

**Sexually Stressful Experiences
In University Students**

**Brenda Lee Doyle ©
Lakehead University**

**Masters Thesis
As Partial Fulfilment For A
Masters Of Arts Degree**

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Abstract

Fifty one male and female University students were given a questionnaire inquiring about the occurrence and nature of both invasive (physical contact) and non invasive sexually stressfully experiences in their lives. Of this total, 76.5% reported they had a SSE. Of the fourteen male students responding, 35% indicated at least one SSE. Of the 37 female students, 92% stated that they had at least one SSE. A total of 104 SSE's were reported with an average of 2.7 per person. There was an almost equal distribution of invasive and non invasive incidents reported. The most common SSE's were unconsented touching and threats of sexual assault. Ninety four percent of the SSE's involved one attacker who was most often a date or boyfriend. All the incidents were seen as stressful by the victims but the stress level decreased over time. Thirty two percent of the victims felt that the SSE caused a disruption in their lives, primarily in their feelings of safety and interpersonal relationships. Most victims reported to a close friend and family member but only six percent reported it to legal authorities. The most common reasons for not reporting were that victims wanted to forget it or thought it was too commonplace to report. Aggravated sexual assault was perceived as the most stressful to all subjects. Victims were less stereotypic in their attitudes toward sexual assault than non victim subjects and were able to relate better to others SSE victims. Victims also were willing to give longer sentences to hypothetical offenders than

non victims. These findings give strong support for the need for counseling for SSE victims and the usefulness of victims helping other victims deal with their SSE.

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INTRODUCTION

Recently the public has been exposed to a proliferation of television dramas, movies, books, newspaper and magazine articles about the crime of sexual assault, its offenders and its victims. In the last fifteen years, the amount of information available in the professional literature on sexual assault has increased a hundred fold (Ellis and Beattie, 1983), with contributors from a wide variety of disciplines including psychology, sociology, psychiatry, nursing, anthropology, criminology, law, feminist philosophy and politics. However although this increased societal awareness of sexual assault, and its resulting problems is a relatively recent phenomenon, the crime itself has had a long disturbing history dating back to men and women's first struggle for power (Brownmiller, 1975).

Cann et al (1981) propose that many of the reasons why sexual assault is only now receiving public interest is directly related to the Women's Movement of the 1960's and 1970's in that during this time many women grouped together to share their experiences. To their surprise many of them had been forced physically or emotionally to perform sexual acts. The Women's Movement brought this awareness to the public and a "me too" wave swept the continent. Cann et al (1981) suggest that a crime only receives attention when actual and potential victims have enough power to demand such attention. Before the Women's Movement women were generally isolated. When one person voiced a concern about sexual

assault, it was relatively weak with little impact.

Prior to this recent attention, sexual assault and rape tended to be viewed somewhere between accepted practice and unacceptable crime in a male oriented society. Mostly, sexual assault was laden with glorified images of conquest and sexual provocation rather than facts on the violent and aggressive nature of the crime. Rapists were the most intriguing, exciting, hated, feared and idolized of all criminals. They were pictured in the media and imaginations of many, as sex-starved playboy Romeos who were driven by uncontrollable sexual impulses. The women (victims) in these scenarios were seen as either sluts, whores or tarts who dressed provocatively and seemingly "asked for it", or as innocent naive beautiful blondes who didn't know the effect they had on men. In the legal system of Canada prior to 1983, attention in the trial was primarily focused on the victim's possible role in "inducing" the rape, while the rapist was given much more sympathy since the victim could be crying rape for ulterior motives of revenge, pregnancy or because they got caught in the act.

Today the contemporary view of sexual assault sees it as an act of violence expressing power, aggression, conquest, degradation, anger and contempt (Brownmiller, 1975; Burgess and Holmstrom, 1974; Clark and Lewis, 1977; Cohen et al, 1971; Griffin, 1971). While the public awareness of sexual assault is growing, so is its incidence. Recent statistics show that it is the most rapidly increasing violent crime in America (F.B.I. Uniform Crime Reports, 1982). In Canada, according to the Canadian Advisory

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Council on the Status of Women (1980), a woman is raped (forced coitus intercourse) every twenty-nine minutes. Every six minutes a woman is sexually assaulted (attempted rape, molestation). Because this crime affects a large portion of the country's population, the legal community has spent a great deal of time developing an appropriate definition of sexual assault and looking into what kind of sentences should be handed down for it.

