16), and “economic empowerment” (n = 2). The rigor of the evaluations varies greatly. A good number have relatively weak research designs, short follow-up periods, and low or unreported retention rates. Overall, there is a lack of robust standardized measures for behavioral outcomes. Three promising approaches emerge. First, school-based dating violence interventions show considerable success. However, they have only been implemented in high-income countries and should be adapted and evaluated in other settings. Second, community-based interventions to form gender equitable attitudes among boys and girls have successfully prevented IPV or SV. Third, evidence suggests that parenting interventions and interventions with children and adolescents subjected to maltreatment hold promise in preventing IPV or SV by addressing child maltreatment, which is a risk factor for later perpetration or experience of IPV or SV. Results suggest that programs with longer term investments and repeated exposure to ideas delivered in different settings over time have better results than single awareness-raising or discussion sessions. However, lack of rigorous evidence limits conclusions regarding the effectiveness of adolescent IPV and SV prevention programs and indicates a need for more robust evaluation.
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The high prevalence of rape and sexual trauma symptomatology among women involved in street-based sex trades is well-established. Because prior research has lacked appropriate, non-sex trade involved comparison groups, it is unknown whether differences exist among similarly situated women who do and do not trade sex. This article explores experiences of childhood and adult rape and symptomatology of sexual abuse trauma among a community-based sample of 322 women who use methamphetamine in San Francisco, California, 61% of whom were involved in the sex trade. Study participants were recruited via respondent-driven sampling and eligible if they were cisgender women, aged 18 or older, current methamphetamine users, and sexually active with at least one cisgender man in the past 6 months. The dependent variable was sexual abuse trauma symptomatology, as measured by the Sexual Abuse Trauma Index (SATI) subscale of the Trauma Symptom Checklist-40 (TSC-40), and the explanatory variable was sex trade involvement. Potential covariates were age, current homelessness, methamphetamine dependence, and experiences of childhood and adult rape. Sixty-one percent of participants had a SATI subscale score suggestive of sexual abuse trauma. The overall prevalence of rape in childhood and adulthood was 52% and 73%, respectively. In bivariate analysis, sex trade involvement and all of the potential covariates except for homelessness and age were associated with a SATI score suggestive of sexual abuse trauma. In multivariate models controlling for significant covariates, there was no longer a statistically significant association between sex trade involvement or childhood rape and an elevated SATI score. Elevated levels of psychological dependence on methamphetamine and experiences of rape as an adult were still associated with a high SATI score. These findings highlight that urban poor women, regardless of sex trade involvement, suffer high levels of rape and related trauma symptomatology.

We explored mechanisms for the relationship between traditional masculine ideologies and rape myth acceptance. We hypothesized that locus of control would serve as a mediator for victim precipitation rape myths, and negative attitudes toward women would serve as a mediator for victim masochism and victim fabrication rape myths. Using a sample of 100 male college students, the results indicated that negative attitudes toward women mediated the relationship between traditional masculine ideologies and all 3 types of rape myths, but locus of control did not serve as a mediator for any. Implications and directions for future research are discussed.

In recent years, researchers have examined the advantages and disadvantages of intimate partner violence (IPV) universal screening in family therapy and among all health care providers. This article promotes a more inclusive framework, arguing that conventional IPV screening and assessment strategies give inadequate attention to marital rape and sexual acquiescence. This article summarizes the marital rape literature, maps this literature to common definitions of IPV,
and demonstrates how an existing model for IPV screening and assessment (IPV-SAT) can be adapted to include sexual violence screening and assessment. Important considerations for creating a safe context for screening and assessment, a conceptual framework for applying the continuum of sexual violence in universal screening practice, and examples of the use of these ideas in clinical settings are described.


This practice note presents findings from a statewide survey of domestic violence and sexual assault agency directors (n = 80; 77% response rate), regarding their opinions about the outcome information that should be collected from victims during evaluations of five commonly provided services: legal advocacy, medical advocacy, group services, individual counseling, and shelter. The findings showed that four information types were repeatedly ranked among the most important to collect to understand whether services helped victims including victims’ satisfaction with services, victims’ progress toward meeting their goals, changes in the extent of violence and/or trauma that victims experienced, and changes in victims’ knowledge.


Research aimed at understanding the causes and comorbidities of eating disorders (ED) identifies sexual trauma as one potential pathway to the development and maintenance of eating disorders. Based on current literature, there are two main etiological pathways between sexual trauma and ED—body perceptions and psychological difficulties. However, previously published reviews on this topic are outdated and have not yielded consistent findings. Therefore, authors completed a literature review covering years 2004–2014 to examine the relationship between sexual trauma and ED according to both proposed pathway models. Authors utilized PubMed, GoogleScholar, and PsychINFO as search engines. Search terms included “sexual assault”, “sexual abuse”, “sexual trauma”, and “rape” in conjunction with relevant ED terminology. Thirty-two studies met inclusion criteria for this review. Current data indicate an increased prevalence of sexual trauma for individuals with ED. Although limited, recent evidence suggests that sexual trauma precedes and contributes to the development of ED. Existing literature indicates that the body perceptions pathway may impact ED through body dissatisfaction, shame, sexual dysfunction, and fear of future sexual trauma. The psychological difficulties pathway indicates a link between ED and the desire to cope with the failure of the average expected environment, psychological diagnoses, the need for control, and the regulation of emotions. However, further research is needed to assess the potential causal role that sexual trauma may play in the etiology of ED.


Previous research has examined separately the influence of defendant race and victim physical attractiveness on juror decision-making in sexual assault trials. The current study sought to examine the combined effects of defendant race and victim physical attractiveness in a trial of alleged acquaintance sexual assault. Mock jurors read a trial transcript in which the defendant race and victim physical attractiveness were manipulated via photographs. Results demonstrated that women were not influenced by victim attractiveness, but that men were more certain of the defendant guilt when the victim was unattractive. Defendant race and victim attractiveness interacted with regards to victim responsibility ratings – when the defendant was White, attractive victims were rated as more responsible for the alleged assault than unattractive
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victims; this effect was reversed for trials with a Black defendant and nonexistent for trials with an Aboriginal Canadian defendant.


Academics and activists called to attention decades prior the importance of identifying, analyzing, and tracking the transmission of attitudes, behaviors, and norms correlated with violence against women. A specific call to attention reflected the media as a mode of transmission. This research builds on prior studies of media, with an emphasis on Internet search queries. Using Google search data, for the period 2004 to 2012, this research provides regional analysis of associated interest in rape-oriented pornography and pornographic hubs. Results indicate minor regional variations in interest, including the use of "BDSM" or "bondage/discipline, dominance/submission, and sadomasochism" as a foundational query for use in trend analysis. Interest in rape-oriented pornography by way of pornographic hubs is discussed in the context of microaggression.

Malinen, K. (2014). 'This was a sexual assault': A social worlds analysis of paradigm change in the interpersonal violence world. *Symbolic Interaction, 37*(3), 353-368. doi:10.1002/symb.103

This article presents a portion of my research on woman-to-woman sexual assault. Research was based on interviews with survivors and service providers who have worked with them. Transcripts underwent a grounded theory method analysis. The article considers how sexual assault service provision is changing as rigidly gendered discourses on sexual violence are challenged. It draws on Becker's social worlds approach, introducing the 'Interpersonal Violence World,' the 'Violence Against Women Subworld,' and the 'Anti-Violence Project Subworld.' These subworlds are notably distinguishable by their discourses on how violence and gender interact. Woman-to-woman survivors' interactions with the Violence Against Women Subworld often prove problematic, an issue the Anti-Violence Project Subworld addresses.


Sexually victimized women may make sexual decisions differently than nonvictimized women. This study used an eroticized scenario and laboratory alcohol administration to investigate the roles of victimization history, intoxication, and relationship context in women's perceptions of a male partner and their subsequent intentions for unprotected sex. A community sample of 436 women completed childhood sexual abuse (CSA) and adolescent/adult sexual assault (ASA) measures. After random assignment to an alcohol or control condition, participants read and projected themselves into a sexual scenario that depicted the male partner as having high or low potential for a lasting relationship. Participants rated their perceptions of his intoxication, sexually transmitted infection (STI) risk level, and anticipated reactions to insistence on condom use. They then indicated their likelihood of allowing the partner to decide how far to go sexually (abdication) and of engaging in unprotected sex. Structural equation modeling (SEM) analyses revealed that intoxication predicted greater unprotected sex likelihood indirectly via abdication. CSA and ASA predicted partner perceptions, which in turn predicted unprotected sex likelihood. These findings indicate that, compared to their nonvictimized counterparts, sexually victimized women may respond differently in sexual encounters partly as a function of their perceptions of partners' STI risk and anticipated reactions to condom insistence.


This study identified subgroups of female sexual assault survivors based on characteristics of their victimization experiences, validated the subgroup structure in a second cohort of women recruited identically to the first, and examined subgroups' differential associations with sexual risk/safety behavior, heavy episodic drinking (HED), psychological distress symptomatology, incarceration, transactional sex, and experiences with controlling and violent partners. The community sample consisted of 667 female survivors of adolescent or adult sexual assault who were 21 to 30 years old (M = 24.78, SD = 2.66). Eligibility criteria included having unprotected sex within the past year, other HIV/STI risk factors, and some experience with HED, but without alcohol problems or dependence. Latent class analyses (LCA) were used to identify subgroups of women with similar victimization experiences. Three groups were identified and validated across 2 cohorts of women using multiple-group LCA: contact or attempted assault (17% of the sample), incapacitated assault (52%), and forceful severe assault (31%). Groups did not differ in their sexual risk/safety behavior. Women in the forceful severe category had higher levels of anxiety, depression, and trauma symptoms; higher proportions of incarceration and transactional sex; and more experiences with controlling and violent partners than did women in the other 2 groups. Women in the forceful severe category also reported a higher frequency of HED than women in the incapacitated category. Different types of assault experiences appear to be differentially associated with negative outcomes. Understanding heterogeneity and subgroups among sexual assault survivors has implications for improving clinical care and contributing to recovery.


Heavy drinking and related consequences continue to affect college campuses due to fatalities, assaults, serious injuries, and arrests that occur among students. Several approaches aimed at reducing the harm incurred by students and the college communities as a result of heavy drinking are being used with varying success. A review of interventions including educational, individual, and environmental approaches are described, as well as new, promising, strategies. Despite some success, elevated and risky drinking patterns continue. As such, concerns over implementation of evidence-based treatments and areas in need of further study are discussed.


Research into rape myth acceptance (RMA) first emerged in the 1970s, when authors such as Brownmiller (1975) and Burt (1980) proposed that rape was a mechanism that allowed men to exert power over women and that the endorsement of rape myths justified this sexual dominance. These influential theories have meant that subsequent definitions of rape myths have failed to acknowledge male victims of serious sexual assault, despite an increase in prevalence rates. More recent research has attempted to explore RMA in relation to male victims, with results suggesting that men are more likely than women to endorse rape myths regarding male victims when the victim is assumed to be homosexual, or when the victim is heterosexual and the perpetrator is female. Brownmiller’s theory is challenged and a more holistic view of the importance of sex-role traditionality is explored, while acknowledging the contribution of individual factors relating to the development of RMA.

Purpose: Traumatic events in adolescence rarely occur in isolation. Multiple traumatic experiences are prevalent, diverse and a well-established risk factor for mental health disorders. The aim of this study was to explore and explain the heterogeneity in trauma profiles in a nationally representative sample of US adolescents. Method: Using latent class analysis, data on 10,123 adolescents aged between 13 and 18 from the National Comorbidity Survey Adolescent Supplement were examined. In addition, the relationships between the emergent classes and demographic and clinical variables were explored. Results: A four-class solution was the best fit of adolescent trauma patterns, with classes labelled as low risk, sexual assault risk, non-sexual risk and high risk. When compared to the low risk class, those in the other classes were significantly more likely not to live with either biological parent, display symptoms indicative of mood and anxiety disorders, and to have higher rates of disorder comorbidity. Conclusions: This provides evidence of four distinct groups of adolescents who have experienced a variety of traumas. Evidence demonstrates the increased risk of adolescents with a history of trauma meeting the diagnostic criteria for not only individual disorders but also comorbidity across disorder categories.


The 1990s saw the development of research on violence against women perpetrated by intercollegiate student-athletes. Research in this field stagnated during the last 15 years, despite the fact that this time period has evidenced multiple high-profile, even fatal, cases of violence against women at the hands of male student-athletes. These events prompted the Office of Civil Rights to call upon universities to more appropriately investigate and sanction perpetrators of sexual assault. The ensuing actions by universities are expected to bring a renewed focus on male student-athletes, requiring further research to explore student-athletes sexually abusing women. This article outlines the pertinent literature on violence against women by male student-athletes, and suggests future research using new institutionalism as a theoretical framework.


Jurors rely on a range of schemas when evaluating allegations of rape and sexual assault. For example, they may be influenced by the prototypicality of the alleged offense, the stereotypicality of the victim, or gender-related stereotypes. These schemas have often been conflated however, making it difficult to determine the unique impact of each on jurors’ perceptions. To be able to effectively counter any schema-related misconceptions, we must first identify which beliefs are important and when. An experiment (N = 420) examined the independent effects of offense prototypicality and victim stereotypicality on mock jurors’ perceptions. As expected, victim stereotypicality had a greater effect on judgments in the counter-prototypical (acquaintance) assault scenario than in the prototypical (stranger) assault scenario. When the complainant was described as being a counter-stereotypical victim in the acquaintance rape scenario, the defendant was seen as less likely to be guilty and evaluated more positively and the complainant less positively compared with when the complainant was described as being a stereotypical victim. Analysis of the qualitative data suggested a focus on different factors in reaching verdicts in the stranger and acquaintance rape scenarios. Results were interpreted as evidence that jurors “step down” through a hierarchy of schemas in their attempts to determine what happened in cases of rape and sexual assault.

Bystander intervention is receiving increased attention as a potential sexual violence prevention strategy, especially to address campus sexual assault. Rather than focusing on potential perpetrators or victims, the bystander approach engages all members of a community to take action. A growing body of evaluative work demonstrates that bystander intervention education programs yield increased positive attitudes and behaviors related to sexual violence and greater willingness to intervene in pro-social ways. Future program outcome studies, however, would benefit from more refined measures of bystander action as it is a key variable that prevention education programs attempt to influence. The purpose of the current article is to present key issues, identified by four different research teams, on the measurement of bystander behavior related to sexual violence in the context of college campuses. Comparisons among the methods are made to suggest both lessons learned and new directions for bystander behavior measurement using self-report surveys in program evaluation.


An important next step for the field is to determine what setting-level factors beyond the individual are critical to fostering campus environments that support pro-social, helpful bystander intervention action to prevent sexual violence. Therefore, the purpose of this paper is to provide a research agenda to investigate key areas of the campus environment and their potential influence on bystander intervention. To create the research agenda, a number of steps were followed including: (1) systematically reviewing the larger bystander literature to identify key environmental areas, (2) assessing what research is available specific to college campuses and sexual assault in each of these areas, and (3) outlining future research to address each of these areas on college campuses and determine their applicability to sexual violence situations. Five main groups of factors were found to influence bystander intervention beyond the individual, group and situational levels, including: social norms, sense of community, pro-social modeling, policies, and the physical environment. Certain areas of research on environmental influences on bystander intervention are more developed such as social norms, with little research on areas such as policies and the physical environment. However, further research is needed in each of the identified five areas to help identify how college campuses can support bystander intervention.


Objective: The purpose of this study is to further investigate the factor structure and strength of the Bystander Attitude Scale—Revised and Bystander Behavior Scale—Revised (BAS-R and BBS-R). Participants: First-year students (N= 4,054) at a large public university in the Northeast completed a survey in 2010 as part of a larger longitudinal study of a sexual violence bystander education intervention program on campus. Methods: Exploratory structural equation modeling was used to analyze survey responses to the BAS-R and BBS-R. Results: For BAS-R, the best fit was a 4-factor model: (1) high-risk situations, (2) postassault support for victims, (3) postassault reporting of perpetrators, and (4) proactive opportunities. BBS-R was a 2-factor model: (1) intervention opportunities before, during, or after an assault, and (2) proactive opportunities. Conclusion: The BAS-R and BBS-R provide reliable tools that can be utilized to evaluate sexual violence bystander programs.

Bystander intervention has been increasingly applied to prevent sexual violence on college campuses. Its underlying theory assumes unidirectional relationships between variables, predicting that bystander behaviors (i.e., actions taken to intervene in sexual violence situations) will be influenced by bystander intentions (BI; i.e., likelihood to intervene in the future), which in turn will be affected by bystander efficacy (BE; i.e., confidence to intervene). One question for theory is whether a reciprocal relationship exists between BI and BE. We used structural equation modeling (SEM) with longitudinal data to test unidirectional and reciprocal causal relations between BI and BE. Participants (n = 1390) were students at a northeastern US university. Four models were examined using SEM: (1) a baseline model with autoregressive paths; (2) a model with autoregressive effects and BI predicting future BE; (3) a model with autoregressive effects and BE predicting future BI; and, (4) a fully cross-lagged model. Results indicated that reciprocal causality was found to occur between BI and BE. In addition, a final model demonstrated indirect effects of a bystander intervention program on bystander behaviors through both BI and BE at different time points. Implications for theory and practice are described, and directions for future research discussed.


The purpose of this paper is to present a theoretically based approach to a campus sexual violence prevention program using peer education theater. We provide the results of an exploratory study that evaluates the impact of the program on students' rape myths and bystander attitudes and that determines whether the program produces positive outcomes by key variables such as gender, ethnicity, athlete status, and fraternity/sorority status. We conclude with implications for student affairs professionals and educators. Approximately 3,000 students attending New Student Orientation were invited to participate in a short paper survey before the initiation of SCREAM and again 3 weeks later, completing an online survey. A total of 2,465 students returned surveys before the program; 693 students completed the follow-up online survey. The surveys for those participants who did not answer the reliability check question were eliminated resulting in a final pretest sample of 2,338 and posttest sample of 643 for a 28% retention rate. Of the sample of 643 students who matched pretests and posttests, 55% were female with most of the respondents identifying as White (53%), followed by Asian (27%). The remaining ethnic groups had less than 6% of the total sample in each. This paper introduced SCREAM as an example of an innovative approach to delivering bystander education through peer education theater on college campuses—an approach that shows promise for preventing sexual assault.


In this article, we explore perceptions and presumptions in relation to rape, raped women, and rapists, among medico-legal professionals who perform forensic medical examinations in rape cases. We draw upon data from in-depth interviews conducted with forensic medical examiners and forensic nurse practitioners in one area of England. Findings reveal that many of these personnel hold particular views centered broadly on the vilification of victims and the vindication of perpetrators. We conclude that these perceptions and presumptions may hold concerning implications for both victim experiences and evidentiary and judicial outcomes.

The last decade has seen advances in both scholarship and advocacy efforts regarding the domestic sex trafficking (DST) of women and children, culminating in federal and state legislation addressing this human rights issue. Despite these advances, prostituted women and girls continue to face stigma and blame for victimization, similar to female survivors of other forms of gendered violence, specifically intimate partner violence (IPV) and sexual assault. Studies have yet to fully explore perceptions of DST as it intersects with these forms of gendered violence, particularly with regard to victim and perpetrator culpability. The current study uses a student sample of survey questionnaires to examine subject perceptions of gendered violence, with a focus on victim and perpetrator blame and appropriate social service responses for victims of DST, sexual assault, and IPV. Future research directions and policy implications are discussed.


Background: Public and congressional attention to the Department of Defense’s (DoD’s) efforts to prevent and respond to sexual assault in the military (SAIM) is increasing. To promote reporting, the DoD offers (1) restricted reporting, allowing confidential reporting to designated military personnel without triggering an official investigation, and (2) unrestricted reporting, which initiates a criminal investigation. Purpose: To identify factors associated with officially reporting SAIM by examining demographic, military, and sexual assault characteristics and survey reporting perceptions and experiences. Differences between active component (AC) (full-time active duty) and Reserve and National Guard (RNG) were explored. Methods: A Midwestern community sample of currently serving and veteran servicewomen (1,339) completed structured telephone interviews. RNG interviews were conducted March 2010 to September 2010 and AC interviews from October 2010 to December 2011. Data were analyzed in 2013. Logistic regression analyses examined demographic, military, and SA characteristics related to SAIM reporting. Bivariate statistics tested differences between AC and RNG. Results: A total of 205 servicewomen experienced SAIM and 25% reported. More AC servicewomen experienced SAIM, but were no more likely to report than RNG servicewomen. Restricted reporting was rated more positively, but unrestricted reporting was used more often. Reporters’ experiences corroborated non-reporters’ concerns of lack of confidentiality, adverse treatment by peers, and beliefs that nothing would be done. Officers were less likely to report than enlisted servicewomen. Conclusions: Actual and perceived reporting consequences deter servicewomen from reporting. SAIM undermines trust in military units, mission readiness, and the health and safety of all service members.


Background and Objectives: Few who experience sexual assault seek health care immediately. Yet many become heavy users of health care resources in the years postassault because sexual violence has been linked with both acute and chronic health consequences. Our objective was to investigate servicewomen’s medical and mental health (MH) care utilization after sexual assault in-military (SAIM) and identify reasons for not seeking care. Methods: In a retrospective cross-sectional Midwestern community sample of OEF/OIF Active Component and Reserve/National Guard servicewomen, currently serving and veterans, computer-assisted telephone interviews were conducted with 207 service-women who experienced SAIM. Results: A quarter (25%) received post-SAIM MH care and 16% medical care. Utilization of medical care tended to be
sooner (within the first month) and MH care later (6 mo to 1+ y). Most sought care on a military base, a third from civilian providers, and 10% sought MH from Veterans Health Administration. Servicewomen were more likely to have utilized medical care if they had experienced a completed SAIM and made a Department of Defense SAIM report and MH care if they were white, experienced on-duty SAIM, and made a Department of Defense SAIM report. The most common reason for not seeking medical care was due to belief that care was not needed. Reasons for not utilizing medical or MH care included embarrassment, confidentiality concerns, and fear of adverse career consequences. Conclusions: Few servicewomen utilized post-SAIM care, thus assault-specific health consequences were likely unaddressed. Given the severe and chronic consequences of sexual assault, our findings emphasize need for military, Veterans Health Administration, and civilian providers to query SAIM history to provide timely and optimal care.


In a study to assess law enforcement officers' perceptions of rape and rape victims, researchers asked 149 law enforcement officers to respond to surveys which included a definition of rape measure, an unfounded rape claims measure, and the Rape Myth Acceptance Scale-Revised (RMA-R) measure. Although most officers scored low on the RMA-R—indicating that they did not adhere to myths about rape—most officers also responded with incomplete definitions of rape and inaccurate estimates of the number of false rape claims. Multivariate analyses indicated that officers' open-ended responses did not predict their scores on the RMA-R scale. It is argued that the RMA-R alone does not accurately measure officers' understanding of rape. Officers need ongoing training on the legal elements of the crime, the necessity of sensitivity with victims, and research-based statistics on the prevalence of rape.


Although prior research suggests that sexual minorities are at equivalent or greater risk of sexual assault compared with heterosexual women, few studies have examined simultaneously a broad array of assault types, the forms of force and pressure experienced, and the relative risks of experiencing different kinds of assault or force or pressure during an assault according to sex and sexual orientation. Moreover, very little is known about how subjective interpretations of assault may differ by sex and sexual orientation. We address these gaps using a multimethodological analysis of original survey data (N = 342) with a snowball oversample of sexual minority respondents. Quantitative results indicate that both sexual minority status and sex are predictive of increased assault risk of most assault types, but that most effects of sexual minority status are restricted to men. The probabilities of experiencing verbal pressure or physical force are largely uniform across categories. Qualitative analyses of open-ended questions suggest that men and women interpret the experience of assault differently, such that sexual minority men conceptualize their unwanted sexual experiences as “giving in” due to feelings of guilt or low self-worth, whereas women of all sexual orientations acquiesced because it was perceived to be easier or more practical than resisting. Theoretical implications and directions for future research are discussed.


**Objective:** The object of this study is to extend prior evaluations of Elemental, a sexual assault protection program that combines primary prevention and risk reduction strategies within a
Participants and Methods: During 2012 and 2013 program group and control group students completed pretest, posttest, 6 week, and 6 month follow-up surveys assessing sexual attitudes and knowledge as well as experiences with assault. Results: The results reinforce previous findings that Elemental is effective in reducing sexual assault risk. Program effects were both direct, in that participation was associated with lower risk of assault, and mediated, in that participation impacted attitudes and beliefs that are empirically linked to risk of later assault. Conclusions: By combining both primary prevention and risk reduction approaches, Elemental is not only effective at reducing incidences of assault, it is also consistent with a number of recent recommendations for directions in sexual assault prevention programming.

Rape distorts one of the most intimate forms of human interaction. Those who rape do so for a number of reasons, but they basically involve the motives of anger, power, eroticized cruelty, and opportunistic mating. No single set of cognitive, psychodynamic, psychopathological, or neuropsychological factors has been identified in those who commit sexual assault, probably due to the heterogeneity of this offender group. It is thus important to understand the diversity of this crime category in order to devise more effective means of adjudicating, treating, and deterring it. As a reproductive strategy, rape has certain risks as well as benefits, which accounts for its persistence in human populations as a minority mating tactic. Although most women fear rape by strangers, they are far more likely to be sexually assaulted by someone they know, especially their own mate. Alcohol and substance use plays a large role in many rapes. Rape can take both a physical and psychological toll on its victims, and clinicians must continue to explore more effective ways to treat rape survivors and to develop proactive strategies to help women prevent initial victimization and revictimization.


Because research on body shame has predominantly focused on women, the consequences of male body shame for gender relations have been under-investigated. Following up on preliminary findings suggesting that men high on body shame were hostile toward women, in two experiments, we uniquely observed that body shame predisposes men to sexual aggression when they react negatively to masculinity threats. In Experiment 1, men rejected by a female confederate for being unattractive showed rape proclivity to the extent they were high on both body shame and post-rejection negative affect. In Experiment 2, the same pattern emerged on the part of men rejected by a female (but not a male) confederate for ostensibly being gay. In concert, the findings suggest that men’s body shame is an overlooked factor in sexual aggression, which has implications for extant rape theories and precarious manhood theory.


Intimate partner sexual violence (IPSV) is a significant social problem, particularly among women who are concurrently experiencing physical violence in their intimate relationships. This research examined the prevalence and factors associated with IPSV among a sample of women recruited at the scene of police-involved intimate partner violence incidents (N= 432). Within this sample, 43.98 percent of participants reported experiencing IPSV; this includes 17.36 percent who reported sexual abuse and 26.62 percent who reported forced sex. Multinomial logistic regression was used to examine the factors related to sexual abuse and forced sex, controlling for victim and relationship characteristics. Compared with women not reporting IPSV, women who were sexually abused or forced into sexual intercourse were significantly more likely to experience strangulation, feelings of shame, and posttraumatic stress disorder symptoms. Women whose partners had forced sex were more likely to report that they had a child in common with their
abusive partner; and that their partner was sexually jealous, had threatened to kill them, had stalked or harassed them, or caused them to have a miscarriage due to abuse. These findings can be used to better inform social work practitioners about the prevalence and nature of IPSV and the associated risk factors, and can assist in routine screening and intervention.


The present study examined emotion dysregulation, coping drinking motives, and alcohol-related problems as predictors and consequences of alcohol-involved sexual assault (AISA). A convenience sample of 424 college women completed confidential surveys on paper and online. Data were collected at baseline (T1), weekly for 10 weeks (T2-10), and at 1 year (T11). The cross-sectional and longitudinal associations among variables were examined in a cross-lagged panel model. Within each time point, all variables were correlated. Drinking to cope and emotion dysregulation predicted AISA in the short term (within 10 weeks), alcohol problems increased risk for AISA in the long term (within 1 year), and AISA history predicted AISA revictimization regardless of time frame. Drinking to cope and alcohol-related problems predicted future victimization, but their impact seems to fluctuate over time. Coping drinking motives were both a predictor and consequence of AISA, suggesting a cyclical pattern. However, additional analyses indicated that coping drinking motives and alcohol problems might act as suppressors in the model. Overall, findings indicate that interventions focused on improving emotion regulation skills may decrease short-term risk for AISA.


Persons with disabilities make up some 15% of the world’s population and are at higher risk of violence. Yet there is currently no systematic review of the effectiveness of interventions to prevent violence against them. Thus the aim of this review was to systematically search for, appraise the quality of, and synthesize the evidence for the effectiveness of interventions to prevent and mitigate the consequences of all the main forms of interpersonal violence against people with all types of disabilities. The method used consisted of searches of eleven electronic databases, hand searches of three journals, scanning of reference lists of review articles, contact with experts, appraisal of risk of bias using the Quality Assessment Tool for Quantitative Studies, and narrative synthesis of results. This resulted in 736 titles being identified, 10 of which met the inclusion criteria and 6 and 2 addressed people with intellectual disabilities and developmental disabilities, respectively. Only one was from a low- and middle-income country. All studies received a weak rating on the quality assessment tool and none could be considered effective after taking risk of bias into account. In sum, the current evidence base offers little guidance to policy makers, program commissioners, and persons with disabilities for selecting interventions. More and higher quality research is required, particularly from low- and middle-income countries and on other forms of disability such as physical impairments, sensory impairments, and mental health conditions.


Sexual trauma is prevalent among military women, but data on potential effects are needed. The association of sexual trauma with health and occupational outcomes was investigated using
longitudinal data from the Millennium Cohort Study. Of 13,001 U.S. service women, 1,364 (10.5%) reported recent sexual harassment and 374 (2.9%) recent sexual assault. Women reporting recent sexual harassment or assault were more likely to report poorer mental health: OR = 1.96, 95% CI 1.71, 2.25], and OR = 3.45, 95% CI 2.67, 4.44], respectively. They reported poorer physical health: OR = 1.39, 95% CI 1.20, 1.62], and OR = 1.39, 95% CI 1.04, 1.85], respectively. They reported difficulties in work/activities due to emotional health: OR = 1.80, 95% CI 1.59, 2.04], and OR = 2.70, 95% CI 2.12, 3.44], respectively. They also reported difficulties with physical health: OR = 1.55, 95% CI 1.37, 1.75], and OR = 1.52 95% CI 1.20, 1.91], respectively, after adjustment for demographic, military, health, and prior sexual trauma characteristics. Recent sexual harassment was associated with demotion, OR = 1.47, 95% CI 1.12, 1.93]. Findings demonstrated that sexual trauma represents a potential threat to military operational readiness and draws attention to the importance of prevention strategies and services to reduce the burden of sexual trauma on military victims. Miller, L. (2014). Rape: Sex crime, act of violence, or naturalistic adaption? Aggression and Violent Behavior, 19(1), 67-81.

Rape distorts one of the most intimate forms of human interaction. Those who rape do so for a number of reasons, but they basically involve the motives of anger, power, eroticized cruelty, and opportunistic mating. No single set of cognitive, psychodynamic, psychopathological, or neuropsychological factors has been identified in those who commit sexual assault, probably due to the heterogeneity of this offender group. It is thus important to understand the diversity of this crime category in order to devise more effective means of adjudicating, treating, and deterring it. As a reproductive strategy, rape has certain risks as well as benefits, which accounts for its persistence in human populations as a minority mating tactic. Although most women fear rape by strangers, they are far more likely to be sexually assaulted by someone they know, especially their own mate. Alcohol and substance use plays a large role in many rapes. Rape can take both a physical and psychological toll on its victims, and clinicians must continue to explore more effective ways to treat rape survivors and to develop proactive strategies to help women prevent initial victimization and revictimization.


The aim of this study was to establish whether there is a correlation between alcohol consumption and reported sexual assaults among young people in the UK. A retrospective analysis of all cases between 01/05/2011 and 30/04/2012 involving complainants between the ages of 12 and 25 was carried out at the Lancashire SAFE Centre. In total 286 cases were included. Case notes were audited for evidence of alcohol consumption by the complainant in the 24 h prior to their assault. Further information regarding amount of alcohol consumed and any other drugs involved was also collected. In total it was found that 70.6% of complainants had consumed alcohol before being assaulted. This percentage was noted to vary with the complainant’s age, ranging from 0% (age 12) to 100% (age 24). Of those who had consumed alcohol, complainants in 76.2% of cases had drunk more than the recommended daily alcohol intake, and almost a third had also taken drugs. There was only one case of suspected covert drug administration, and one forcible drug usage; in all other cases alcohol or drugs were taken voluntarily. Stranger rape (including where the complainant had known the assailant only briefly, such as meeting them the same day) was more common in complainants who had consumed alcohol. In summary, alcohol consumption often precedes sexual assaults among young people in the UK. This study therefore recommends the more widespread use of public awareness campaigns to highlight the risk of rape associated with excessive alcohol consumption.

Abstract

OBJECTIVES:
We determined the prevalence of recent emotional, physical, and sexual violence against women and their associations with HIV-related risk factors in women living in the United States.

METHODS:
We performed an assessment of women ages 18 to 44 years with a history of unprotected sex and 1 or more personal or partner HIV risk factors in the past 6 months from 2009 to 2010. We used multivariable logistic regression to examine the association of experiencing violence.

RESULTS:
Among 2099 women, the prevalence of emotional abuse, physical violence, and sexual violence in the previous 6 months was 31%, 19%, and 7%, respectively. Nonmarried status, food insecurity, childhood abuse, depression symptomology, and posttraumatic stress disorder were significantly associated with multiple types of violence. All types of violence were associated with at least 3 different partner or personal HIV risk behaviors, including unprotected anal sex, previous sexually transmitted infection diagnosis, sex work, or partner substance abuse.

CONCLUSIONS:
Our data suggested that personal and partner HIV risk behaviors, mental illness, and specific forms of violence frequently co-occurred in the lives of impoverished women. We shed light on factors purported to contribute to a syndemic in this population. HIV prevention programs in similar populations should address these co-occurring issues in a comprehensive manner.


The assessment of intimate partner sexual violence (IPSV) has garnered increased attention in recent years. However, uncertainty about which measure best captures experiences of IPSV remains. The present study focused on the direct comparison of two widely used measures of IPSV: the revised Sexual Experiences Survey (SES) and the revised Conflict Tactics Scales (CTS2). A secondary aim of the study was to extend the scope of IPSV acts by evaluating the presence of pornographic acts and experiences of forced sexual relations with other individuals. The current sample consisted of 138 battered women using the services of shelters. Results indicated that 79.7 % of women reported at least one incident of IPSV on either the CTS2 or the SES. The concordance rate between both measures was 76.8 %, with the highest concordance being for severe sexual violence. The Sexual Violence scale of the CTS2, which is more concise than the SES, identified 16.7 % more cases of IPSV. In addition, 26.1 % of women reported at least one incident involving pornography and 9.4 % had been forced to engage in sexual activities with other individuals. Women who reported experiences associated with pornography were 12-20 times more likely to be victims of severe sexual violence on the two measures. Such findings confirm the high prevalence of sexual violence among this population and indicate how rates can vary depending on the measures used. This study also underscores the relevance of investigating diverse types of violent acts to better understand how IPSV manifests itself.


Great advances have been made regarding the study of child sexual assault since the 1970's. In spite of these advances, the gravity of sibling sexual abuse has largely been overlooked in sexual abuse literature. This paper uses peer reviewed research to highlight some of the major issues and unique long-term consequences associated with sibling sexual abuse. Specifically, an altered version of the Conflict Tactics Scale Straus () and The Rosenberg Self-Esteem Scale Rosenberg () were used to explore the long-term impact on self-esteem for those having experience with
sibling sexual abuse as a child. In addition, clinical considerations for working with survivors, offenders, and families are provided.


While there is increasing attention on sexual violence in the military, the focus has been primarily on women. There is very little information regarding the effects of and treatment for men who experience military sexual trauma (MST). The aim of this article is to consolidate the known information about men with MST including prevalence rates, factors that affect those rates, gender differences, medical and psychiatric sequelae, and finally a review of two experimental studies. Implications for future research, practice, and policy are also discussed.


Intimate partner violence (IPV), which describes physical and/or sexual assault of a spouse or sexually intimate companion, is a common health care issue across the globe. However, existing health outcomes studies are limited. Additionally, no study to our knowledge has specifically focused on the relationship between IPV and sexual health among Latina immigrants in southwestern United States. Through the use of photovoice methodology and a community-based participatory research approach, we assessed these types of relationships drawing on data gathered from 22 Latina survivors of IPV and 20 community stakeholders in El Paso, Texas. Participants identified two major themes: the different expressions of domestic violence and the need for access to sexual and reproductive health services. Community stakeholders and participants identified practical and achievable recommendations and actions including the development of a promotora training program on IPV and sexual health. This assessment extends beyond HIV and STI risk behaviors and highlights disease prevention within a wellness and health promotion framework.


This qualitative study explored how law enforcement officers, forensic nurses, and rape crisis advocates who are members of coordinated service delivery models such as Sexual Assault Response Teams (SARTs) describe their process of engaging with one another and managing their differences in professional orientation, statutory obligations, and power. Using semi-structured interviews with 24 SART responders including rape crisis center advocates, law enforcement, and medical personnel, we examined the ways that SART members discursively construct one another's role in the team and how this process points to unresolved tensions that can manifest in conflict. The findings in this study indicate that interdisciplinary power was negotiated through discursive processes of establishing and questioning the relative authority of team members to dictate the work of the team, expertise in terms of knowledge and experience working in the field of rape response, and the credibility of one another as qualified experts who reliably act in victims' and society's best interests. Implications of these findings for understanding and preventing the emergence of conflict in SARTs are discussed.


Sexual Assault Response Teams (SARTs) are models of service delivery characterized by coordination between rape crisis, health care, and criminal justice sectors. Expanding on research
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documenting the extent and nature of conflict in SARTs, this study qualitatively explores the strategies used to manage conflict and variations in the use of strategies between professions. Analysis of interviews with SART members (n = 24) revealed five types of strategies: (a) preventative strategies sought to prevent conflict and build capacity for resolving conflict, (b) problem-solving strategies identified and responded directly to conflicts, (c) forcing strategies involved one person attempting to force a perspective or solution on others, (d) unobtrusive strategies covertly worked toward change, and (e) resigned strategies limited direct responses to conflict to protect the coordination. Rape crisis advocates talked the most about conflict management strategies and were almost exclusively responsible for unobtrusive and resignation strategies.


Communities are increasingly turning to coordinated models of service delivery, often called sexual assault response teams (SARTs), to decrease fragmentation and increase the quality of services for rape victims. Drawing on institutional theory, we qualitatively analyze data from 24 interviews with SART professionals to explore how providers understand the organizational dynamics that shape the adoption and practice of SART models of service delivery. Our analysis identifies a process of legitimizing SART that draws on discourses of the moral imperative to treat rape victims better and the logic of coordination, which is further institutionalized by creating systems of support for SARTs. A simultaneous process of decoupling reveals ongoing resistance to the moral imperative and the logic of coordination, as well as inconsistent and incomplete implementation. Implications for theory and SART practice are discussed.


Multidisciplinary coordinated Sexual Assault Response Teams (SARTs) are a growing model of providing health, legal, and emotional support services to victims of sexual assault. This article conceptualizes SARTs from an organizational perspective and explores three approaches to researching SARTs that have the potential of increasing our understanding of the benefits and challenges of multidisciplinary service delivery. These approaches attend to several levels of organizational behavior, including the organizational response to external legitimacy pressures, the inter-organizational networks of victim services, and the negotiation of power and disciplinary boundaries. Possible applications to organizational research on SARTs are explored.


This study explored how individuals who have experienced sexual assault engage in occupations that require touch. Fifty-seven participants who reported a history of sexual assault and 347 participants who did not report such a history responded to a pilot instrument which was created to analyze college students’ engagement in occupations. Results were categorized into indices to isolate different types of touch. Results suggest that there is a statistically significant difference in the way these two groups go about their daily routines of engaging in occupations, particularly those that involve passive, unexpected, social, and light touch.

Research indicates that only a small fraction of sexual assault survivors seek comprehensive care—including physical and mental healthcare, forensic evidence collection, victim services, and legal support—after the assault. This integrative review was conducted to identify barriers that may be keeping sexual assault survivors of childbearing age from receiving such comprehensive care.


Objectives: To estimate the cumulative incidence of sexual assault during the time of Gulf War I among male Gulf War I Veterans who later applied for Department of Veterans Affairs (VA) post-traumatic stress disorder disability benefits and to identify potential risk and protective factors for sexual assault within the population. Method: Mailed, national, cross-sectional survey supplemented with VA administrative and clinical data. Results: Of 2,415 Veterans sampled, 1,700 (70%) responded. After adjusting for nonignorable missing data, the cumulative incidence of sexual assault during Gulf War I in this population ranged from 18% (95% confidence intervals (CI): 5.0%-51.9%) to 21% (95% CI: 20.0-22.0). Deployment was not associated with sexual assault Odds Ratio (OR). 0.96; 95% CI: 0.75-1.23], but combat exposure was (OR, 1.80; 95% CI: 1.52-2.10). Other correlates of sexual assault within the population included working in a unit with greater tolerance of sexual harassment (OR, 1.80; 95% CI: 1.52-2.10) and being exposed to more sexual identity challenges (OR, 1.76; 95% CI: 1.55-2.00). Conclusions: The 9-month cumulative incidence of sexual assault in this particular population exceeded the lifetime cumulative incidence of sexual assault in U.S. civilian women. Although Persian Gulf deployment was not associated with sexual assault in this population, combat exposure was.