Sexual Assault Defined

In 1983, the Criminal Code of Canada Section 246 (1-3) defined sexual assault as all sexual advances not consented to by a victim; from touching for a sexual purpose to the most severe aggravated sexual assault where the victim is wounded, maimed or disfigured and/or the victim's life is put in danger. Sexual assault in this law is divided into three levels which are dependent on the seriousness of the crime, the amount of violence involved and the extent of injury suffered by the victim. The first category describes a sexual assault involving the use of threat or force. The second category describes a sexual assault with a weapon, threats to a third party or causing bodily harm. A person convicted of either of these categories can be given a penalty of up to fourteen years imprisonment. Category three describes the most severe level, an aggravated assault where the accused wounds, maims or disfigures the victim or puts his/her life in danger. If convicted, a person faces a penalty of up to the life imprisonment.

Sexually Stressful Events

One negative result of having a definition so general and far reaching as well as having publicity on its high incident rate, is that many people (female and male) who have experienced events such as inappropriate touching or "date rape" (forced intercourse in a romantic relationship) often do not consider them a crime since no physical injury occurred or because they see the event as being too commonplace to be a crime. Divasto et al (1984) acknowledged this problem and attempted to reclassify such events that people consider too general or commonplace to call sexual assault as sexually stressful events for research purposes.

Sexually stressful events (SSE) are defined as any type of sexual experience that causes a person discomfort, stress, anger and/or fearfulness, such events occurring, without the victims consent. Two broad categories of sexual stressful events are then used by Divasto et al (1984) to determine whether actual physical contact to the victim's body took place (Invasive category) or if the SSE consisted of threats or comments that were spoken or seen but no actual physical contact took place (Non-Invasive). Some examples of invasive SSE are unsolicited fondling or touching, attempted sexual assault, forced intercourse on a date, sexual assault, forced fellatio, etc. Examples of noninvasive SSE include obscene phone calls, exposures or exhibitionism, peepers (peeping toms) and sexual harassment.

Sexual Assault Trauma Syndrome

Persons who have experienced some type of SSE often undergo some emotional, physical and behavioural changes because of the event. Some events such as sexual assault often shatter a person's belief system about the world and hence are experienced as a life crisis. Caplan (1964) describes crisis as a problem that overtaxes the individual's psychological resources and with its solution being beyond his/her traditional problem solving methods. This problem or event causes disequilibrium in the individual who must seek out new coping strategies in order to re-establish pre-crisis equilibrium. Sexual assault crisis differs in several important respects from other types of crises resulting from death, divorce or accident. Primarily, it is precipitated by a hostile and aggressive assault on both the physical and emotional integrity of the victim (Burgess and Holmstrom, 1979). Also, this act has specific negative physical, emotional and social consequences for the victim. One of the social consequences of note is the lack of sympathy and compassion, or the outright hostility and disbelief afforded the victim of the SSE.

Two nursing researchers (Burgess and Holmstrom, 1974), while working at Boston General Hospital over a period of years, found that most sexual assault victims experienced a similar intensive stress reaction which they called "Sexual Assault Trauma Syndrome" (SATS). This syndrome includes physical, emotional and behavioural concomitants which were attributed to the violence and

loss of personal autonomy and control which victims experienced during a sexual assault. The syndrome consists mainly of two stages comprising of a short term acute crisis phase followed by a longer re-organizational phase. The initial stage is one of acute shock both emotionally and physically where the victim's coping and life functioning processes are in disarray. Burgess and Holmstrom, (1974), found that the primary emotion expressed during this phase was that of fear -- fear of physical injury, mutilation and death. As a result of this fear of being killed, many victims develop a wide range of stress-related symptoms and express feelings ranging from humiliation, degradation, loss, guilt, shame and embarrassment to shock, anger, confusion and desires for revenge. Mood swings are also very common during this time. Physically, the trauma includes headaches, muscle tension, fatigue, sleep pattern disturbances, nausea and gastrointestinal irritability (Ruch and Chandler, 1983). This acute or disruptive phase can last from several days to weeks.

In the re-organizational phase, trauma diffuses throughout the victim's life causing diverse reactions such as anxiety, fear, depression, phobias, insomnia, interpersonal dysfunction and major changes in life style (Calhoun, Cann, Selby and Magee, 1981). During this phase, the victim has the task of restoring order to her/his lifestyle and re-establishing her/his sense of control in the world. Personal safety is often a top priority and victims often change apartments, phone numbers, jobs and sometimes cities in order to feel safe again. The re-organizational phase can last

anywhere from months to years (Burgess and Holmstrom, 1974).

Post Traumatic Stress Disorder

Although sexual assault trauma syndrome is quite unique and specific to victims who have experienced this crime, it also shares many similar symptoms with the Post Traumatic Stress Disorder which is listed in the DSMIII-R (Diagnostic and Statistical Manual, Third Edition-Revised, APA, 1981). The diagnostic criteria for PTSD disorder is as follows:

- a) The person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone.
- b) The traumatic event is persistently re-experienced in at least one of the following ways:
 - 1) recurrent and intrusive distressing recollections of the event
 - 2) recurrent distressing dreams of the event
 - 3) sudden acting or feeling as if the traumatic event were reoccurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative (flashback) episodes, even those that occur upon awakening or intoxication
 - 4) intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event, including an anniversary of the trauma.
- c) Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma) as indicated by at least three of the following:
 - 1) efforts to avoid thoughts or feelings associated with the trauma
 - 2) efforts to avoid activities or situations that

arouse recollections of the trauma

- 3) inability to recall an important aspect of the trauma (psychogenic amnesia)
 - 4) markedly diminished interest in significant activities
 - 5) feeling of detachment or estrangement from others
 - 6) restricted range of affect
 - 7) sense of a fore shortened future.
- d) Persistent symptoms of increased arousal (not present before the trauma) as indicated by at least two of the following:
- 1) difficulty falling or staying asleep
 - 2) irritability or outburst of anger
 - 3) difficulty concentrating
 - 4) hyper-vigilance
 - 4) exaggerated startle response
 - 5) physiologic reactivity upon exposure to events that symbolize or resemble an aspect of the traumatic event.
- e) Duration of the disturbance (symptoms a,b, c, and d) of at least one month.

It is believed that a person who experiences an SSE will exhibit at least some of these symptoms. The more symptoms the person experiences, the more likely her/his lifestyle will be severely disrupted.

Variables Affecting Recovery

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Many researchers have been very interested recently in what

factors affect the recovery of a victim from sexual assault trauma syndrome. Broadly speaking, research has focused on either the actual assault or the victim. Assault variables that have been found to affect recovery are: 1) the nature of the sexual aggression; 2) the amount of violence involved; 3) the number of assailants and their relationship to the victim; 4) the amount of physical injury suffered by the victim (Burgess et al, 1978; Burgess and Holmstrom, 1979; McCahill, Meyers and Fischman, 1979; Ruch and Chandler, 1983). Variables relating to the victim are significantly correlated to the intensity of the sexual assault trauma. Such variables include the victim's age, sex, ethnicity, socioeconomic status, pre-existing mental health problems, prior life changes, earlier sexual victimization experience, available coping mechanisms and social and family support systems (Burgess et al, 1978; Burgess and Holmstrom, 1979; Notman and Nadelson, 1980; Ruch and Chandler, 1979; Ruch and Leon, 1983; Williams and Holmes, 1981). While each of these variables influences recovery, none is more important in determining how a person will adjust after a sexual assault than the amount of social and family support s/he receives.

Social support consists of having a person or a network of people interested and caring about an individual's best interests and well being. Sometimes professional agencies such as hospitals, counselling services, 24 hour crisis hotlines, mental health agencies or pastoral care may be considered a person's social support while other times it may be family, friends, social groups,

or work companions. Social support often casts the deciding vote in how a person feels about the SSE, herself/himself and whether or not s/he will report the incident to the legal authorities. For example, if a person tells a friend or family member that s/he has had a SSE and the receiving person reacts supportively in a listening and caring fashion, then the victim is much more likely to feel better, recover more quickly and report the SSE to the police or legal authorities. However, if a friend who received the information about the SSE ignored it or tried to make the victim feel responsible for the event, then the victim is more likely to feel badly, have a slower, more painful recovery and not report the incident to the police (McCahill, Meyer, Fischman, 1979). If the victim does not tell anyone about the SSE, than s/he is most likely to have the most difficult recovery since the anger, grief, humiliation and shame would be turned inward instead of directed at the assailant or at society. Pennebaker and Beall (1986) found in their study of college undergraduates that the very act of self-disclosing highly personal and upsetting information acted as an effective coping mechanism relieving stress and discomfort. The non-disclosing students who resisted telling others their problems, were much more likely to suffer emotional and physical problems one year later.

Factors Affecting Reporting SSE

4

Recently there has been an increase in interest in why sexual

assault and other SSE are the least reported of all crimes. Clark and Lewis (1977) suggested that only one in ten sexual assault victims reported to the police. Other estimates (Feldman, Summer and Ashworth, 1981) state that it is more likely only one in a hundred report SSE if one takes into account the low reporting rate in child sexual abuse.