Prior research examining sexual assault case attrition has focused on the processing of cases across the justice system. Studies have examined arrest decision making and prosecutorial decision making in an attempt to better understand where and when cases drop out of the system. Less explored are police reporting practices during the initial stage of processing for cases in which the officer stated that the victim chose to drop her case. We addressed this gap in the literature by reviewing law enforcement incident reports at their onset, specifically; we examine reports of cases in which the officer reported the victim chose to drop the case. Results indicated that of the 125 cases of sexual assault reported to the police, 41 reports (32.8%) stated that the victim decided to no longer pursue charges. However, few police reports (30.2%) provided a clear rationale for why the victim decided to no longer pursue charges. Results of this study call for more standardized police reporting practices and point to the need for future research into the initial stage of law enforcement involvement in adult sexual assault cases.

This study sought to extend the confluence model of sexual assault perpetration by examining attachment insecurity and depression as additional predictors of sexual aggression. Male college students (N = 193) completed an online questionnaire assessing confluence model constructs in addition to attachment and history of depression. Overall, the model fit the data well, χ²(11, 193) = 19.43, p = ns; root mean square error of approximation = .063; comparative fit index = .94. Attachment and depression demonstrated both direct and indirect relationships with perpetration severity. The results contribute to elucidating the process by which certain men become susceptible to perpetrating sexual assault. Implications are discussed.


This research examines bystander willingness to report three different crimes to the police or campus authorities among a college student sample (n = 295). Twelve original vignettes varied anonymity when reporting, bystander’s relationship with the offender (friend or stranger), and crime type. A factorial analysis of variance showed that main effects were found for crime type, bystander’s gender, and bystander’s relationship with the offender; anonymity was not significant. The physical assault was the most likely to be reported (4.47), followed by theft (3.26), and sexual assault (2.36). Women were more likely than men to report each crime type, and bystanders who were good friends of the offender were less likely to report than strangers. No two- or three-way interactions were significant, but a significant four-way interaction indicated that anonymity, relationship with the offender, and bystander's gender predicted willingness to report for the sexual assault scenario.


The article explores issues regarding the complex psychology of blame to norm violators in cases of rape or sexual assault. It highlights a research focusing on cases that may represent exceptions to standard models of blame such as the Path Model of Blame. It explores the Path Model of Blame accommodating the phenomenon of victim blaming.


Introduction Alcohol administration studies assessing alcohol's deleterious effects on women's threat perception and response in potential sexual assault situations usually employ a moderate to high dose (.07% BAC or more) and measure alcohol's effects specifically on women's sexual decisions. The current study used a low dose (.03%, equivalent to about 1–2 drinks) to assess women's projected decisions on a different risky behavior: decisions to continue drinking and to drink higher amounts in a series of ecologically-valid sexual risk situations. Methods Young adult women ( n = 17; M age = 21.8, SD = 1.3, range 21–25) participated in a three-session double-blind within subjects 2 (type of scenario) × 3 (beverage) experiment, responding each time to 6 vignettes with an attractive man who was either Familiar or had Just Met her. In each session participants consumed a beverage (alcohol, placebo or water, random order) and projected emotional reactions and drinking decisions (likelihood and amount) in each of the 6 scenarios. Results Regardless of beverage, women predicted greater happiness, drinking likelihood, and drinking amount with “Familiar” men. However, there was also an interaction: they projected...
increased subsequent amounts in the .03% BAC (vs. water and placebo) condition differentially in the "Familiar" scenarios. Conclusion When the woman is Familiar with the man in a risky sexual situation, just one drink may increase subsequent projected alcohol amount over that originally intended. Implications include a low dose as a possible prime for more drinking, increasing sexual assault risk.


Military sexual trauma (MST) has recently received much attention from the media in contemporary society. With the ever-increasing population of United States service members returning from the Iraq and Afghanistan wars, it is vital for any mental health practitioner to be aware of the epidemic that is sexual assault in the military, the unique trauma experiences of the MST survivor, and treatment implications incorporating multiple psychological theories. This article explores three factors, referred to as the trauma trifecta, in which the effects of MST are exacerbated: the loss of professional and personal identity, the regulatory functions of self harm behaviors, and the retraumatization that many service members endure as a result of the distinctive characteristics of the military culture and its service to veterans. A case study with clinical interventions will be utilized to demonstrate this concept of 'the trauma trifecta' and the unique challenges in treating the PTSD symptoms that can result from MST in clinical therapy. Drawing from multiple theories in clinical treatment, this paper illustrates the strengths and limitations of cognitive-behavioral techniques, highlights the integration of feminist theory to illustrate the obstacles of power structures, and mind-body interventions, bridging the gap between talk therapy and body therapy. Through this unique integration of multiple therapies, the case study illustrates the veteran's reengagement with her body and the reformulation of her identity post MST.


Rape trauma syndrome (RTS) was first described by Burgess and Holmstrom (1974) who argued that there was little information that described the physical and psychological effects of rape, associated therapy and provisions for protection of the victim from further psychological harm. Since then, there have been several critiques of RTS and empirical evidence exists that RTS is not generally accepted by the relevant scientific community. Despite this, RTS is still used in courts. As such, in this article, we comprehensively evaluated RTS and determined that it is vague and imprecise, its evidential status is questionable, it is inconsistent with the most common sequelae of trauma, it ignores important mediating variables and it may not be culturally sensitive. In light of these critiques, we recommend no further use of this model in courts or in clinical practice.


The federal government has taken a range of measures to combat the scourge of sexual assault afflicting college campuses across the nation. Whatever the efficacy of these policies, however,
they fail to address a major obstacle to curbing sexual violence on campus: the chronically low rate of reporting of this crime to police. Research on crime data has produced evidence that as female representation among police officers increases, more crimes against women are reported. Yet, most university campus law enforcement agencies—tasked with taking a “central role” in combating sexual assault—include strikingly few female officers. This Article proposes an increase in women’s representation in campus police agencies to foster more reporting by victims and argues that schools failing to demonstrate consistent, ongoing, and genuine efforts to hire female officers are contributing to a hostile environment for complainants in Title IX litigation.

The issue of false allegations is arguably the most controversial topic in the area of sexual violence. Portrayals of women who make false allegations are largely negative and leave little room for a comprehensive understanding of the complex motivations behind false complaints of sexual assault. The current study uses detailed qualitative data on 55 sexual assault cases that were reported to the Los Angeles Police Department in 2008 and that were subsequently unfounded. Our study focuses on identifying the factors that motivated complainants to file false allegations. Results reveal that motivations for false allegations fall into five overlapping categories: avoiding trouble/providing an alibi, anger or revenge, attention seeking, mental illness, and guilt/remorse. In addition, our findings more obviously suggest that motivations for filing false reports are varied and complex, often resulting from a need to alleviate social and personal distress. Given that we centered our study on motivations, this research is more comprehensive than prior examinations of motivations that have tackled numerous facets of false sexual assault reports.

Johnson’s (2008) typology of domestic violence was conceptualized to explain the control context and presence of violence in intimate relationships. However, issues surrounding sexual assault in the context of intimate partner violence remain insufficiently addressed. The current study situates sexual assault within Johnson’s (2008) typology because prior research has largely ignored it. Doing so is necessary to determine the utility of Johnson’s categorizations. Using qualitative data from 134 intimate partner sexual assaults reported to Los Angeles law enforcement in 2008, the present study examines the control context and co-occurrence of physical and sexual assault, as well as the presence of non-physical coercive techniques, such as threats. Theoretical implications regarding the problems surrounding conceptualizing sexual assault vis-à-vis Johnson’s categorizations are discussed.

Prosecutors play a crucial role in determining whether persons who are accused of intimate partner sexual assault (IPSA) will be sanctioned by the criminal justice system. Prosecutors have unconditional discretion at the initial charging stage because a case rejection decision is typically immune to review. Using qualitative data from 47 IPSA complaints that were referred to Los Angeles County or City prosecution in 2008, this study examines the factors that influence charging decisions. Findings suggest that prosecutors consider both legal and extralegal factors when making charging decisions and that various cultural, legal, and rape myths surrounding IPSA influence these decisions.

Current efforts to reduce sexual violence in college campuses underscore the role of engaging men in prosocial bystander behavior. The current study implemented an online survey to explore associations between engaging in heavy drinking and attitudes toward bystander intervention among a sample of college men (N = 242). Correlates of sexual aggression were also explored as mediators of the hypothesized relationship between engaging in heavy drinking and attitudes toward bystander intervention. Data indicated that men who engaged in two or more episodes of heavy drinking over the past month reported lower prosocial bystander attitudes compared with men who did not engage in such behavior. The association between engaging in heavy drinking and lower prosocial bystander attitudes was mediated by men's perception of their peers' approval for sexual aggression, their own comfort with sexism, and engagement in coercive sexual behavior. Implications for sexual assault prevention are discussed.


A prospective design was utilized to explore the impact of social reactions to sexual assault disclosure among college women who experienced sexual victimization over a 4-month academic quarter. Women completed baseline, 4- and 7-month assessments of symptomatology, beliefs about why sexual assault occurs, victimization, and social reactions to sexual assault disclosure. Accounting for symptomatology or beliefs reported prior to the assault, positive social reactions were not associated with victims’ subsequent symptomatology or beliefs. However, accounting for symptomatology or beliefs reported prior to the assault, higher negative social reactions were associated with victims’ post-assault reports of hostility, fear, and beliefs about why sexual assault occurs.


This paper examines 90 UK police officers’ perceptions of characteristics of interviews with suspects of rape and murder involving child and adult victims. Officers rated their beliefs about how stressful they would find such interviews, the importance of confessions, their likely emotional involvement and how much empathy they would show towards the suspect. Murder cases were reported to be more stressful than rape, and confessions were deemed to be less important for respondents compared to ‘other’ officers. Officers reported that they would become more emotionally involved in cases involving children, and they would show more empathy in murder cases than rape cases. Officers were unable to provide clear and unambiguous definitions of ‘empathy’ or ‘sympathy’.


Objective: Emerging evidence suggests that bystander prevention programs are promising interventions for decreasing sexual violence (SV) and dating violence (DV) on college campuses,
yet there have been no experimental evaluations to date comparing such programs with other programs. The objective of the current study was to test whether a bystander program was better than a traditional psychoeducation violence prevention program. Method: We present an exploratory experimental evaluation of a bystander prevention program compared with a traditional psychoeducation program. Results: Both programs improved rape myth acceptance and knowledge scores. There was also a trend suggesting the bystander group improved in bystander efficacy over time, with a slight decrease in bystander efficacy for the traditional psychoeducation group. Conclusions: Current findings suggest that the modified bystander program may be an effective prevention program; however, it is unclear whether it is superior to other approaches.


The article provides an assessment on the effectivity of psychodynamic/psychoanalytic psychotherapy for sexually abused children and teenagers. It mentions the application of the Cochrane Collaboration's criteria for the classifying the quality of research and synthesis of data. It also notes the prevalence of sexual assault on men and women ranging from 3% to 29% and 7% to 36% respectively.


Research has demonstrated relationships among childhood sexual abuse, adult sexual assault, and sexual risk taking. This study proposes that one mechanism through which the victimization-sexual risk-taking relationship works is through an increased likelihood of drinking during sexual situations. Using path analysis, this study explores this hypothesis in a sample of 230 women. The model illustrates that women with a history of child and adult sexual victimization reported greater intentions to engage in unprotected sex and that this relationship is in part accounted for by an increased likelihood of drinking in sexual situations. The results suggest that sexual risk reduction programs and sexual assault treatment programs should educate women about the alcohol-involved sexual risk taking that often follows sexual assault victimization.


Victim advocates and forensic nurses provide integrated care to address the complex legal, medical, and mental health needs of rape survivors. Research suggests that conflict exists between nurses and advocates, but it remains unknown how their communication patterns contribute to or resolve these conflicts. Utilizing a qualitative case study approach, the current study interviewed 24 nurses and advocates from a Midwest organization to better understand team communication patterns when addressing conflicts. The findings suggest that most nurses communicate concerns directly while advocates avoid direct communication. Factors that influenced direct and indirect communication and their implications for practice will be discussed.


Following a sexual assault, survivors may seek help from multiple community organizations including the criminal justice system (CJS). However, sexual assault survivors often feel apprehensive about participating in the CJS and thus, few report their victimizations to law enforcement.
enforcement. Of those who report, many withdraw their participation from the CJS. Rape crisis center advocates often are one of the first professionals victims encounter while seeking help after a victimization and thus, they may play a key role in reducing barriers to victim participation in the CJS. Qualitative interviews were conducted with forensic nurses and victim advocates at a Midwest Sexual Assault Nurse Examiner (SANE) program to examine how advocacy services may influence victim engagement with the CJS. This study found multiple components of advocacy services that may address common barriers to victim participation. Implications for research and practice are discussed.


Introduction Participant attrition is a major concern for online continuing education health care courses. The current study sought to understand what factors predicted health care professionals completing the online component of a sexual assault forensic examiner (SAFE) blended learning training program (12-week online course and 2-day in-person clinical skills workshop). Methods The study used a Web-based survey to examine participant characteristics, motivation, and external barriers that may influence training completion. Hierarchical logistic regression was utilized to examine the predictors of training completion, while the Cox proportional hazards (Cox PH) regression model helped determine the factors associated with the timing of participant attrition. Results Results show that 79.3% of the enrolled professionals completed the online component. The study also found that clinicians who work in rural communities and those who were interested in a 2-day clinical skills workshop were more likely to complete the online course. In terms of when attrition occurred, we found that participants who were motivated by the 2-day clinical workshop, those who worked in a rural community, and participants interested in the training program because of its online nature were more likely to complete more of the online course. Discussion Blending an online course with a brief in-person clinical component may serve as a motivator for completing an online course because it provides the opportunity to develop clinical skills while receiving immediate feedback. Participant attrition appears to be less of a concern for rural clinicians because this modality can reduce their barriers to accessing continuing education.


Objective: Undergraduate rape disclosure recipients’ and nonrecipients’ sociodemographic and life experience variables, attitudes towards rape, and responses to a hypothetical rape disclosure were compared to determine differences between them. Participants: One hundred ninety-two undergraduates at 3 universities participated in this online survey between November 2011 and April 2012. Methods: Participants reported on their rape myth acceptance (RMA) and personal direct and indirect (ie, disclosure receipt) experiences with sexual assault. Participants also responded to a hypothetical rape disclosure. Results: Disclosure recipients were more likely to report a victimization history, and less confusion and perceived ineffectiveness in helping the hypothetical victim. RMA and nonrecipient status predicted perceived victim responsibility; these variables and childhood victimization predicted confusion about helping. RMA also predicted perceived ineffectiveness of one's helping behaviors. Victimization history and female gender predicted victim empathy. Conclusions: These findings can inform sexual assault–related programming for undergraduates through the provision of targeted assistance and corrective information.
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Disclosure of rape to informal support sources is relatively common, but not well understood. This study expands our limited knowledge of disclosure recipients' experience by examining associations between their sociodemographic and life experiences with receipt of a rape disclosure and encouragement of the victim to formally report her assault. Over 35% of the 3,001 community-residing women in this national sample reported receiving a rape disclosure. Women who had a personal history of sexual assault, met lifetime diagnostic criteria for posttraumatic stress disorder or depression, met past-year diagnostic criteria for substance abuse, engaged in monthly binge drinking and nonexperimental substance use, and sought help for emotional concerns were significantly more likely to be recipients. Approximately two thirds (69%) of disclosure recipients encouraged the victim to formally report the rape, and encouragement was also significantly associated with these characteristics. Implications of these findings for improving the disclosure process are provided. ABSTRACT FROM AUTHOR; Copyright of Journal of Community Psychology is the property of John Wiley & Sons, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Our study explores the role of victims' consultation with others about whether or not to report their rape to police. Three groups were observed within this sample of 435 rape victims from a national telephone household probability sample of women: those who did not consult with anyone about reporting (n = 364), those who consulted with someone and were encouraged to report to police (n = 40), and those who consulted with someone and were not encouraged to report (n = 31). Descriptive analyses indicated that the encouraged group was more likely to report to police than either of the other two groups (which did not differ from each other). Because there were no differences between the two consulting groups on demographic or rape-related variables, they were combined in subsequent analyses. Consulting with others about whether to report, peri-traumatic fear of injury or death, assault perpetration by a stranger, and concerns about contracting a sexually transmitted disease were significant predictors of reporting to police after controlling for other significant predictors in a multivariate regression analysis. Implications of these findings are discussed, including the benefits and consequences of formal rape reporting for victims, and the role that disclosure recipients may have in assisting victims postrape (e.g., encouragement of reporting, emotional support).


Highlights: • Collected reports of completed and attempted rape from victims and third parties. • Measured attributions of blame and perpetrator motivation. • Victims blamed themselves more than third parties blamed victims. • Victims perceived perpetrators as more sexually-motivated than third parties did. • Third parties perceived perpetrators as more power-motivated.
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**Abstract**

**OBJECTIVE:**
We sought to estimate the prevalence of rape-related pregnancy as an indication for abortion at two public Chicago facilities and to describe demographic and clinical correlates of women who terminated rape-related pregnancies.

**METHODS:**
We performed a cross-sectional study of women obtaining abortion at the Center for Reproductive Health (CRH) at University of Illinois Health Sciences Center and Reproductive Health Services (RHS) at John H. Stroger, Jr. Hospital between August 2009 and August 2013. Gestational age limits at CRH and RHS were 23+6 and 13+6 weeks, respectively. We estimated the prevalence of rape-related pregnancy based on billing code (CRH) or data from an administrative database (RHS), and examined relationships between rape-related pregnancy and demographic and clinical variables.

**RESULTS:**
Included were 19,465 visits for abortion. The majority of patients were Black (85.6%). Prevalence of abortion for rape-related pregnancy was 1.9%, and was higher at CRH (6.9%) than RHS (1.5%). Later gestational age was associated with abortion for rape-related pregnancy (median 12 days, p<.001). Younger age and Black race were associated with abortion for rape-related pregnancy at CRH only (p<.001 for both). Chlamydia and gonorrhea infection were no more prevalent among women terminating rape-related pregnancy than among those terminating for other indications.

**CONCLUSION:**
Rape-related pregnancy as an indication for abortion had a low, but clinically significant prevalence at two urban Chicago family planning centers. Later gestational age was associated with abortion for rape-related pregnancy.

**IMPLICATIONS:**
Rape-related pregnancy may occur with higher prevalence among some subgroups of women seeking abortion than others. Efforts to address rape-related pregnancy in the abortion care setting are needed.


Sexual assault survivors receive various positive and negative social reactions to assault disclosures, yet little is known about mechanisms linking these social reactions to posttraumatic stress disorder (PTSD) symptoms and problem drinking. Data from a large, diverse sample of women who had experienced adult sexual assault were analyzed with structural equation modeling to test a theoretical model of the relationships between specific negative social reactions (e.g., controlling, infantilizing) and positive reactions (e.g., tangible support), perceived control over recovery, PTSD, and drinking outcomes (N = 1,863). A model disaggregating controlling reactions from infantilizing reactions showed that infantilizing reactions in particular related to less perceived control, which in turn was related to more PTSD and problem drinking, whereas controlling reactions were not related to perceived control, PTSD, or problem drinking. Tangible support was related to increased perceived control over recovery, yet it was not protective against PTSD or problem drinking. Finally, PTSD and drinking to cope fully mediated the effect of perceived control on problem drinking. Implications for practice and suggestions for future research are discussed.

Sexual assault survivors receive various positive and negative social reactions to assault disclosures, yet little is known about mechanisms linking these social reactions to posttraumatic stress disorder (PTSD) symptoms and problem drinking. Data from a large, diverse sample of women who had experienced adult sexual assault were analyzed with structural equation modeling to test a theoretical model of the relationships between specific negative social reactions (e.g., controlling, infantilizing) and positive reactions (e.g., tangible support), perceived control over recovery, PTSD, and drinking outcomes (N = 1,863). A model disaggregating controlling reactions from infantilizing reactions showed that infantilizing reactions in particular related to less perceived control, which in turn was related to more PTSD and problem drinking, whereas controlling reactions were not related to perceived control, PTSD, or problem drinking. Tangible support was related to increased perceived control over recovery, yet it was not protective against PTSD or problem drinking. Finally, PTSD and drinking to cope fully mediated the effect of perceived control on problem drinking. Implications for practice and suggestions for future research are discussed.


Correction Notice: An Erratum for this article was reported in Vol 7(2) of Psychological Trauma: Theory, Research, Practice, and Policy (see record rid2015-05325-001/rid)). In the article, there was an error in the abstract. The second to last sentence should have read, "The effect of assault-characteristics clusters on Time 2 PTSD was mediated by Time 1 self-blame and turning against social reactions.” Using cluster analysis, we investigated the effects of assault characteristics (i.e., level of violence, subjective distress, alcohol consumption, perpetrator identity) on PTSD symptoms, and whether these effects are mediated by postassault social and psychological reactions. A large community sample of women sexual assault survivors completed 2 mail surveys at a 1-year interval. In line with prior research, cluster analyses revealed the existence of 3 general categories of sexual assault, which we described as "high violence," "alcohol-related," and "moderate sexual severity." Alcohol-related assaults resulted in fewer PTSD symptoms than high-violence assaults at Time 1, but not at Time 2. Alcohol-related and violent assaults resulted in more PTSD symptoms than moderate-severity assaults at both times. The effect of assault-characteristics clusters on Time 2 PTSD was mediated by Time 1 self-blame and turning against social reactions. The importance of considering effects of violence and alcohol consumption during the assault to better understand postassault PTSD, including implications for theory and practice, are discussed.


For women who experience abuse in childhood or adulthood, the assumptions are that surviving includes seeking help. This article presents an exploratory study on the prevalence of victimization in the lives of Caucasian, African American, and Latina women, if and to whom they disclosed their victimization, and where they turned for services and support. The results indicate Caucasian women turn more to traditional, therapeutic sources compared with African American women, who tend to use tangible supports. However, when controlling for a number of key variables, the ethnic differences disappear. Implications for further research and practice conclude this article.
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Sexual assault increases the risk for psychopathology. Despite the availability of effective interventions, relatively few victims who need treatment receive care in the months following an assault. Prior work identified several factors associated with utilizing care, including ethnicity, insurance, and posttraumatic stress disorder (PTSD) symptoms. Few studies, however, have examined predictors of treatment utilization prospectively from the time of assault. The present study hypothesized that White racial status, younger age, being partnered, having health insurance, having previously received mental health treatment, and having more PTSD and depression symptoms would predict utilization of care in the 6 months postassault. This was examined in a sample of 266 female sexual assault victims with an average age of 26.2 years, of whom 62.0% were White and 38.0% were African American assessed at 1.5 and 6 months postassault. Available information on utilizing care varied across assessments (1.5 months, n = 214; 3 months, n = 126; 6 months, n = 204). Significant predictors included having previously received mental health treatment (OR = 4.09), 1 day depressive symptoms (OR = 1.06), and having private insurance (OR = 2.24) or Medicaid (OR = 2.19). Alcohol abuse and prior mental health care were associated with a substantial increase in treatment utilization (OR = 4.07). The findings highlight the need to help victims at risk obtain treatment after sexual assault. (English)


IMPORTANCE: Sexual minority women with and at-risk for human immunodeficiency virus (HIV) may face increased risks of violence. OBJECTIVE: To understand the relationship between sexual minority status and violence; and how high-risk sex and substance use mediate that relationship among women with and at-risk for HIV. DESIGN & PARTICIPANTS: Longitudinal study of 1,235 HIV infected and 508 uninfected women of the Women's Interagency HIV Study (WIHS) cohort, from New York City, NY, Chicago, IL, Washington D.C., and San Francisco, CA, 1994-2012. MAIN MEASURES: Primary exposures are sexual identity (heterosexual, bisexual, lesbian/gay) and sexual behavior (male, female, or male & female partners). Primary outcomes are sexual abuse, intimate partner violence (IPV) and physical violence; high-risk sex and substance use were examined as mediators. KEY RESULTS: Bisexual women were at increased odds for sexual abuse aOR 1.56 (1.00, 2.44], IPV aOR 1.50 (1.08, 2.09], and physical violence aOR 1.77 (1.33, 2.37] compared to heterosexual women. In a separate analysis, women who reported sex with men and women (WSMW) had increased odds for sexual abuse aOR 1.65 (0.99, 2.77], IPV aOR 1.50 (1.09, 2.06]) and physical violence aOR 2.24 (1.69, 2.98)] compared to women having sex only with men (WSM). Using indirect effects, multiple sex partners, cocaine and marijuana were significant mediators for most forms of abuse. Transactional sex was only a mediator for bisexual women. Women who reported sex only with women (WSW) had lower odds of sexual abuse aOR 0.23 (0.06, 0.89] and physical violence aOR 0.42 (0.21, 0.85]) compared to WSM. CONCLUSIONS: Women who identify as bisexual or report both male and female sex partners are most vulnerable to violence; multiple recent sex partners, transactional sex and some types of substance use mediate this relationship. Acknowledging sexual identity and behavior, while addressing substance use and high-risk sex in clinical and psychosocial settings, may help reduce violence exposure among women with and at-risk for HIV.


Self-protective behaviors are actions that victims take in a violent encounter to thwart the attack or avoid/minimize injury. This study examines the predictors of self-protective behaviors in non-
sexual assault incidents with a particular focus on how the sex of the victim may moderate these conclusions. Non-sexual assault incidents in the National Crime Victimization Survey were analyzed (n= 16,309) and four categories of self-protective behaviors were regressed on a variety of predictors using multivariate probit models. A variety of pre-assault factors (e.g., demographic characteristics), situational characteristics (e.g., location of assault), and the relationship between the victim and offender are associated with the use of resistance. Situational characteristics emerged as the most consistent and strongest predictors of self-protective behaviors. There was little evidence to suggest that separate models for male and female victims were warranted.


Many young women in Iran experience sexual disturbance and molestation in urban public spaces, but they usually do not refer to police to report the abuse or ask for help willingly, even in critical cases like acute sexual attacks. This research was conducted among 47 young women sexually victimized in Tehran. Semistructured interviews were conducted to explore victims’ experiences and postvictimization actions. Results show that, although all women are aware of legal penalties for sexual disturbances and are emotionally affected by the incidents, 8.5% of interviewees have contacted the police after experiencing serious disturbances such as sexual molestation and rape. Women are highly unwilling to contact the police because they believe that dialog channels with police forces are closed. Three main explanations for reluctance to communicate with authorities are as follows: (1) perceived inculpation threat—most women believe that they might be held responsible for the disturbances because of their appearances or merely their gender; (2) distrust in male police officers—it is a common belief that male officers do not approach sexual disturbance as a serious matter or they will reabuse the victims; and (3) fear of being accused reversal of the truth—women are afraid that they would not be able to prove their claims, and if criminals are arrested, the suspects would deny their guilt and reverse the truth by condemning women for misleading behavior. Dialog is not being formed between victimized women and police forces because of the lack of three main prerequisites of communication: perceived safety, trust, and credibility.


The authors present their thoughts on how university administrators can prevent on-campus sexual assaults and fairly adjudicate claims when necessary. To do so, they suggest nurturing a respectful and trusting environment, encouraging reporting following sexual assault, and using appropriate sanctions.


Social reactions to disclosures of sexual assault have significant effects on women's postassault outcomes. The Social Reactions Questionnaire measures these reactions (as reported by survivors) and aggregates them into positive and negative scales. However, studies indicate that only some “negative” reactions have a negative valence for survivors, whereas others produce a
mixed (positive and negative) valence. The current study compares a one-primary-factor model of negative reactions to a model with two primary factors that we have labeled “turning against” (TA) and “unsupportive acknowledgment” (UA). Results showed that although one primary factor was plausible, two primary factors provided a better fit to the data. To assess the discriminant validity of the two factors, we performed regressions predicting social support, psychological adjustment, and coping behaviors. Analyses supported the hypotheses that reactions of being turned against were related to social withdrawal, increased self-blame, and decreased sexual assertiveness, whereas reactions of UA were related to both adaptive and maladaptive coping.

Against predictions, depression and posttraumatic stress disorder were more related to receiving UA than to receiving TA reactions. Implications for interventions and research are discussed. Importantly, almost all women (94%) in our sample received reactions that acknowledged that an assault occurred but failed to provide support, and this lack of support was associated with worse coping than even more hostile reactions such as being blamed or stigmatized. Therefore, there seems a great need for effective programs to train community members to respond to survivors with the kind of emotional and tangible support that promotes better outcomes.


For women who disclose sexual assault, social reactions can affect post-assault adjustment. Approximately half of the sexual assaults of adult women involve alcohol use. Experimental studies indicate that people put more blame on women who were drinking before the assault, yet no studies have assessed how often actual survivors receive social reactions specific to their alcohol use. This study presents a new measure to assess alcohol-specific social reactions for survivors of sexual assault (The Social Reactions Questionnaire–Alcohol, SRQ-A). Factor analyses of a large community sample indicated that women often receive both positive and negative alcohol-specific reactions when disclosing assault. Discriminant validity confirmed that such reactions are distinct from other types of assault-related social reactions. Against predictions, alcohol-specific reactions were not associated with depression, posttraumatic stress symptoms, binge drinking, or intoxication. However, in support of the hypotheses, alcohol-specific reactions were related to increased characterological self-blame and alcohol problems. Notably, such reactions had both positive and negative relationships with self-blame, indicating a potential avenue for intervention. Implications for researchers and practitioners are discussed.


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Police departments and victim advocacy organizations are gendered institutions. In addition, rape is a gendered crime with most victims being female and most perpetrators male. On the job, female officers may experience harassment, discrimination, and pressure to conform. Rape cases may present unique challenges for them given these dynamics. A total of 429 police officers were quantitatively surveyed on colleagues’ comments about rape victims, utilization of victim advocates, perceptions of rape-related training, and inclination to encourage loved ones to make reports. Significant gender differences were identified in most areas. Results are discussed in relation to previous research on gender and police work.


This study sought to address underserved victims of sexual violence by examining reports of sexual violence, substance use, and help-seeking events among lesbian, gay, bisexual, and queer (LGBQ) and heterosexual college students. There were 2,790 students (2,482 heterosexual students and 308 LGBQ students) across 4 years who completed an online, anonymous survey measuring self-reports of sexual violence, substance use, and help-seeking. Chi-square analyses and Fisher's exact tests were conducted to determine differences in reports of sexual violence between LGBQ and heterosexual participants. Events reported by LGBQ students were significantly more likely to involve threatened sexual intercourse and sexual contact while intoxicated as compared to events reported by heterosexual students. Similar low rates of help-seeking following a sexual violence event were found among LGBQ and heterosexual victims, with most victims citing that the event was not serious enough to warrant help. LGBQ victims were significantly more likely to report that they did not seek help because they thought they would be blamed. Both LGBQ and heterosexual college students would benefit from education on issues of sexual violence, particularly the relationship between substance use and consent.


Variation among existing studies in labeling, defining, identifying, and subtyping cases of suspected drug-facilitated sexual assault (DFSA) poses challenges to integrating research findings for public health purposes. This descriptive study addressed methodological issues of nomenclature and DFSA operational definitions to improve case identification and was designed to distinguish assault subtypes. We studied a 2-year ethnically diverse cohort of 390 patients who presented acutely to an urban rape treatment center (RTC). We abstracted data from RTC medical and mental health records via chart review. Assault incidence rates; engagement into medical, forensic, and mental health services; injury sustained; and weapon use were calculated separately for assault subtypes and compared. DFSA accounted for over half of the total sexual assault (SA) cases. Involuntary DFSA (in which an incapacitating substance was administered to victims without their knowledge or against their will) increased from 25% to 33% of cases over
the 2-year period. DFSA victims presented sooner, and more often attended medical follow-up and psychotherapy than non-DFSA victims. Incidence rates indicated increasing risk for young males. These findings indicate that DFSA continues to be a growing and complex phenomenon and suggest that DFSA victims have greater service needs. The field would benefit from innovations to address symptomatology arising from this novel type of trauma and the unique risks and needs of male victims, as well as underscoring the ongoing need for DFSA-specific prevention efforts for both victims and perpetrators.


The shadow hypothesis regarding the impact of fear of sexual assault on fear of violent crime suggests that female fear of crime is characterized by concern about sexual assault as a contemporaneous victimization event during a violent crime event. Recent research has found that other types of crime, namely physical assault, may also be feared as a contemporaneous offense. We know of no research that has examined the unique impact of fear of murder versus fear of sexual assault on fear of violent crime. There is also a lack of research that explores how these two types of fear uniquely affect men and women. In addition to gender, we examine factors that have been suggested in previous research to correlate with fear of crime: race, victimization, vicarious victimization, and perceived risk. Through survey methodology, this research examines the unique relationship between both fear of murder and fear of sexual assault and fear of three types of violent crime for men and women. Results suggest differences in how fear of murder and fear of sexual assault are related to fear of other types of violence for men and women. Specifically, fear of murder is important in estimating male fear of robbery and aggravated assault. However, fear of sexual assault is almost as important as fear of murder for men in estimating fear of home invasion. Similarly, for women, fear of sexual assault and fear of murder both are significant factors associated with fear of violent crime, and differences between the levels of significance are marginal. This study is a first to examine whether murder may also be feared as a contemporaneous offense. The results are informative in identifying what drives fear of crime, particularly violent crime, for both men and women. Avenues for future research are discussed.


An experience of child sexual abuse (CSA) substantially increases women’s risk of adult sexual assault (ASA), but the mechanisms underlying this relationship are unclear. Previous research often has not examined the full range of ASA experiences or included the influence of ethnicity, sexual behavior, and sexual attitudes on CSA and severity of ASA. The current study utilized path analysis to explore the relationships among ethnicity, sexual attitudes, number of lifetime sexual partners, CSA, and severity of ASA in emerging adult women. Results indicated a significant relationship between CSA and more severe ASA that was partially explained by having more lifetime sexual partners. Additionally, European American women, relative to Hispanic women, reported more severe victimization, which was fully explained by more positive attitudes toward casual sex and having more lifetime sexual partners. These results have implications in the design and implementation of universal and selective prevention programs aimed at reducing ASA and revictimization among emerging adult women.

The author discusses the hashtag #YesAllWomen introduced by a Muslim woman to Twitter, an online social networking site, to discuss sexual violence against women amidst the Isla Vista shootings in California in May 2014. Topics include the stories, statements, and sentiments shared by Tweeters on sexual assault, the status of feminism in the U.S., and the role of the hashtag in inspiring feminists on intersectional inclusivity.


A well-designed self-defense curriculum, congruent with psychophysically informed trauma research and treatment, and integrated with input from therapists, can serve as an important adjunctive treatment. We provide a detailed description of such a program modified to be an experiential, psychoeducational intervention for female survivors of trauma. Recent research on the role of blocked motor responses in the development of pathology post-trauma is explored as a potential explanatory mechanism for the therapeutic benefits of self-defense training. Through specific examples and descriptions of teaching methods, we examine how this intervention compliments and augments traditional psychotherapeutic treatment of trauma sequelae.


Despite extensive efforts to develop and implement programs to prevent sexual violence, few programs have empirically-demonstrated efficacy. The primary exceptions are programs that emphasize risk-reduction skills; yet even these programs are not consistently effective. This study seeks to add to the literature by evaluating the effects of My Voice, My Choice (MVMC), a 90-minute assertive resistance training program that emphasizes skill practice in an immersive virtual environment (IVE). We hypothesized that MVMC would reduce male-to-female sexual victimization among adolescent girls over a 3-month follow-up period. We also examined whether these results would generalize to other forms of male-to-female relationship violence and to girls’ psychological distress. Eighty-three female students from an urban public high school were randomized to MVMC (n = 47) or to a wait-list control condition (n = 36); 78 provided data over the 3-month follow-up period. Participants assigned to MVMC were less likely than control participants to report sexual victimization during the follow-up period. Our results also suggest that MVMC reduced risk for psychological victimization and for psychological distress among participants with greater prior victimization at baseline. The promising results of this pilot trial suggest that MVMC may help girls evade male-to-female relationship violence.


Despite the enactment of the Prison Rape Elimination Act of 2003 (PREA), human rights abuses involving sexual assaults abound in US prisons. Exposure to these assaults may contribute to posttraumatic stress and antisocial behavior among incarcerated Black men, because their rates of incarceration are disproportionately high. However, research on exposure to sexual assault in US prisons is limited. An anonymous self-report questionnaire on prison sexual assault exposure was administered to 134 randomly selected incarcerated Black men. Forty-three percent reported hearing sexual assaults occurring within the facility and 16 % visually witnessed them. Sexual orientation was associated with witnessing sexual assault (χ2 = 3.68, df = 1, p < 0.05). Findings from this study suggest that sexual assaults may be common in US prisons despite the PREA directive to eliminate such incidents. Conventional violence prevention programs and
Interventions may not meet the unique needs of prison populations given the high exposure to sexually coercive behaviors reported.


Interpersonal violence research on Latinos has largely ignored the ethnic group variations that are included under the pan-ethnic term Latino. The current study adds to the literature by utilizing a national sample of Latino women to examine the interpersonal victimization experiences and help-seeking responses to victimization by ethnic group. The sample was drawn from the Sexual Assault Among Latinas Study (SALAS; Cuevas & Sabina, 2010) that surveyed 2,000 self-identified adult Latino women. For the purpose of this study, victimization in the United States was examined among Mexican ethnics (73.3% of sample), Cuban ethnics (14%), and other ethnics (12.8%). Mexican ethnicity was found to be significantly associated with increased odds of experiencing any, physical, sexual, threat, and stalking victimization. Findings also show that higher levels of Latino orientation and being an immigrant were associated with decreased odds of experiencing any victimization, whereas Anglo orientation, as measured by the Brief ARSMA-II (Cuéllar, Arnold, & Maldonado, 1995), was associated with greater odds of experiencing any victimization. Anglo orientation was significantly associated with formal help seeking. Taken as a whole, these findings emphasize the importance of bilingual and culturally competent services and also reveal that culturally competent services includes developing an understanding of the cultural differences between Latino ethnic groups. Specifically, service providers should be aware that Latinos of Mexican ethnicity may face unique risks for victimization.
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After sexual assault or dating violence occurs, a college victim may disclose the event to formal and informal sources as well as seek services. The current review explores empirical research on formal disclosure, informal disclosure, service utilization, and service provision among college students. Forty-five empirical articles and reports that met certain criteria were reviewed. Overall, rates of informal disclosure were considerably higher than rates of formal disclosure. Characteristics of the incident, victim, and offender were associated with disclosure. Rates of service utilization were varied but appear to be low among those victimized in the past year. When services were used, physical and mental health services were most often utilized. Available services, policies for dating violence and sexual assault, and judicial processes varied according to the type of institution, and indicate several areas for improvement. A number of research, practice, and policy implications emerge from this critical review of the literature.


Objectives: Older adults who have experienced traumatic events earlier in life may be especially vulnerable to additional challenges associated with aging. In a cross-sectional study of older females, the present study examines whether a history of rape is associated with current psychological and health problems. Method: This study used existing data from the female respondents (N= 1228) in the National Social Life, Health, and Aging Project (NSHAP), a national probability sample of adults between the ages of 57 and 85 interviewed in their homes. It was determined whether or not the participant experienced forced sexual contact since the age of 18. Measures of psychological health (e.g., scales of depression, anxiety, and loneliness), the presence or absence of a number of serious health problems, and a one-item measure of self-esteem were obtained. Results: Adult rape occurred in 7% of the sample. On average, 36 years had elapsed since the rape had occurred. Using structural equation modeling (SEM), rape was associated with lower self-esteem, psychological, and physical health functioning. Self-esteem partially mediated the association between rape and psychological functioning, but not health functioning. These associations were significant even after controlling for participant characteristics and risky health behaviors. Conclusions: Mechanisms linking prior rape to psychological and health problems in older age are discussed, as well as treatment recommendations for symptomatic older adults.


Background: Bystander intervention approaches offer promise for reducing rates of sexual violence on college campuses. Most interventions are in-person small-group formats, which limit their reach and reduce their overall public health impact. Objective: This study evaluated the efficacy of RealConsent, a Web-based bystander approach to sexual violence prevention, in enhancing prosocial intervening behaviors and preventing sexual violence perpetration. Methods: A random probability sample of 743 male undergraduate students (aged 18 to 24 years) attending a large, urban university located in the southeastern United States was recruited online and randomized to either RealConsent (n = 376) or a Web-based general health promotion program (n = 367). Participants were surveyed online at baseline, postintervention, and 6-months postintervention. RealConsent was delivered via a password-protected Web portal that
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contained six 30-minute media-based and interactive modules covering knowledge of informed consent, communication skills regarding sex, the role of alcohol and male socialization in sexual violence, empathy for rape victims, and bystander education. Primary outcomes were self-reported prosocial intervening behaviors and sexual violence perpetration. Secondary outcomes were theoretical mediators (e.g., knowledge, attitudes). Results: At 6-month follow-up RealConsent participants intervened more often (P = .04) and engaged in less sexual violence perpetration (P = .04) compared to controls. In addition, RealConsent participants reported greater legal knowledge of sexual assault (P < .001), greater knowledge of effective consent (P < .001), less rape myths (P < .001), greater empathy for rape victims (P < .001), less negative date rape attitudes (P < .001), less hostility toward women (P = .01), greater intentions to intervene (P = .04), less hyper-gender ideology (P < .001), less positive outcome expectancies for nonconsensual sex (P = .03), more positive outcome expectancies for intervening (P < .001), and less comfort with other men’s inappropriate behaviors (P < .001). Conclusions: Our results support the efficacy of RealConsent. Due to its Web-based format, RealConsent has potential for broad-based dissemination thereby increasing its overall public health impact on sexual violence.


Many college women believe that their chances of experiencing a sexual assault are less than their peers. This phenomenon, called optimistic bias, has been hypothesized to be one important element to address in sexual assault risk reduction and awareness programs aimed at reducing women’s chances of experiencing a sexual assault. The present study examined the role that participants’ (N = 89) perceived similarity to a narrator (portraying a sexual assault survivor) describing an assault plays in reducing this bias. The age of the narrator was manipulated (similar or dissimilar to age of participants) with the aim of assessing whether the program could produce reductions in optimistic bias for those participants who watched a video of someone similar to them in age. A significant interaction between pre- and post-program and age similarity indicated a significant decrease in optimistic bias from pre- to posttest for the similar group. Furthermore, an exploratory analysis indicated optimistic bias for White participants decreased from pre- to posttest, whereas optimistic bias for the Black participants increased. These results suggest that some factors such as age similarity may reduce optimistic bias in sexual assault risk reduction and awareness programs. However, a race dissimilarity may increase optimistic bias. Thus, more research is needed to understand the factors that affect optimistic bias with regard to sexual assault awareness.


Background Sexual assault is a traumatic event with potentially devastating lifelong effects on physical and mental health. Research has demonstrated that individuals who experience sexual assault during childhood are more likely to engage in risky behaviors later in life, such as smoking, alcohol and drug use, and disordered eating habits, which may increase the risk of developing a chronic disease. Despite the high prevalence and economic burden of sexual assault, few studies have investigated the associations between sexual violence and chronic health conditions in the US. The purpose of this study is to identify associations between sexual violence and health risk behaviors, chronic health conditions and mental health conditions utilizing population based data in Kansas. Methods Secondary analysis was done using data from the 2011 Kansas Behavioral Risk Factor Surveillance System sexual violence module (N = 4,886). Crude and adjusted prevalence rate ratios were computed to examine associations between sexual assault and health risk behaviors, chronic health conditions and mental health conditions,
overall and after adjusting for social demographic characteristics. Additional logistic regression models were implemented to examine the association between sexual assault and health risk behaviors with further adjustment for history of anxiety or depression. Results There was a significantly higher prevalence of health risk behaviors (heavy drinking, binge drinking and current smoking), chronic health conditions (disability, and current asthma) and mental health conditions (depression, anxiety, and suicidal ideation) among women who ever experienced sexual assault compared to women who did not, even after adjustment for potential confounders. Conclusions Study findings highlight the need for chronic disease prevention services for victims of sexual violence. There are important implications for policies and practices related to primary, secondary, and tertiary prevention, as well as collaborations between sexual violence, chronic disease, and health risk behavior programs.

ABSTRACT: The label assigned to a given act of sexual violence (e.g., rape, sexual assault) can have a notable impact on perceptions of the incident and the role of the individuals involved. Research has identified personal rape scripts and assault characteristics as factors that influence the labeling of sexual violence. This study advances the field by providing information about the influence of participant-related variables (e.g., life experiences, personal attitudes) on the labeling of a sexual violence vignette. Results from this online study of 379 participants revealed that victim empathy, perpetrator empathy, rape myth acceptance (RMA) and receipt of a rape disclosure were associated with correctly labeling a sexual violence vignette as a rape; RMA remained a significant predictor of labeling after all variables were entered into the regression simultaneously. Assault characteristics, victimization history, acknowledgement of victimization and gender were not associated with the label assigned to the vignette in the regression, although inspection of qualitative reasons given for labeling the vignette revealed that some of these factors may influence label choice. Importantly, participants who labeled the event as a rape were less likely to assign responsibility for the assault to the victim. Implications of correctly identifying and labeling experiences of sexual violence, both for victims and for support providers, are discussed.

Masculine honor consists of stereotypic beliefs about male behavior, including the belief that men’s aggression is appropriate, justifiable, and necessary in response to provocation, especially provocation that insults or threatens one’s manhood, family, or romantic partner. We conducted two studies examining the relationships between stereotypic masculine honor beliefs and perceptions of rape. Masculine honor beliefs generally were associated with both negative attitudes toward rape and negative attitudes toward women who have been raped. Further, different components of masculine honor beliefs correlated differently with various rape perceptions. These outcomes illustrate the complexity of the stereotypic beliefs about appropriate male behavior that comprise masculine honor, and which emphasize men’s responsibility to both take care of others and demonstrate interpersonal dominance.

Transgender people often face barriers in accessing culturally competent domestic violence and
rape crisis services, yet few studies have used a national sample of transgender people to study this topic or examine differential rates of discrimination within this population. The National Transgender Discrimination Survey, conducted in 2008 to 2009 by the National Center for Transgender Equality and the National Gay and Lesbian Task Force, collected data about discrimination affecting transgender people across a variety of settings. The present study involves secondary data analysis of this data set to examine whether certain sociodemographic factors and psychosocial risks are significant predictors of unequal treatment of transgender people in domestic violence programs (N= 2,438) and rape crisis centers (N= 2,424). For both settings, findings indicate that transgender individuals who are low-income and not U.S. citizens are more likely to experience unequal treatment based upon being transgender or gender-nonconforming. Within domestic violence programs, transgender people of color, those with disabilities, and those more frequently perceived to be transgender by others are more likely to experience unequal treatment. Psychosocial risk factors (suicidality, sex work history, and disconnection from family) predict unequal treatment in both settings. The article concludes by discussing implications for social service practitioners and future research.


The article discusses research on the participation of female university students to the Enhanced Assess, Acknowledge, Act Sexual Assault Resistance program. Topics explored include the enrollment of young women in the Sexual Assault Resistance Education (SARE) study, the delivery of lectures about sexual assault risks to program participants, and a comparison between the incidences of coercion and nonconsensual sexual content reported by program participants.


Objective: This study evaluates the effectiveness of bystander sexual assault prevention education when the training of peer educators and delivery of prevention workshops were embedded in the undergraduate curriculum. Method: Participants were 827 undergraduate students (intervention, n = 518; control, n = 309). In a quasi-experimental design, students completed online surveys at 3 time points (baseline, 1-week postintervention and 4-month follow-up). Outcome measures included efficacy, readiness to change, intentions, perceived barriers to intervention, and behavior related to bystander interventions to sexual assault. Results: The intervention was effective in increasing students’ bystander efficacy, improving readiness to intervene by decreasing beliefs consistent with precontemplation and increasing those related to action, increasing intention to intervene, decreasing perceived skills deficits and concern about what others would think, and increasing proactive bystander behavior. The effects of the intervention were present for men and women and were observed in friendship and stranger contexts. All effects were maintained to 4-months without a booster. Conclusions: Integrating the preparation of peer educators and bystander-type sexual assault prevention workshops into the undergraduate curriculum can produce positive changes in male and female students’ confidence, readiness, and capacity to act as prosocial bystanders for friends and strangers, and increase some bystander behaviors.

The importance of research-informed practice for the field of sexual assault has been stressed by
academics and practitioners alike. However, there are few examples of researcher-practitioner partnerships in the literature, therefore providing minimal guidance for this process. This article describes a researcher-practitioner partnership that was successful in using evaluation data to guide practice and policy decisions regarding the development and implementation of a new sexual assault kit for the state of Michigan. Cousins’s practical participatory evaluation theory was used as the guiding framework for the evaluation. Data collection methods included focus groups with practitioners from five, regionally dispersed health care settings in Michigan, and surveys with forensic scientists throughout the state’s regional laboratory system. This case study highlights how researchers and practitioners worked together for data collection, analysis, and dissemination to support research-informed practice in this state. Lessons learned and future recommendations for forming researcher-practitioner partnerships to improve the response to sexual assault are discussed.


The prevalence of alcohol use and dating violence are shockingly high among male college students, making this a particularly high-risk group for alcohol-related aggression. Expanding upon previous research, the current study examined the relations between three indicators of alcohol use and three types of dating violence among 204 male college students. We also examined whether hazardous drinkers reported more violence perpetration than non-hazardous drinkers. Results demonstrated that alcohol use was related to all types of aggression, and hazardous drinkers are at greater risk of violence perpetration than non-hazardous drinkers. Implications for dating violence prevention programs and future research are discussed.

Sigre-Leirós, V., Carvalho, J., & Nobre, P. J. (2015). Rape-related cognitive distortions: Preliminary findings on the role of early maladaptive schemas. *International Journal of Law and Psychiatry,* Despite the important focus on the notion of cognitive distortions in the sexual offending area, the relevance of underlying cognitive schemas in sexual offenders has also been suggested. The aim of the present study was to investigate a potential relationship between Early Maladaptive Schemas (EMSs) and cognitive distortions in rapists. A total of 33 men convicted for rape completed the Bumby Rape Scale (BRS), the Young Schema Questionnaire - Short form-3 (YSQ-S3), the Brief Symptom Inventory (BSI), and the Socially Desirable Response Set Measure (SDRS-5). Results showed a significant relationship between the impaired limits schematic domain and the Justifying Rape dimension of the BRS. Specifically, after controlling for psychological distress levels and social desirability tendency, the entitlement/grandiosity schema from the impaired limits domain was a significant predictor of cognitive distortions related to Justifying Rape themes. Overall, despite preliminary, there is some evidence that the Young’s Schema-Focused model namely the impaired limits dimension may contribute for the conceptualization of cognitive distortions in rapists and further investigation is recommended.


Objective: The purpose of this study was to test a model of the relations of social reactions to sexual assault disclosure, self-blame, and problem drinking. This is the first study to investigate whether type of self-blame has different relationships with social reactions and problem drinking in a large, diverse sample of sexually assaulted women. These relationships are important to investigate to identify specific targets for treatment and intervention with sexual assault victims and their social networks. Method: Community-residing female sexual assault survivors (N =
1,863) in a large metropolitan area completed a mail survey about sexual assault, social reactions to disclosure, self-blame attributions, and problem drinking symptoms. Results: Structural equation modeling showed that characterological self-blame mediated the effect of negative social reactions on drinking, but behavioral self-blame did not function as a mediator. A second model showed unique relationships of specific positive and negative social reactions to drinking through characterological and behavioral self-blame. Conclusions: Characterological self-blame needs to be targeted in treatment and intervention with survivors, as it appears to be a key mechanism through which social reactions may influence recovery. Secondary prevention with informal social networks should educate people about social reactions to avoid negative reactions and promote those that are helpful so that people can better respond to survivors’ sexual assault disclosures and improve recovery. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)


The article focuses on the use of Title IX of the U.S. Education Amendments of 1972 in order to prevent sexual assaults in college campuses in the U.S. It explores that how colleges became law enforcement-oriented for implementing the public health approach to sexual assault and sex discrimination in the Title VII of the U.S. Civil Rights Act of 1964. It also mentions the eventual inclusion of Title IX in the U.S. Higher Education Act of 1965 to govern sex equality in educational programs.


This qualitative research study examines the experiences of immigrant women crossing the U.S./Mexico border and the proliferation of “drop houses” in Arizona as a new phenomenon, one that is often marked by kidnappings and sexual assault. Little research has been published on the violence women face on their journey, and the drop houses have almost completely escaped scholarly analysis. We argue that the drop houses must be seen as a consequence of a “state of emergency” declared by policy makers that led to changes in U.S. national and local immigration policies that fueled what we call a “chain reaction of violence.”


There are investigative advantages to being able to determine early in a police investigation whether a rape has been committed by a serial or a one-off rapist. Previous research has found some differences in the crime-scene behaviors of serial and one-off rapists; however, this research suffers from the limitation of utilizing a sample of rapes within which there was a mixture of victim–offender relationships. To address this limitation, this study sampled 38 serial (two or more convictions) and 50 one-off (one conviction) stranger rapists and compared their crime scene behavior across four domains (control, sex, escape and style behaviors). Serial and one-off rapists differed in some control and sexual behaviors, in particular, in the type of victim targeted, the offense locations, methods of control and the sexual acts forced upon the victim. However, the results did not indicate a striking difference in the offending behavior of the two groups. The implications of these findings for criminal investigations are discussed.

The aim of this study was to examine expectations about victim and offender behaviours during stranger rape. These expectations were compared with the empirically derived data of actual victim and offender behaviours. Furthermore, three attitudes/beliefs were assessed in relation to these expectations: rape myth acceptance, gender role attitudes and belief in a just world (BJW). Seven hundred and fifty-eight undergraduates took part in the study. The results show that participants significantly overestimated the frequency of 29 out of the 30 victim and offender behaviours examined (one behaviour was underestimated). An inconsistent relationship was found in predicting the expectancies via rape myth acceptance, gender role attitudes and BJW. These findings are examined in the context of the criminal justice system and how expectancy violation may affect the perception of rape victim and offenders' behaviours.


As public awareness of and concern about sexual victimization has increased in recent decades, stigmatization of sex offenders has also increased considerably. Contemporary sex offender policies transform discrete criminal behaviors into lifelong social identities. Although there is much debate about the efficacy and constitutionality of such policies, we know little about how the category of 'sex offender' is constituted in the first place. In this article, I reveal how prosecutors and defense attorneys construct sex offenders, not as monstrous or racialized as is commonly thought, but as 'lower class' men. This analysis is based on 30 in-depth interviews with prosecutors and defense attorneys in Michigan. These legal actors wield disproportionate power in defining the boundaries of criminal behaviors and individuals. That they associate sexual criminality with lower class men demonstrates yet another way that class-based inequalities are reproduced in the legal field.


A college freshman reports a sexual assault and is met with harassment and insensitive investigative practices leading to her suicide. Former grade school students, now grown, come forward to report childhood abuse perpetrated by clergy, coaches, and teachers—first in trickles and then in waves, exposing multiple perpetrators with decades of unfettered access to victims. Members of the armed services elect to stay quiet about sexual harassment and assault during their military service or risk their careers by speaking up. A Jewish academic struggles to find a name for the systematic destruction of his people in Nazi Germany during the Holocaust. These seemingly disparate experiences have in common trusted and powerful institutions (schools, churches, military, government) acting in ways that visit harm upon those dependent on them for safety and wellbeing. This is institutional betrayal. The purpose of this article is to describe psychological research that examines the role of institutions in traumatic experiences and psychological distress following these experiences. We demonstrate the ways in which institutional betrayal has been left unseen by both the individuals being betrayed as well as the field of psychology and introduce means by which to identify and address this betrayal.


The aim of this investigation was to examine a theoretically based mechanism by which men’s adherence to antifeminine norms is associated with their perpetration of sexual aggression toward intimate partners. Participants were 208 heterosexual men between the ages of 21–35 who had consumed alcohol in the past year. They were recruited from a large southeastern United States city. Participants completed self-report measures of hegemonic masculinity (i.e.,
antifemininity, sexual dominance), masculine gender role stress, and sexual aggression toward an intimate partner during the past 12 months. Results indicated that adherence to the antifemininity norm and the tendency to experience stress when in subordinate positions to women were indirectly related to sexual aggression perpetration via adherence to the sexual dominance norm. Thus, the men who adhere strongly to these particular hegemonic masculine norms may feel compelled to be sexually aggressive and/or coercive toward an intimate partner in order to maintain their need for dominance within their intimate relationship. Implications for future research and sexual aggression prevention programming are discussed.

Snipes, D. J., Calton, J. M., Green, B. A., Perrin, P. B., & Benotsch, E. G. (2015). Rape and posttraumatic stress disorder (PTSD): Examining the mediating role of explicit sex-power beliefs for men versus women. Journal of Interpersonal Violence, doi:0886260515592618 [pii] Many rape survivors exhibit symptoms of post-traumatic stress disorder (PTSD), and recent literature suggests survivors' beliefs about sex and control may affect PTSD symptoms. The present study examined beliefs about sex and power as potential mediators of the relationship between rape and PTSD symptoms for men versus women. Participants (N = 782) reported lifetime history of rape, current PTSD symptoms, and beliefs about sex and power. Women reported higher levels of lifetime history of rape than men (19.7% for women; 9.7% for men). While rape history predicted PTSD symptoms for both genders, beliefs about sex and power were shown to be a significant partial mediator of this relationship for men, but not for women. Results extend the literature on rape and PTSD by suggesting that survivors' beliefs about sex and power are connected and can affect their PTSD symptoms. Additionally, results illustrate how sexual violence against men may reaffirm male gender roles that entail power and aggression, and ultimately affect trauma recovery.

Snipes, D. J., Green, B. A., Benotsch, E. G., & Perrin, P. B. (2014). The non-medical use of prescription drugs and lifetime experiences of sexual victimization among college men. Journal of Interpersonal Violence, 29(13), 2482-2496. doi:10.1177/0886260513520229 The non-medical use of prescription drugs (NMUPD) has been linked with many negative outcomes in previous studies. Recent literature has begun to examine the role of NMUPD among sexual victimization survivors. The present study examined the associations between NMUPD, recreational drug use, and experiences of sexual victimization among college men. Undergraduate men (n = 253) elected to take an online survey examining drug use and lifetime sexual victimization experiences. A total of 17% of the sample reported instances of being sexually victimized in their lifetime across four domains (being coerced, threatened, physically forced, or taken advantage of while incapacitated). Results indicate that, across all domains of sexual victimization, non-medical sedative use was robustly associated with sexual victimization in a multivariate model controlling for recreational drug use and demographics. No other non-medically used drug class (anxiolytics, pain medications, and stimulants) was associated with experiences of sexual victimization in the multivariate model. Results expand past literature by illustrating specific drug classes used by survivors of sexual victimization. Implications for interventions for male sexual victimization survivors are discussed.

Snipes, D. J. 1., Snipes@vcu.edu, Green, B. A. 1., Javier, S. J. 1., Perrin, P. B. 1., & Benotsch, E. G. 1. (2014). The use of alcohol mixed with energy drinks and experiences of sexual victimization among male and female college students. Addictive Behaviors, 39(1), 259-264. doi:10.1016/j.addbeh.2013.10.005 Abstract: Much research has documented negative associations with the consumption of alcohol mixed with energy drinks (AmED). To date, few research studies have examined the relation between AmED and sexual victimization. Furthermore, research on sexual victimization among
men is less studied. The present study employed a sample of 253 men and 545 women to
examine the differential associations between AmED consumption and sexual victimization as a
function of gender. Results from this study suggest that AmED consumption is robustly
associated with being sexually victimized among men, but not women. These results were robust
while controlling for demographic factors and other substance use. Results add to the literature
on sexual victimization by potentially identifying a new high-risk drinking behavior among males
who have been sexually victimized.

Snyder, J. A. (2015). The link between ADHD and the risk of sexual victimization among college
women: Expanding the Lifestyles/Routine activities framework. Violence Against Women, 
doi:1077801215593647 [pii]

Using data from a nationally representative sample of college women, the current study
examines attention deficit hyperactivity disorder (ADHD) as a potential risk factor in the
prediction of sexual victimization among college women and as an extension of the
lifestyles/routine activities framework. The findings indicate that college women with ADHD
experienced sexual victimization at significantly higher rates than college women without ADHD.
Furthermore, ADHD emerged as a significant predictor of sexual victimization across models. The
lifestyles/routine activities theory also received general support, particularly for the concepts of
exposure, proximity, and guardianship. This research suggests that other risk factors outside the
lifestyles/routine activities framework are important in the prediction of sexual victimization in
college women.

Socia, K. M. (2015). State residence restrictions and forcible rape rates: A multistate quasi-
experimental analysis of UCR data. Sexual Abuse: Journal of Research and Treatment, 27(2),
205-227. doi:10.1177/1079063213509412

This study examines whether the presence of state residence restrictions resulted in changes in
statewide rates of forcible rape. It builds on the limited geographic coverage of prior studies by
including state-level Uniform Crime Report (UCR) data across 19 years for 49 states and the
District of Columbia. It uses a quasi-experimental research method based on a longitudinal fixed-
effects panel model design, which can help control for relatively static differences between states.
Results indicate that when a state residence restriction was present, regardless of how it was
measured, rates of UCR forcible rape were higher in the state than when the policy was not
present. This suggests that residence restrictions, at least at the state level, are not useful as an
overall crime prevention measure, but may be useful for increasing detection or reporting levels
of such crimes. However, results also suggest that the size of the increase varied by whether the
policy only applied to offenders with child victims or also included those with adult victims.
Implications for research and policy are discussed.

case characteristics and individual differences. Journal of Interpersonal Violence,
doi:0886260515581907 [pii]

The purpose of the present study was to examine mock juror perceptions of rape victims based
on the sex of the offender and victim (male offender/female victim vs. female offender/male
victim), relationship to the offender (stranger vs. acquaintance vs. intimate partner),
revictimization (no revictimization vs. revictimization), and individual differences in rape myth
acceptance (RMA) and life history strategy (LHS). Participants (N = 332) read a vignette
describing a forcible rape scenario and completed victim and perpetrator blame scales, the Mini-
K, and a gender-neutral Rape Myth Acceptance Scale. Results indicated increased victim blame in
revictimization conditions, as well as female offender/male victim conditions. A significant
mediation effect of LHS on victim blame through the indirect effect of RMA was found, which is predicted from life history theory. Implications of these findings are discussed.


Rape awareness and prevention programs are common on college campuses and a potentially useful way to reach large numbers of young adults. One largely unexamined potential mediator or moderator of program effectiveness is the personal knowledge of student audiences. In this study, we assess the prevalence of knowing a victim and, notably, a perpetrator of sexual assault. A stratified random sample of 2,400 undergraduates was recruited for an online survey about sexual assault. A total of 53.5% participated and yielded a sample representative of the student body. Sixteen questions were modified from the Sexual Experiences Survey to assess whether participants knew a victim of any one of eight types of sexual assault. Findings indicate that students begin college with considerable personal knowledge of sexual assault victimization and perpetration. Nearly two thirds (64.5%) reported that they know one or more women who were a victim of any one of eight types of sexual assault, and over half (52.4%) reported that they know one or more men who perpetrated any of the types of sexual assault. Most students reported knowing victims and perpetrators of multiple types of assault. Knowledge varied substantially by gender and ethnicity. Students' preexisting personal knowledge should be included in assessments of program effectiveness and, ideally, in program design.


One of the most controversial-and least understood-issues in the area of sexual violence is the prevalence of false reports of rape. Estimates of the rate of false reports vary widely, which reflects differences in way false reports are defined and in the methods that researchers use to identify them. We address this issue using a mixed methods approach that incorporates quantitative and qualitative data on sexual assault cases that were reported to the Los Angeles Police Department ( LAPD) in 2008 and qualitative data from interviews with LAPD detectives assigned to investigate reports of sexual assault. We found that the LAPD was clearing cases as unfounded appropriately most, but not all, of the time and we estimated that the rate of false reports among cases reported to the LAPD was 4.5 percent. We also found that although complainant recantation was the strongest predictor of the unfounding decision, other factors indicative of the seriousness of the incident and the credibility of the victim also played a role. We interpret these findings using an integrated theoretical perspective that incorporates both Black's sociological theory of law and Steffensmeier, Ulmer, and Kramer's focal concerns perspective.


Introduction. A history of sexual assault (SA) is often associated with increased distress and heavy drinking. One's ability to cope with the distress and seek social support has been associated with drinking more generally. However, SA-related distress, drinking, and the extent to which a woman engages in adaptive coping or seeks social support is known to vary day-to-day. The goal of the present investigation was to examine the moderating influence of perceived coping control and social support on the event-level association between SA-related distress and drinking. Methods. This study included 133 college women with a history of SA who reported recent heavy drinking. Participants provided daily reports of their SA-related distress, perceived
coping control, perceived social support, and alcohol consumption every day for 30 days. Results. Results of generalized estimating equation models suggest that coping control moderated the association between distress and drinking such that those with less perceived coping control drank more as their SA-related distress increased from their average. Although social support did not moderate between distress and drinking, decreases in perceived social support were associated with more drinking on that day. Conclusions. The results suggest that daily deviations in SA-related distress may influence alcohol consumption more than average levels of distress, especially among women with low coping control. Interventions for women with SA histories should help them build coping skills as well as adequate social support in order to reduce drinking.


Rape-perception studies have examined the influence of alcohol intoxication on perpetrator blame attributions: However, no studies have examined how intoxication affects perceptions of a sexual perpetrator's awareness of the wrongfulness of his behaviour despite its relevance to the conceptualisation of responsibility and blame. This experiment investigated the impact of perpetrator and victim intoxication on perceptions of a perpetrator's own awareness of wrongdoing for acquaintance rape. Undergraduate students (N = 314) read one of four rape scenarios in which intoxication was manipulated and rated the perpetrator's awareness of the consequences and wrongfulness of his sexual aggression. Findings supported the hypothesis that participants would assign less awareness of wrongdoing to an intoxicated, compared to sober, perpetrator. Further, males ascribed more awareness of wrongdoing to the perpetrator of an intoxicated, compared to sober, victim. Findings indicate that intoxicated sexual perpetrators are seen as not fully aware of the nature and consequences of their crime.


A diverse sample of more than 365 adult sexual assault survivors, recruited from college and community sources, was surveyed about sexual assault experiences, post-assault factors, and perceived helpfulness of and satisfaction with mental health professionals. Regression analyses were conducted to identify factors associated with perceived helpfulness of and satisfaction with mental health professionals. Older age, higher posttraumatic stress disorder (PTSD), greater control over recovery, and more emotional support reactions were associated with positive perceptions of mental health professionals. Stranger offenders, greater resistance during assault, high victim post-assault upset, and blaming social reactions from others were associated with negative perceptions of mental health professionals.


The development of posttraumatic growth (PTG) and the relationship between PTG and distress outcomes in sexual assault is an important area of investigation. Recent research suggests that some forms of cognitive processing might be critical in the development, maintenance, and resolution of posttraumatic mental health among sexual assault survivors. The objective of this study was to examine factors associated with posttraumatic mental health among sexual assault survivors. Seventy-three participants who experienced sexual assault completed measures of
trauma symptoms, PTG, changes in outlook, cognitive processing, and support and coping. Results revealed that significant levels of posttraumatic symptomatology and low levels of PTG were reported 3 years following sexual assault. A weak relationship was found between symptoms of distress and growth. Contrary to predictions, only ratings of hope and brooding rumination were mediators of the relationship between posttraumatic symptoms and PTG. Reflective rumination was not related to the development of PTG.


The article presents the findings from the sexual assault prevention program Men's Project targeted towards college men. It mentions the introduction of issues such as gender socialization and male privilege, the examination of the emotional and psychological impacts of sexual violence, and education about bystander intervention. It reveals the lowered levels of sexism, myth acceptance and gender-biased language following the completion of the program.


This study examined associations between past interpersonal victimization (including both child and adult victimization) and sexual harassment (SH); and it examined intervening and moderating variables of the association of past victimization with SH, including posttraumatic stress symptoms (PTSS) and job-gender context. In addition, we examined an alternative hypothesis for revictimization that abuse survivors are hyper-sensitive to perceptions of sexual harassment. Employed women residing in Kentucky (U.S.) who had received an order of protection from a male partner and who were followed-up 12 months later (n = 445, 78% White, mean age = 31.98, SD = 8.60) were selected for this analysis. SH experienced between baseline and follow-up interviews was associated with baseline assessments of child nonsexual assault experiences (r = 0.24, p < 0.001) and intimate partner violence victimization (r = 0.20, p < 0.000), demonstrating a revictimization effect. PTSS mediated the relationship between child sexual assault, child nonsexual assault and subsequent SH. Further, working in a job with a male supervisor or in a male-dominated workgroup increased associations between child nonsexual abuse and subsequent SH. No support was found for the hyper-sensitivity hypothesis. Findings are consistent with prior research that identifies sexual harassment as a form of interpersonal violence that mental health and victim service providers and researchers should include in their assessment and treatment strategies. Employers should also understand that working in male-dominated work environments compound the risk of sexual harassment for those with prior abuse histories and should be vigilant to reducing these risks.


Sexual assault is a serious concern on college and university campuses across the United States. However, the institutional factors that may make campuses more or less prone to rape are poorly understood. This study utilizes routine activities theory (RAT) to examine campus-related factors across 524 four-year campuses in the United States to determine what features of a campus community are most closely associated with increased reports of sexual assault. Results suggest that the type of athletic program, the number of students who live on campus, and the institution's alcohol policy were all found to be related to reported sexual assaults. Implications for understanding campus communities and prevention of sexual assaults are discussed.

We developed measures assessing personal and normative attitudes toward two types of behaviors that are symptomatic of rape culture. We conceptualize sexual violence as existing on a continuum and argue that two types of behaviors may be potential antecedents to (and consequences of) sexual violence: attempts to pressure, which mimic the power dynamics of rape in a less aggressive fashion, and benevolent dating behaviors, which are accepted dating scripts in which men initiate action. We examined individuals’ acceptance of these behaviors in relation to their attitudes toward rape victims and among men to rape proclivity. This initial work suggests that these constructs and measures may be useful to investigate in future research.


In two studies, the authors examined the influence of rape myth acceptance (RMA) on participants’ attention toward the potential victim versus perpetrator in a rape case. In Study 1 (N = 90), participants selected information that focused on either the male defendant or the female victim. With increasing RMA, participants preferred information that focused on the victim rather than the defendant. In Study 2 (N = 41), participants viewed photographs depicting both victim and defendant while their eye movements were recorded. With increasing RMA, participants spent less time inspecting the defendant relative to the victim. In both studies, higher RMA predicted stronger anti-victim and pro-defendant judgments, replicating previous research. Taken together, these results support the assumption that RMA guides participants’ attention, leading to a focus on the alleged rape victim and away from the alleged perpetrator. Implications of the current research and future directions are discussed.


Purpose Intimate partner violence (IPV) and sexual assault (SA) are significant public health issues. In spite of gains made in research and support for screening, little is known about how healthcare providers respond to disclosures of violence. The purpose of this analysis was to examine providers’ documented responses to women’s disclosure of IPV or SA. Data sources This qualitative analysis of healthcare providers' responses to the disclosure of violence was part of a larger retrospective review of 2000 medical records from four family planning clinics in the northeastern United States. Conclusions Findings from this analysis reveal that although screening for IPV and past experiences of violence is consistent, providers' responses to disclosures of violence are often inconsistent. The majority of documented responses to the disclosure of violence (81.5%) were only descriptive in nature and 13% of the medical records contained no documentation of the violence. Implications for practice As universal violence assessment has increased, providers need to be aware of not only how to screen for violence, but how to respond in a way that is helpful, sincere, nonjudgmental, and legally adequate. This will require providers to move beyond a description of violence toward a response that is action-oriented and includes safety planning and referrals.


**Importance** Rape on college campuses has been addressed recently by a presidential proclamation, federal legislation, advocacy groups, and popular media. Many initiatives assume
that most college men who perpetrate rape are serial rapists. The scientific foundation for this perspective is surprisingly limited.

**Objective** To determine whether a group of serial rapists exists by identifying cohesive groups of young men, indicated by their trajectories of rape likelihood across high school and college.

**Design, Setting, and Participants** Latent class growth analysis of the 2 largest longitudinal data sets of adolescent sexual violence on college campuses using 2 distinct groups of male college students. The first group was used for derivation modeling (n = 850; data collected from August 1990 through April 1995) and the second for validation modeling (n = 795; data collected from March 2008 through May 2011). Final data analyses were conducted from February 16, 2015, through February 20, 2015.

**Main Outcomes and Measures** Rape perpetration assessed using the Sexual Experiences Survey.

**Results** Across samples, 177 of 1645 participants (10.8%) reported having perpetrated at least 1 rape from 14 years of age through the end of college. A 3-trajectory model best fit both the derivation and validation data sets. Trajectories reflected low or time-limited (91.7% of participants), decreasing (5.6%), and increasing (2.7%) rape patterns. No consistently high trajectory was found. Most men who perpetrated a rape before college were classified in the decreasing trajectory. During college, the increasing trajectory included 19 men (20.9%) who reported having perpetrated a rape, the decreasing trajectory included 25 men (27.5%), and the low or time-limited included 47 men (51.6%). No participant in the low or time-limited trajectory reported perpetrating a rape during more than 1 period. Most men (68 [74.7%]) who committed college rape only perpetrated rape during 1 academic year.

**Conclusions and Relevance** Although a small group of men perpetrated rape across multiple college years, they constituted a significant minority of those who committed college rape and did not compose the group at highest risk of perpetrating rape when entering college. Exclusive emphasis on serial predation to guide risk identification, judicial response, and rape-prevention programs is misguided. To deter college rape, prevention should be initiated before, and continue during, college. Child and adolescent health care professionals are well positioned to intervene during the early teenage years by informing parents about the early onset of nonconsensual sexual behavior.

Swarthout, K. M., Swartout, A. G., Brennan, C. L., & White, J. W. (2015). Trajectories of male sexual aggression from adolescence through college: A latent class growth analysis. *Aggressive Behavior*, Approximately 25% of male college students report engaging in some form of sexual coercion by the end of their fourth year of college. White and Smith (2004) found that negative childhood experiences—childhood sexual abuse, childhood physical abuse, and witnessing domestic violence—predicted sexual aggression perpetrated before college, but not during the subsequent college years, a puzzling finding in view of the reasonably consistent rates of sexual aggression from adolescence to the first 2 years of college. The current study takes a person-centered approach to sexual aggression in an attempt to resolve this discrepancy. We examined the possibility of cohesive subgroups of men in terms of their frequency of sexual aggression across the pre-college and college years. A series of latent class growth models were fit to an existing longitudinal dataset of sexual experiences collected across four time points—pre-college through year 3 of college. A four-trajectory model fit the data well, exhibiting significantly better fit than a three-trajectory model. The four trajectories are interpreted as men who perpetrate sexual aggression at (1) low (71.5% of the sample), (2) moderate (21.2%), (3) decreasing (4.2%), and (4) increasing (3.1%) frequencies across time. Negative childhood experiences predicted membership of the decreasing trajectory, relative to the low trajectory, but did not predict membership of the increasing trajectory, explaining the discrepancy uncovered by White and Smith. Implications for primary prevention of sexual aggression are discussed.

Aims and objectives To increase knowledge of physical and sexual intimate partner violence against women, its impact on women's health and children's behavioural functioning. Background Physical assault and sexual assault frequently co-occur. Women who experience both physical and sexual violence are at risk of poorer health outcomes than women who experience only physical violence. The behavioural functioning of children of women who experience partner violence may be adversely affected. Design Cross-sectional, using baseline data from a seven-year prospective study. Methods Data related to severity of abuse (both physical and sexual) and the outcome measures of maternal (n = 300) mental health measures, risk of lethality, chronic pain and child (n = 300) behavioural functioning were analysed. Results Higher physical abuse scores were significantly correlated with higher sexual abuse scores, and higher levels of physical abuse were associated with higher maternal anxiety and higher child externalisation scores. Higher levels of sexual abuse were associated with higher maternal somatisation and post-traumatic stress disorder symptoms and higher child internalisation scores and total problems. Conclusions These initial findings suggest that children have behavioural functioning and coping that is closely related to their mothers' functioning, which is based on the type of abuse experienced by the mothers. As we gain a greater understanding of these issues, we will be better able to develop effective policies and therapeutic interventions to help abused women and their children. Relevance to clinical practice Findings for the mental health functioning of women participating in this study add to the overwhelming evidence for the importance of screening for partner violence when women present for health care and for the need for effective assistance services for women who have or are currently experiencing partner violence. They also support emerging research that indicates the great need to provide effective services for the children of abused women.


The impact of victim resistance on rape completion and injury was examined utilizing a large probability sample of sexual assault incidents, derived from the National Crime Victimization Survey (1992-2002), and taking into account whether harm to the victim followed or preceded self-protection (SP) actions. Additional injuries besides rape, particularly serious injuries, following victim resistance are rare. Results indicate that most SP actions, both forceful and nonforceful, reduce the risk of rape completion, and do not significantly affect the risk of additional injury.


While tonic immobility (TI) is a phenomenon well known and documented in the animal world, far less is known about its manifestation in humans. Available literature demonstrates that TI is significantly associated with less hopeful prognoses when compared with survivors who did not experience TI (Fiszman et al., 2008; Heidt et al., 2005). If survivors who experience TI are at increased risk for "depression, anxiety, posttraumatic stress disorder (PTSD), and peritraumatic
dissociation” (Heidt et al., 2005, p. 1166) and respond more poorly “to standard pharmacological treatment for PTSD” (Fiszman et al., 2008, p. 196), the implications for treatment are significant, suggesting that TI “should be routinely assessed in traumatized patients” (Fiszman et al., 2008, p. 193). Literature indicates that “TI is thought to be particularly relevant to survivors of rape and other sexual assault” and that “sexual assault is a trauma that appears to entail virtually all of the salient elements associated with the induction of TI in nonhuman animals, namely, fear, contact, and restraint” (Marx et al., 2008, p. 79). Describing the phenomenon as it is experienced by survivors is especially important because the ability to accurately understand and describe the nature of the phenomenon is the first step toward accurately identifying, diagnosing, and treating the sequelae of such a response. This study examines the experience of TI from the perspective of 7 women who survived a sexual assault accompanied by tonic immobility using qualitative phenomenological methodology, and yields a description of the core defining themes of the experience of TI.


The purpose of this exploratory study was to examine youths’ perceptions of statutory victimization relationships and youths’ experience interacting with professionals. In-person qualitative interviews were conducted with 22 youths identified as statutory rape victims by two child advocacy centers. Using grounded theory, interviews were coded thematically using constant comparison analysis. The discussion of the relationship dynamics suggested a great deal of variation. Some youths described the relationships in exploitive terms. However, more typically, the interviewed youth described the relationship as reciprocal, even some time after it had ended. The professional intervention often resulted in feelings of helplessness for the youth. The results suggest creative and flexible protocols are needed for handling these cases that recognize adolescents’ developing autonomy.


Purpose There is extensive literature related to the experience of sexual assault of women with a majority focused on younger women, college-aged women, or older women. There is little research about the experience of sexual assault of mid-life women. Design and Methods This paper synthesizes the current literature associated with sexual assault by describing the increased number of single women in the population, defining terms associated with sexual assault, examining rape myths, characteristics of the victim, describing the relationship of victim to assailant, extent of victimization experienced by women, common physical injuries, age-related physiological changes, psychological considerations, and post-traumatic stress disorder specific to mid-life women. Findings The population of single women has increased across the life span. Current studies utilize varying definitions of sexual assault, examine results across variable age groups, and include the responses of single women with married women. Characteristics of victims demonstrate similarities by age group, relationship type, living conditions, and physical or mental capabilities that affect the occurrence of sexual assault. Practice Implications There are few studies that examine the sexual assault experiences of single mid-life women. Further research into the experiences of single mid-life women is warranted to provide direction for nursing education programs and clinical practice.

Jokes have been recognized as ways in which negative attitudes and prejudice can be communicated and enacted in hidden ways (e.g., ; 1905]). In this paper, we review the existing literature on the functions and effects of sexist humor, using model on the social functions of humor as well as 1986]) Social Identity Theory (SIT) and Self Categorization Theory. Within these frameworks, we particularly focus on sex as an intergroup context and on the way sexist humor functions to a) enhance male in-group cohesion (sexist humor as a predictor) b) serves as a form of sexual harassment (sexist humor as an outcome) and c) amplifies self-reported rape proclivity and victim blame (sexist humor as a moderator). The paper concludes by highlighting gaps in the existing literature and providing directions for future research.


This study examined whether gender and military sexual assault (MSA) were associated with psychiatric severity differences at initiation of treatment for posttraumatic stress disorder (PTSD) and whether MSA and gender predicted psychiatric treatment outcomes. Male (n = 726) and female (n = 111) patients were recruited from 7 U.S. Department of Veterans Affairs (VA) PTSD specialty intensive treatment programs and completed an intake survey; 69% (n = 574) of the participants completed a 4-month postdischarge follow-up survey. Measures included current PTSD and depressive symptoms, aggressive/violent behaviors, alcohol and drug use severity, and quality of life. Multilevel multivariate regression analyses were conducted to examine the main and interaction effects of gender and MSA on psychiatric treatment outcomes at 4-month follow-up, including demographics, baseline severity, hostile fire, and treatment length of stay. Baseline PTSD severity did not differ by gender or MSA status, but women had more severe depressive symptoms (d = 0.40) and less aggressive/violent symptoms (d = −0.46) than men. Gender, MSA status, and the interaction between gender and MSA did not predict treatment outcomes as hypothesized. Male and female veterans with and without MSA responded equally well to treatment in VA PTSD intensive treatment programs.


Background and Objectives Extant research shows a strong relationship between alcohol use problems and sexual aggression. However, less is known about the effect of intermediary factors (eg, alcohol expectations) that may increase the likelihood of and/or explain sexual aggression during alcohol-related incidents. The present study examined alcohol outcome expectancies' (OE) mediating and/or moderating influence on the relationship between problematic alcohol use severity and sexual aggression among male college students. Methods and Results One hundred and forty eight (n = 148) male college students volunteered for the study. Seventy-seven males self-reported committing at least one act of sexual aggression in their lifetime. Among those who sexually aggressed, 74% also reported symptoms of problematic drinking. Results show that sexuality-related alcohol OE fully mediated the relationship between problematic alcohol use severity and sexual aggression. Results also showed that aggression-related alcohol OE moderated the relationship between problematic alcohol use severity and sexual aggression. Specifically, aggression-related alcohol OE only influenced the relationship between problematic alcohol use and sexual aggression when alcohol problems were less severe. Conclusions and Scientific Significance Discussion implicates the possible role alcohol prevention may play in reducing sexual aggression on college campuses, particularly as it relates to adjusting alcohol OE among those most likely to perpetrate
Turchik, J. A., Hebenstreit, C. L., & Judson, S. S. (2015). An examination of the gender inclusiveness of current theories of sexual violence in adulthood: Recognizing male victims, female perpetrators, and same-sex violence. *Trauma, Violence & Abuse, doi:10.1177/1524838014566721 [pii]* Although the majority of adulthood sexual violence involves a male perpetrator and a female victim, there is also substantial evidence that members of both genders can be victims and perpetrators of sexual violence. As an alternative to viewing sexual violence within gender-specific terms, we advocate for the use of a gender inclusive conceptualization of sexual aggression that takes into account the factors that contribute to sexual victimization of, and victimization by, both men and women. The goal of the current review is to examine the need and importance of a gender inclusive conceptualization of sexual violence and to discuss how compatible our current theories are with this conceptualization. First, we examine evidence of how a gender-specific conceptualization of sexual violence aids in obscuring assault experiences that are not male to female and how this impacts victims of such violence. We specifically discuss this impact regarding research, law, public awareness, advocacy, and available victim treatment and resources. Next, we provide an overview of a number of major sexual violence theories that are relevant for adult perpetrators and adult victims, including neurobiological and integrated biological theories, evolutionary psychology theory, routine activity theory, feminist theory, social learning and related theories, typology approaches, and integrated theories. We critically examine these theories' applicability to thinking about sexual violence through a gender inclusive lens. Finally, we discuss further directions for research, clinical interventions, and advocacy in this area. Specifically, we encourage sexual violence researchers and clinicians to identify and utilize appropriate theoretical frameworks and to apply these frameworks in ways that incorporate a full range of sexual violence.

Turchik, J. A., & Hassija, C. M. (2014). Female sexual victimization among college students: Assault severity, health risk behaviors, and sexual functioning. *Journal of Interpersonal Violence, 29*(13), 2439-2457. doi:10.1177/0886260513520230 The purpose of the present study was to examine the relationship between college women's sexual victimization experiences, health risk behaviors, and sexual functioning. A sample of 309 college women at a mid-sized Midwestern university completed measures assessing sexual victimization, sexual risk taking, substance use behaviors, sexual desire, sexual functioning, prior sexual experiences, and social desirability. Severity of sexual victimization was measured using a multi-item, behaviorally specific, gender-neutral measure, which was divided into four categories based on severity (none, sexual contact, sexual coercion, rape). Within the sample, 72.8% (n = 225) of women reported at least one experience of sexual victimization since age 16. Results from MANCOVAs and a multinomial logistic regression, controlling for social desirability and prior sexual experience, revealed that sexual victimization among female students was related to increased drug use, problematic drinking behaviors, sexual risk taking, sexual dysfunction, and dyadic sexual desire. In addition, findings indicated that women exposed to more severe forms of sexual victimization (i.e., rape) were most likely to report these risk-taking behaviors and sexual functioning issues. Implications for sexual assault risk reduction programming and treatment are discussed.

Turner, D. B., Boccaccini, M. T., Murrie, D. C., & Harris, P. B. (2015). Jurors report that risk measure scores matter in sexually violent predator trials, but that other factors matter more. *Behavioral Sciences & the Law, 33*(1), 56-73. doi:10.1002/bsl.2154 After deliberating to a verdict, jurors (N = 462) from 40 sexually violent predator (SVP) trials completed a questionnaire asking them to rate the extent to which risk measure scores,
diagnoses, expert witness testimony, and offender characteristics described during the trials influenced their commitment decisions. Jurors reported that offenders' sexual offending history, failure to change, and lack of remorse had the strongest influence on their commitment decisions. They reported that testimony about risk instrument scores (e.g., Static-99) and psychopathy had less influence on their decisions, but those who did report being influenced by instrument results were especially likely to view the offender as being at a high risk for reoffending. Overall, findings suggest that SVP jurors view risk measure results as important, but not as important as other offender, offense, and testimony characteristics, including some that have limited relevance to recidivism risk. Thus, findings also suggest that experts may need to better educate jurors regarding factors that do and do not relate to recidivism risk. Copyright © 2015 John Wiley & Sons, Ltd.


College students have high rates of heavy drinking, and this dangerous behavior is strongly linked to sexual victimization. Although research has examined risk factors for sexual assault, few studies have simultaneously studied the various pathways through which risks may affect sexual assault and how these pathways may be uniquely different among females and males. As such, the current study uses path analyses to examine whether alcohol expectancies mediate the relationship between social factors (e.g., hooking up, amount friends drink) and drinking behavior and experiencing sexual victimization, and whether drinking behavior mediates the relationship between alcohol expectancies and sexual victimization among a college sample of 704 males and females from a large Midwestern university. For both females and males, sexual victimization was positively associated with child sexual abuse, hooking up more often, and heavier drinking, whereas greater alcohol expectancies were associated with sexual victimization only for females. Several mediating pathways were found for both females and males. Gender comparisons revealed that some of the pathways to sexual victimization such as hooking up, amount friends drink, and housing type operated differently for females and males.


This exploratory study examined how demographics, child sexual abuse (CSA), assault-related factors, and post-assault responses predict posttraumatic growth in a diverse sample (N = 1863) of female adult sexual assault victims. Multiple regression analysis showed that demographics (older age, ethnic minority race, less education) were all significantly related to greater posttraumatic growth, while CSA was unrelated to posttraumatic growth. Assault characteristics were weaker predictors of posttraumatic growth; whereas women's perception of life threat during the assault was related to greater posttraumatic growth. Post-assault factors including: greater levels of maladaptive coping, characterological self-blame, negative social reactions from others, and posttraumatic stress disorder (PTSD) symptoms were all related to less posttraumatic growth. Conversely, positive social reactions from others, perceived control over recovery, adaptive individual coping, and disrupted core beliefs were all related to greater posttraumatic
growth. Clinicians should facilitate these modifiable social psychological factors when treating survivors.


The social reactions that sexual assault victims receive when they disclose their assault have been found to relate to posttraumatic stress disorder (PTSD) symptoms. Using path analysis and a large sample of sexual assault survivors (N = 1863), we tested whether perceived control, maladaptive coping, and social and individual adaptive coping strategies mediated the relationships between social reactions to disclosure and PTSD symptoms. We found that positive social reactions to assault disclosure predicted greater perceived control over recovery, which in turn was related to less PTSD symptoms. Positive social reactions to assault disclosure were also associated with more adaptive social and individual coping; however, only adaptive social coping predicted PTSD symptoms. Negative social reactions to assault disclosure were related to greater PTSD symptoms both directly and indirectly through maladaptive coping and marginally through lower perceived control over recovery.


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Sexual assault survivors receive various positive and negative social reactions to assault disclosures, yet little is known about the directionality of associations of social reactions to posttraumatic stress disorder (PTSD) symptoms over time. Data from a large, diverse sample of women who had experienced adult sexual assault was analyzed with hierarchical linear modeling (HLM) to examine how negative and positive reactions relate to PTSD symptoms over 3 years and to test the hypothesis that the relationship between negative social reactions and PTSD symptoms is reciprocal. We found that, as predicted, social reactions predicted subsequent PTSD symptoms, and in turn PTSD symptoms predicted subsequent social reactions. We also investigated the role of sexual revictimization by comparing women who suffered (vs. not) additional sexual victimization during the course of our study. Revictimized women had greater PTSD symptoms and more negative social reactions, but associations of social reactions with PTSD symptoms did not vary according to revictimization status. Implications for practice and suggestions for future research are discussed.

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This study examined whether coping, emotion regulation, and self-blame mediate relationships of trauma histories with post-traumatic stress disorder and depression in adult sexual assault victims (N = 1863). A path analysis showed that theorized mediators partially mediated associations between trauma history variables and psychological symptoms. Specifically, child sexual abuse severity was related to greater post-traumatic stress disorder and depression indirectly through maladaptive coping and decreased emotion regulation but not self-blame. Other traumas had direct relationships with symptoms and partially mediated effects through maladaptive coping and emotion regulation. Child sexual abuse was unrelated to self-blame, but other traumas were related to greater self-blame. Results differed according to whether women had counseling post-assault. Implications are drawn for future research and clinical treatment of adult sexual assault victims.


Intimate partner violence (IPV) is associated with problem drinking. Correlates of alcohol consumption frequency and problem drinking were examined among female sexual assault survivors (N= 1,863). Data were analyzed with blockwise multiple regressions. Results show heavy alcohol consumption and problem drinking were associated with IPV history, sexual assault by strangers or acquaintances, and maladaptive coping. Physical IPV history and partner sexual assault showed distinct effects on drinking outcomes among women. Physical IPV history partially mediated the effect of childhood sexual abuse (CSA) on problem drinking. Research is needed to examine the relationship between victimization histories and drinking among female sexual assault victims. This might enable treatments and interventions to be tailored to the trauma histories of female victims.


This study examined sexual risk behaviors and sexual refusal assertiveness in relationship to child sexual abuse, emotion dysregulation, and adult sexual revictimization. Path analyses of 1,094 survivors who had sex in the past year were done to examine sexual risk behavior and sexual refusal assertiveness mediational pathways by which child sexual abuse severity and
emotion dysregulation may affect revictimization over one year in adult female sexual assault survivors. Exchanging sex for money and sexual refusal assertiveness were significantly associated with emotion dysregulation, whereas exchanging sex for money, and not sexual refusal assertiveness, was only significantly related to child sexual abuse severity. Both exchanging sex for money and sex refusal assertiveness mediated the relationship between emotion dysregulation and adult sexual revictimization. Exchanging sex for money mediated the child sexual abuse severity-revictimization relationship. These findings demonstrate the importance of considering both risky and protective sexual behaviors in research and prevention programming that address sexual revictimization in women.


Historically, many studies have examined rape victim blaming among various observers, using a vignette methodology in which victim characteristics were manipulated. However, a gap in the research concerns a clear distinction between victim and observer characteristics and its separate influence on rape victim blaming. The current paper explores this distinction by examining the victim characteristics of gender, sexuality, degree of resistance exhibited, and victim–perpetrator relationship, as well as the observer characteristics of gender, professional status, gender role attitudes, and rape myth acceptance in relation to rape victim blame. Findings indicate that these variables have significant effects on rape blame attribution. A number of theoretical standpoints including the Just World Theory, Defensive Attribution Hypothesis, and notion of Homophobia are discussed in relation to the findings with the aim of enabling interpretation of the results. The limitations associated with the vignette methodology are also identified and discussed, along with reference to the development of newer methodologies and their contribution to the field.


Background: Rape trauma contributes significantly to the mental burden of disease, affecting resilience and vulnerabilities at every developmental life stage. Appropriate resilience-promoting strategies could potentially buffer or protect trauma-exposed individuals from psychopathology. Aim: This study aimed to assess and compare (using validated measuring instruments) resilience, post-traumatic stress disorder (PTSD) and other variables in the acute aftermath of rape, between adolescent and adult females and to assess associations with these variables. Method: We conducted a comparative analysis of resilience, PTSD, prior trauma, demographic variables and psychiatric morbidity in 41 adolescent and 47 adult female rape survivors six weeks post-rape. We assessed the relationship of resilience to PTSD, demographic variables and prior trauma and investigated if resilience levels predicted PTSD after adjusting for prior trauma. Results: We found no significant differences in resilience levels between the groups, but the adolescent PTSD rate (40%) was double that in adults (20%). In adults, a significant negative correlation was evident between resilience and PTSD symptoms scores. Conclusion: More knowledge of resilience versus stress susceptibility for PTSD throughout the lifespan is needed and can inform the development of more effective clinical assessment and resilience-promoting strategies. (PsycINFO Database Record (c) 2015 APA, all rights reserved). (journal abstract)
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A new trend has emerged in print advertisements by which women’s bodies are literally morphed into objects. This study begins to explore this phenomenon by examining the effects of viewing these types of advertisements on attitudes toward rape and violence, as well as rape likelihood. In addition, this study examined the degree to which moral disengagement and dehumanization influences rape likelihood through rape myth acceptance. Three hundred eighty participants viewed 1 of 3 conditions—control, sexual objectification of women, or women as objects—and then filled out a number of questionnaires to assess their rape myth acceptance, acceptance of interpersonal violence, rape likelihood, and moral disengagement. Results indicated that although viewing sexually objectified women in advertising did not increase any of the dependent variables for individuals in the experimental conditions compared to the control condition, there was a main effect of sex for several dependent measures, as well as a full mediation of moral disengagement and rape likelihood by rape myth acceptance in male participants. These findings suggest that education aimed at correcting men's endorsement of rape myths might be a key pathway to decreasing rape likelihood. Despite these conclusions, this study's primary limitation was that it was conducted with collegiate participants with an unequal gender distribution.


While extensive research has studied sexual assault reporting behaviors and described negative experiences with the criminal justice system among victim-survivors, fewer studies have explored police officer attitudes, knowledge, and thought processes that may affect victims' perceptions of negative interactions and unsatisfactory outcomes within reported sexual assault cases. This study explores police officer understanding of the definition of sexual assault and characteristics that influence their perceptions and response. Ten police officers were interviewed within one police department in a midsized city in the Great Lakes region. The study uses a modified grounded theory approach. Findings suggest that officers employ distinct schema of reported sexual assaults. Case characteristics, perceived credibility of the victim, and types of evidence formed categorizations of false reports, ambiguous cases, and legitimate sexual assaults. Police officers describe the ways in which perceptions of the case may or may not influence the response and point to areas for improvement within police procedure. The study findings provide insight into recommendations for improved police interviewing and response to reported sexual assaults.


Utilizing data from an online survey of 979 university students, this study explores the relationship between prior sexual assault victimization experiences, belief in a just world, and acceptance of rape myths. Results indicated that men, younger respondents, and those with less education were more likely to support rape myths. Support for just world beliefs and rape myths were also positively associated, while rape victims exhibited less support for rape myths than non-victims. Implications for future studies are discussed.

The current study examined depression and physiological reactivity to a sexual threat task as longitudinal predictors of sexual revictimization in women with sexual victimization histories. The sample included 14 young adult women (Mage = 19.15) who reported child sexual abuse. Heart rate and root mean square of the successive differences were measured at baseline and during the presentation of sexual victimization–related words during an Emotional Stroop task. Results indicated that women who reported a greater history of childhood sexual abuse and adult sexual victimization were at increased risk for sexual revictimization 6 months after initial data collection. Furthermore, even after accounting for their childhood and adult sexual victimization histories and depression symptoms, women who exhibited reduced, or blunted, physiological activity during the sexual victimization stimuli of the Stroop task were more likely to report sexual revictimization during the 6-month follow-up. The findings suggest that sexual victimization survivors may benefit from interventions that address physiological blunting and the recognition of sexual threat cues in their environment.


As rape remains one of the most underreported and least likely to be cleared of the violent crimes, it is of paramount importance to understand the factors associated with the likelihood of a case being cleared by law enforcement. This study uses data from the National Incident-Based Reporting System (NIBRS) and the Law Enforcement Management and Administrative Statistics (LEMAS), and a multilevel modeling approach to examine the relationship between victim, offender, incident, and police department characteristics contrasting the two types of clearance: arrest and exceptional clearance. The latter occurs due to reasons outside of law enforcement's control and despite being considered cleared, the offender is not arrested, charged, nor turned over for prosecution. Of the 16,231 cleared rapes in 238 departments, nearly half (47%) results in exceptional clearance when the victim refuses to cooperate or when prosecution is declined. Incident-level variables have a greater effect on the likelihood of exceptional clearance than victim and offender variables. The department explained a nontrivial amount of variation in the dependent variable, as 37% of the variance in type of clearance was between-department variation. Implications for future research on exceptional clearance and NIBRS are discussed.


Sexual violence is prevalent nationally and contributes to psychopathology in the general population. Despite elevated traumatic event exposure among economically disadvantaged urban-dwelling African-Americans, there is insufficient information on lifetime sexual violence exposure and associated psychopathology in this population. In 2008-2009, 1,306 African-Americans from a Detroit household probability sample reported on lifetime rape and sexual assault and past-month and lifetime posttraumatic stress disorder (PTSD). Lifetime sexual violence prevalence was 26.3 % for women and 5.1 % for men. Relative to non-victims, sexual violence victims: reported more other traumatic events; had 4 times greater unadjusted odds of past-month and lifetime PTSD; had 1.6 times greater adjusted odds of lifetime PTSD only after controlling for other traumatic events. Sexual violence was associated with increased risk for lifetime PTSD and exposure to other traumas. Findings highlight a need to screen for sexual violence and PTSD among urban African-Americans.
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Abstract: Sexual revictimization (experiencing 2 or more rapes) is prevalent and associated with increased risk for posttraumatic stress disorder (PTSD) and substance use. However, no national epidemiologic studies have established the prevalence or relative odds of a range of types of substance use as a function of sexual victimization history and PTSD status. Using three national female samples, the current study examined associations between sexual revictimization, PTSD, and past-year substance use. Participants were 1763 adolescent girls, 2000 college women, and 3001 household-residing women. Rape history, PTSD, and use of alcohol, marijuana, other illicit drugs, and non-medical prescription drugs were assessed via structured telephone interviews of U.S. households and colleges in 2005–2006. Chi-square and logistic regression were used to estimate the prevalence and odds of past-year substance use. Relative to single and non-victims: Revictimized adolescents and household-residing women reported more other illicit and non-medical prescription drug use; revictimized college women reported more other illicit drug use. Past 6-month PTSD was associated with increased odds of drug use for adolescents, non-medical prescription drug use for college women, and all substance use for household-residing women. Revictimization and PTSD were associated with more deviant substance use patterns across samples, which may reflect self-medication with substances. Findings also could be a function of high-risk environment or common underlying mechanisms. Screening and early intervention in pediatric, primary care, and college clinics may prevent subsequent rape, PTSD, and more severe substance use.


Victims of drug- or alcohol-facilitated/incapacitated rape (DAFR/IR) are substantially less likely to seek medical, rape crisis, or police services compared with victims of forcible rape (FR); however, reasons for these disparities are poorly understood. The current study examined explanatory mechanisms in the pathway from rape type (FR vs. DAFR/IR) to disparities in post-rape service seeking. Participants were 445 adult women from a nationally representative household probability sample who had experienced FR, DAFR/IR, or both since age 14. Personal characteristics (age, race, income, prior rape history), rape characteristics (fear, injury, loss of consciousness), and post-rape acknowledgment, medical concerns, and service seeking were collected. An indirect effects model using bootstrapped standard errors was estimated to examine pathways from rape type to service seeking. DAFR/IR-only victims were less likely to seek services compared with FR victims despite similar post-rape medical concerns. FR victims were more likely to report fear during the rape and a prior rape history, and to acknowledge the incident as rape; each of these characteristics was positively associated with service seeking. However, only prior rape history and acknowledgment served as indirect paths to service seeking; acknowledgment was the strongest predictor of service seeking. Diminished acknowledgment of the incident as rape may be especially important to explaining why DAFR/IR victims are less likely than FR victims to seek services. Public service campaigns designed to increase awareness of rape definitions, particularly around DAFR/IR, are important to reducing disparities in rape-related service seeking.

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Sexual assault victims are at risk for developing mental health concerns related to their victimization (American Psychiatric Association APA, 2000; Breslau, Davis, Andreski, & Peterson, 1991). Many of these crimes go unreported to police, which can impact victim eligibility for some assistance programs (National Association of Crime Victims Compensation Boards, 2012) that could help them with the costs of desired medical and health care. Studies of crime-reporting behavior suggest that reporting decisions are made through consideration of various factors (Bachman, 1998; Felson, Messner, Hoskin, & Deane, 2002; Gottfredson & Gottfredson, 1988; Greenberg & Ruback, 1985; United States Department of Justice, Bureau of Justice Statistics USDOJ, 2010, 2011; Wolitzky-Taylor et al., 2011). Limited research however has been conducted on emotional (e.g., posttraumatic stress disorder PTSD) or depression symptoms) and cognitive (e.g., postcrime negative beliefs about the self or world) influences on these choices after a sexual assault. This study collected survey data from 834 female (n = 668) and male (n = 166) participants who experienced an unwanted and forced sexual event. Participants were recruited from online advertisements (n = 758) and an undergraduate subject pool (n = 76). In addition to the impact of assault characteristics and victim perceptions of the event, PTSD symptoms accounted for a significant portion of variance in reporting behavior. Specifically, avoidance symptoms decreased report likelihood, while re-experiencing and hyperarousal symptoms increased the probability of reporting. As greater avoidance symptom severity is thought to negatively impact the course of PTSD (Ehlers & Clark, 2000; Foa & Cahill, 2001), it is notable that these symptoms may reduce the police notification likelihood, thus, potentially impacting victim eligibility for some sources of financial support.

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Fredrickson and Roberts ( ) asserted that sexual objectification experiences are likely related to women's physical safety anxiety; however, to date, very few studies have examined this relationship. Using a sample of 228 U.S. undergraduate women ( n = 133 Black/African American; n = 95 White) from a Southeastern university, this study explored the relationships among sexual objectification experiences, physical safety concerns (i.e., perceived risk of crime, fear of crime, and fear of rape), and overall psychological distress. Findings revealed that Black/African American women reported more sexual objectification experiences and fear of crime than White women. Results of a measured variable path analysis suggested that perceived risk of crime fully mediated the relationships between sexual objectification experiences and fear of crime for both groups of women. Moreover, perceived risk of crime fully mediated the relationship between sexual objectification experiences and psychological distress for Black/African American women, but not White women. For White women only, fear of rape partially mediated the relationship between perceived risk of crime and fear of crime, and perceived risk of crime fully mediated the relationship between sexual objectification experiences and fear of rape. Taken together, the results suggest that a sociocultural context that objectifies women and their bodies is related to their sense of safety and security in the world.


While body image concerns and interpersonal violence exposure are significant issues for women, their interrelationship has rarely been explored. We examined the associations between severity of acute injuries, symptoms of posttraumatic stress disorder (PTSD), depression, and body image distress within a sample of predominantly African American victims of interpersonal violence (N=73). Severity of body image distress was significantly associated with each outcome. Moreover, body image distress was a significant, unique predictor of depression but not PTSD severity. We recommend continued exploration of body image concerns to further integrated research on violence against women.


Many young people who have been sexually assaulted are accessing the Internet through question and answer ( Q& A) social networking sites in order to obtain information, advice and counselling on sexual assault. This paper reports on a study that was conducted on the Q& As on sexual assault that were posted on Yahoo! Answers. It focuses on comparing answers supplied by counsellors who work at a sexual assault centre with those posted by other Yahoo members. It reports on an analysis of content, tone and 'best' answer. Sixty-five questions and 392 answers were analysed using interpretive description which is an inductive analytic approach. The responses by counsellors were voted 'best' by posters of questions ( Askers) in the majority of cases. Their responses were dispassionate, accurate and systematic and contained information about how and where Askers could access help. In contrast, the answers by general Yahoo members were inconsistent and lacked specificity. While most of their responses contained supportive comments, many contained condemnatory remarks about perpetrators and Askers, which were potentially damaging to both Askers and other Yahoo members who were accessing the site.

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Although most sexual assaults are committed by men who know their victims, few researchers have considered how characteristics of perpetrators and incidents differ depending on the victim–perpetrator relationship. This study addresses this gap with a community sample of 204 men who reported committing a sexually aggressive act in an audio computer-assisted self-interview. 2 (Relationship Type: Committed vs. Casual) × 2 (Sexual Precedence: Yes vs. No) ANOVAs revealed significant main effects of relationship type and sexual precedence associated with individual difference and incident characteristics. These findings demonstrate the importance of developing theories and prevention programs tailored for different relationship contexts.

Perpetrators use rape supportive attitudes and sexual assault incident characteristics to justify forcing sex on their victims. Perpetrators who can justify their behaviors are at increased risk for future perpetration. This study examined the relationships between rape supportive attitudes, sexual assault incident characteristics, and the post-assault justifications of 183 men sampled from the community who self-reported committing at least one act of sexual aggression. Hierarchical multiple regression analyses indicated that rape supportive attitudes, expectations for having sex, misperceptions of sexual intent, victims’ alcohol consumption, attempts to be alone with her, and the number of consensual sexual activities prior to the unwanted sex were significant predictors of perpetrators’ post-assault use of justifications. Greater use of justifications was a significant predictor of sexual aggression over a 1-year follow-up interval. These findings demonstrate the need for further research exploring when and why perpetrators use post-assault justifications and whether they are amenable to change.

Posttraumatic stress disorder (PTSD) is associated with a wide range of risky behaviors (e.g., substance use and risky sexual behaviors); however, few studies have examined mechanisms that may underlie risky behaviors in this population. The present study utilized a prospective experimental design to examine the effects of emotion dysregulation and impulsivity on risky behaviors across time. Thirty women with sexual assault–related PTSD were randomly assigned to receive emotion modulation (EM), impulsivity reduction (IR), or healthy living (HL; comparison condition) skills trainings. Participants completed measures of emotion dysregulation, impulsivity, and risky behaviors pre-manipulation and 1-month post-manipulation. Participants in the EM and IR conditions reported a significant reduction in risky behaviors from pre- to post-manipulation relative to the HL condition. Changes in emotion dysregulation from pre- to post-manipulation fully accounted for reductions in risky behaviors over time. Results provide preliminary experimental support for the role of emotion dysregulation in risky behaviors.

This article presents the results of a study assessing the needs and experiences of African
American and White female survivors of sexual assault in the state of Maryland. Eight specific hypotheses regarding differences in the needs and experiences of African American as compared to White women receiving partial or no support through analyses of interview data drawn from 213 survivors (African American survivors, n= 133; White survivors, n= 80) were explored. No differences were reported in medical care received; however, in comparison to their White counterparts, African American women reported decreased use of sexual assault crisis centers and mental health services, and postassault help-seeking through use of sexual assault hotlines. Barriers and facilitators associated with treatment experiences differed by ethnicity. Findings are discussed in relation to future directions for research, and service and policy improvement for survivors of sexual assault.


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Fear of sexual violence constrains women's lives in many ways. Underlying that fear is a set of widely shared cultural discourses which define women as physically vulnerable, assume women are incapable of protecting themselves and others, stress the ubiquity of male sexual predators, and hold women responsible for avoiding such predators. This article explores the ways in which service in the U.S. military, where sexual assaults appear to be especially common, and immersion in masculinist military culture can both challenge and reinforce women's belief in these discourses. Data come from 25 in-depth, semi-structured interviews conducted during 2012 and 2013 with a non-random sample of women who were current or former U.S. military members. All participants were under age 45 and had deployed to Iraq or Afghanistan at some point; some participants reported fear of rape during their military service and some did not.


Among women and gay and bisexual men, sexual assault is associated with increased rates of sexual risk behavior and negative sexual health outcomes. Although the mechanisms of these effects are potentially myriad, the current analyses examine the role of perceived partner pressure for condomless sex in mediating the association between adult sexual assault (ASA) and recent anal or vaginal sex without a condom. In a sample of 205 young adult women and gay and bisexual men, ASA was indirectly associated with condomless anal and/or vaginal sex via perceptions of partner pressure for condomless sex, chi2(1) = 5.66, p = .02, after controlling for race, age, gender and sexual identity, and relationship status. The elucidation of this relational
mechanism points to several potential intervention and prevention strategies that may reduce actual and perceived pressure for sex without a condom, including strategies designed to facilitate the prioritization of health and safety over relational goals and the improvement of partner selection and perceptions of partner pressure.


Victim impact statements (VISs) represent a contentious legal and psychological point of debate. Current knowledge concerning the influence of VISs on jurors’ emotional states and views of offenders is unclear. Using a sexual assault case, the present study attempted to disentangle these points of debate in the body of existing literature by (a) examining the direct influences of the presence of a VIS and juror Need for Affect (NFA) on sentencing recommendations, (b) assessing overall negative affective change as a mediating mechanism of these predictors, and (c) if mediation was present, identifying specific negative emotions that explain the effects of negative affective change. Results showed that presence of a VIS and a greater proclivity to approach emotions were associated with significantly greater sentencing recommendations. Moreover, change in negative affect mediated the effects of NFA approach and VIS exposure. Examination of changes in specific negative emotions revealed that increases in being upset and nervous mediated the impact of VIS condition; in addition, increases in hostility mediated the effect of NFA approach. Results are discussed with regard to emotion-based decision making of potential jurors, applications to trial process, and future research in the area.


Despite decades of feminist-inspired law reforms, rape remains highly prevalent. While many continue to fight for broad cultural and institutional changes, some argue that more immediate interventions are required. Self-defense techniques represent a key strategy of resistance to rape, and empirical evidence suggests that women’s active resistance may hold a number of positive benefits. In this essay, we compare the aims and objectives of a novel anti-rape technology, known as the Rape-aXe, with traditional self-defense techniques, focusing upon the potential for both to resist individual acts of sexual aggression and, more broadly, end gendered sexual violence.


Previous research has not conclusively determined whether traditional femininity increases women’s risk for sexual assault. Certain femininity beliefs, such as valuing deference, may increase risk for sexual assault by discouraging sexual refusal assertiveness (SRA). Other femininity beliefs, such as valuing purity, may promote self-protective behaviors. College women (N = 254) provided self-report data on these beliefs, risk and protective behaviors, and sexual assault experiences. Traditional femininity was not directly associated with experiencing sexual assault. However, specific traditional beliefs were related to behaviors directly associated with risk. High SRA and sexual abstinence simultaneously reduced the odds for sexual assault


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benign labels, such as "bad sex" or "miscommunication." A meta-analysis was conducted to estimate the mean prevalence of unacknowledged rape and to inform our understanding of methodological factors that influence the detection of this phenomenon. Studies were identified using PsycINFO, PubMed, and PILOTS and were required to report the percentage of unacknowledged rape that had occurred since the age of 14 among female survivors. Moderator variables included mean participant age, recruitment source, rape definition, and unacknowledged rape definition. Twenty-eight studies (30 independent samples) containing 5,917 female rape survivors met the inclusion criteria. Based on a random effects model, the overall weighted mean percentage of unacknowledged rape was 60.4% (95% confidence interval [55.0%, 65.6%]). There was a large amount of heterogeneity, Q(29) = 445.11, p < .001, and inconsistency (I^2 = 93.5%) among included studies. The prevalence was significantly higher among college student participants compared to noncollege participants. The findings supported that over half of all female rape survivors do not acknowledge that they have been raped. The results suggest that screening tools should use behaviorally descriptive items about sexual contact, rather than using terms such as "rape."

An essay on the violent death of a sixteen-year-old girl named Jada who was allegedly raped and killed is presented. The photographs of her body spread through social media after the alleged rape and went viral with hashtags including #JadaPose, #StandWithJada, and #JusticeForJada. It stresses the potential of feminist hashtags to expose the transnational pervasiveness of gendered violence.

Using data from a survey of perceptions of 932 child welfare professionals about the utility of extended assessments, the researchers constructed a scale to measure respondents' views about sensitivity (ensuring sexually abused children are correctly identified) and specificity (ensuring nonabused children are correctly identified) in child sexual abuse evaluations. On average, respondents scored high (valuing sensitivity) on the sensitivity versus specificity scale. Next, the researchers undertook bivariate analyses to identify independent variables significantly associated with the sensitivity versus specificity scale. Then those variables were entered into a multiple regression. Four independent variables were significantly related to higher sensitivity scores: encountering cases requiring extended assessments, valuing extended assessments among scarce resources, less concern about proving cases in court, and viewing the goal of extended assessments as understanding needs of child and family (adjusted R^2 = .34).

Purpose: This study examined adolescent rape in light of two popular stereotypes of young rapists. The "deficit" view emphasizes various sexual, psychological, or social problems, whereas the "entitlement" perspective highlights instrumental motivation, confidence, and gender-based privileges. Methods: The study analyzed data on adolescent males from the National Longitudinal Study of Adolescent Health (Add Health). We used rare events logistic regression analysis to test the associations between rape and sexual abuse, sexual activity, personality and social attributes, and control variables. Results: Findings indicated notable associations between adolescent rape and variables emphasized by both stereotypes: net of a range of controls, a history of sexual abuse and low sexual self-control were associated with rape, but rape was also positively
associated with self-esteem. We found no significant relationships between adolescent rape and sexual precociousness, number of sexual partners, using sex as a coping mechanism, social isolation, impulsivity, or narcissism. Conclusions: These findings suggest that both the deficit and entitlement stereotypes hold some merit for understanding why some young men rape.


Many sexual violence survivors do not label their experiences as rape but instead use more benign labels, such as "bad sex" or "miscommunication." A meta-analysis was conducted to estimate the mean prevalence of unacknowledged rape and to inform our understanding of methodological factors that influence the detection of this phenomenon. Studies were identified using PsycINFO, PubMED, and PILOTS and were required to report the percentage of unacknowledged rape that had occurred since the age of 14 among female survivors. Moderator variables included mean participant age, recruitment source, rape definition, and unacknowledged rape definition. Twenty-eight studies (30 independent samples) containing 5,917 female rape survivors met the inclusion criteria. Based on a random effects model, the overall weighted mean percentage of unacknowledged rape was 60.4% (95% confidence interval [55.0%, 65.6%]). There was a large amount of heterogeneity, $Q(29) = 445.11, p < .001,$ and inconsistency ($I^2 = 93.5$%) among included studies. The prevalence was significantly higher among college student participants compared to noncollege participants. The findings supported that over half of all female rape survivors do not acknowledge that they have been raped. The results suggest that screening tools should use behaviorally descriptive items about sexual contact, rather than using terms such as "rape."


Disinhibition was examined as a mechanism in revictimization using a prospective research design. Of the sample of 211 young adult women, 43.1% reported prior sexual victimization (birth to the time of our initial assessment) and 32.2% reported sexual assault during the 6-month follow-up. The findings suggest that disinhibition was a partial mediator. Prior sexual victimization was associated with increased disinhibition as well as increased future sexual assault. Greater disinhibition was associated with increased future sexual assault. Once disinhibition was accounted for, the original relationship between prior and future sexual assault was reduced. Disinhibition partially explained revictimization and these behaviors might serve as possible targets of change in sexual victimization prevention work.


Background
Sexual violence is a serious and costly public health problem. Current research that systematically documents the broad range of economic costs of sexual violence is lacking.

Purpose
To estimate the incidence and costs of sexual violence in Iowa in 2009.

Methods
Using data obtained from population surveys, six Iowa government agencies, and other sources,
we estimated sexual violence incidence, costs per incident, and total costs in 2009 dollars, by age and sexual violence category, and for various cost elements. We calculated direct costs of medical care, mental health care, property damage, victim services, investigation, adjudication, and sanctioning, as well as indirect costs for lost work and quality of life. We collected data in 2010–2011 and completed analysis in 2013.

**Results**

In 2009, an estimated 55,340 individuals experienced sexual violence in Iowa, including 49,510 adults and 5,930 children. Nearly three of every four victims were women. The estimated total cost of sexual violence in 2009 was $4.7 billion, equating to $1,580 per resident. This estimate included $4.44 billion in indirect costs and $265 million in direct costs. In the same year, the government spent an estimated $100.6 million as a result of sexual violence in Iowa, more than half of which ($55.3 million) was spent on perpetrators and little ($0.9 million) on prevention.

**Conclusions**

The economic costs of sexual violence are high for individuals and society. Cost information can help identify the burden of sexual violence relative to other social problems in Iowa and prioritize funding for prevention and intervention.


This study tests whether there is substantial undercounting of sexual assault by universities. It compares the sexual assault data submitted by universities while being audited for Clery Act violations with the data from years before and after such audits. If schools report higher rates of sexual assault during times of higher regulatory scrutiny (audits), then that result would support the conclusion that universities are failing to accurately tally incidents of sexual assault during other time periods. The study finds that university reports of sexual assault increase by approximately 44% during the audit period. After the audit is completed, the reported sexual assault rates drop to levels statistically indistinguishable from the preaudit time frame. The results are consistent with the hypothesis that the ordinary practice of universities is to undercount incidents of sexual assault. Only during periods in which schools are audited do they appear to offer a more complete picture of sexual assault levels on campus. Further, the data indicate that the audits have no long-term effect on the reported levels of sexual assault, as those crime rates return to previous levels after the audit is completed. This last finding is supported even in instances when fines are issued for noncompliance. The study tests for a similar result with the tracked crimes of aggravated assault, robbery, and burglary, but reported crimes show no statistically significant differences before, during, or after audits. The results of the study point toward 2 broader conclusions directly relevant to policymaking in this area. First, greater financial and personnel resources should be allocated commensurate with the severity of the problem and not based solely on university reports of sexual assault levels. Second, the frequency of auditing should be increased, and statutorily capped fines should be raised to deter transgressors from continuing to undercount sexual violence. The Campus Accountability and Safety Act, presently before Congress, provides an important step in that direction.


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Currently, no clinical research has ever been conducted to examine what, if any, traumatic effects take place when pregnancy results from a sexual assault during military service. The present study investigated the emotional experience and impact of rape and pregnancy on women serving in the military. A qualitative, grounded theory research methodology analyzed single-session interview data with seven self-selected participants. Five major themes emerged from the data. The authors discuss the implications of pregnancy from a sexual assault in military service and suggest future research regarding how social workers can begin to address the traumatic impact of this silent epidemic of pregnancy resulting from rape.


Although verbally coerced and incapacitated sexual assaults are common, less is known about perpetrators of these incidents in comparison to perpetrators of forcible assaults. Furthermore, few studies have investigated factors that differentiate perpetrators who employ different forms of sexual assault tactics. The current study included 526 men who completed self-report inventories at the end of each of their four years in college. Measures assessed sexual assault tactics, demographics, incident characteristics, risky behavior, rape supportive beliefs and peer norms, antisocial traits, and childhood adversity. Perpetrators were grouped based on the most severe tactics reported over the course of 7 assessed time periods, with 13% in the verbal coercion group, 16% in the incapacitation group, and 5% in the forcible group. ANOVAs determined that the forcible group scored significantly higher than incapacitation and verbal coercion groups on risky behavior, rape supportive beliefs/norms, antisocial traits, and childhood adversity. The incapacitation group scored higher than the verbal coercion group on risky behavior. In a multinomial logistic regression analysis comparing tactic groups to non-perpetrators, all tactic groups scored significantly higher on risky behavior and rape supportive beliefs/norms, and the forcible group scored higher on antisocial traits and childhood adversity.
Perpetrators in the forcible group had engaged in more repeat offenses, and perpetrators of both the incapacitated and forcible assaults were more likely to use alcohol before the incident. Findings highlight the need for interventions that are tailored to offense trajectories, alter rape supportive attitudes and peer norms, and decrease campus substance use.


The purpose of the current study was to understand the prevalence, severity, and predictors of repeated sexual coercion and assault (SCA) in a non-criminal sample. Participants were 795 college men who were surveyed at the end of each of their 4 years in college. Participants completed self-report inventories once per year for 4 years. Measures assessed demographics, adverse childhood experiences, offense characteristics, antisocial personality characteristics, attitudes towards women and forced sex, perceived social norms, sexual behavior, and substance use. Results indicated that, among the 238 participants who reported at least once incident of SCA, 68 % engaged in repeated SCA, with repeat offenders engaging in aggressive acts of higher severity that began at an earlier age. A multinomial logistic regression model compared single and repeat offenders to non-perpetrators. Both single and repeat offenders endorsed more risky behaviors and sexually aggressive beliefs than non-perpetrators. Single offenders were higher on childhood adversity than non-perpetrators and repeat offenders were higher on antisocial personality traits than non-perpetrators. A second multivariate model compared single offenders to repeat offenders. Repeat offenders scored higher than single offenders on risky behaviors, sexually aggressive beliefs, and antisocial traits. Findings highlight the high prevalence of repeated SCA in young adults, the need for interventions that decrease rape supportive attitudes and risky substance use, and the importance of expanding models of sexual recidivism to include multiple risk factors.


Despite significant mental health needs among sexual assault (SA) victims in the military, little is known about treatment-seeking patterns or factors associated with service use. This study examined service use behavior, barriers, and facilitators of mental health treatment-seeking in an active duty sample of 927 U.S. Army soldiers with mental health problems. SA victims ( n = 113) did not differ from non-victims on barriers or facilitators after adjusting for demographic and mental health variables, with stigma rated as the largest barrier. Most SA victims (87.6%) had sought informal support and 59.3% had sought formal treatment. One third of treatment-seekers had dropped out of treatment. Multivariate logistic regression analyses identified several correlates of treatment-seeking among SA victims: Black race ( OR = 7.57), SA during the military ( OR = 4.34), positive treatment beliefs ( OR = 2.22), social support for treatment ( OR = 2.14), self-reliance ( OR = 0.47), and stigma towards treatment seekers ( OR = 0.43). Mental health symptoms were not associated with treatment seeking. Findings suggested that treatment-facilitating interventions should focus on improving recognition of mental health symptoms, altering perceptions related to self-reliance, and reducing stigma. Interventions should also enlist support for treatment-seeking from unit members, leaders, and significant others.