Feldman, Summers and Ashworth (1981) investigated 100 sexually assaulted women in the Washington area and found that intentions to report varied substantially according to ethnic group, with white women being the most likely to report and Asian women being the least likely. They also found that the best predictor for a woman reporting or not was the specific perceived outcome of her actions; namely if she could be assured of feeling safe and calm afterward. What the women stated they wanted most was to recover the sense of well being that they felt had been lost after the assault.

Overall a large majority of the women in Feldman et al's studies did not report. Some of the common explanations for not reporting were that: 1) they thought that the sexual incident was too commonplace to be considered stressful; 2) they didn't think they would be believed or taken seriously; 3) they thought the police would think they were being vindictive and wanting to get revenge on the person; 4) they just wanted to forget about it and not deal with it anymore; 6) they didn't believe the justice system would be effective in handling their case; 7) they feared the attacker would retaliate; 8) their family and/or friends had

convinced them not to report.

As each person is different, each victim of a SSE has her/his own unique rationale for why s/he did not report. Although this type of information is very important on an individual client level, it is more important for researchers to quantitatively determine what are the more popular reasons. Then professionals whether in the legal, mental health, or educational field could work at finding ways to overcome the identified barriers to reporting. This goal deserves consideration since it is believed that the more people who report the more likely it is that they can receive the needed help and support as well as removing the assaulter from the streets. Currently there is a gap in the research in this area.

Myths About Sexual Assault

The topic of sexual assault and other sexually stressful experiences has been plagued with myths about the victims, the assaulters, and why they do what they do. Although sexual assault is one crime that knows no age, financial, social, educational, or ethnic barriers, most people believe it is the problem of poorly educated young women from minorities and lower socioeconomic groups. Mazellan (1980) in her study of 200 undergraduates, found that the prevalent stereotype of the sexual assault victim was that of an attractive young woman dressing and behaving in a suggestive manner. Generally, in her study, two broad categories of sexual

assault victims emerged from the data. They were 1) the very negative image of the sexual assault victim as being a prostitute or tart who dresses and behaves provocatively, and 2) the image of a young attractive flirt who is naive and who probably doesn't realize the effect she has on men. The second stereotype is presumably generated to explain why some particularly respectable women could have been assaulted. Unfortunately the very negative image of the rape victim is always in the background.

The truth of the matter is that any woman or child is a potential victim regardless of age, background, dress or manner. In a now classic study by Amir (1971) of convicted rapists in the Philadelphia area, it was found that eighty percent of the rapes were preplanned and that victims were chosen by their availability (wrong place, wrong time) rather than by their physical attributes. Also empirical evidence indicates that rape and sexual assault victims are no different than any random sample of the female population (Medea and Thompson, 1974, Clark and Lewis, 1977). MacDonald (1975) points out from a police officers point of view that there are many types of victims not just the young and pretty.

"Those who believe the victim of rape is usually an attractive young girl would be surprised by the procession of middle aged and elderly as well as the young, the obese and the slim, the neatly dressed and the bedraggled, the sick and the lame that are hauled to the interviewing room of the detective bureau."

Although it is true that the majority of women who report sexual assault are between the ages of sixteen and thirty, this high incidence may have more to do with their freedom of movement and availability in the public eye than anything else. Mazellan (1980) reports that sexual assault victims are very aware of these negative images and their very existence could be a contributing factor to why so few report the offence.

Another myth about sexual assault victims is that prostitutes cannot be raped or assaulted since they offer sexual services for sale. Silbert (1982) investigated 200 street prostitutes in San Francisco and found that a majority (73%) of the women had been sexually assaulted in situations that were totally unrelated to work. Seventy percent of the women were also victimized by customer rapes or clients going beyond the work contract, i.e. whippings, sodomy, etc., with an average of 31 non-consented aggressive acts for each woman.

Mystery and misinformation also surrounds the sex offender. Perhaps one of the most misleading assumptions generally made in regard to men who sexually assault, is that their offenses are motivated by sexual desire. The rapist or sexual assaulter is often portrayed as a lusty male who is the "victim" of a provocative and vindictive woman, or he is seen as a sexually frustrated man reacting under the pressure of his pent up needs. Other times, he is seen as being a demented, sex fiend harbouring insatiable and perverted desires. Contrary to these myths,

clinical studies (Groth and Birnbaum, 1979; Panton, 1978) have shown that forcible sexual assault often is a result of retaliatory and compensatory motives, involving issues of hostility (anger) and control (power) more than passion (sexuality). Sexual assault is a crime of violence where the victim is not viewed as a person but as an object upon which the rapist vents his aggression, anger, frustration, insecurity and rage.

Another common myth is that the rapist is insane. Empirical findings (Groth, 1979; Amir, 1971) demonstrate that the majority of offenders are not psychotic but are mostly men who have serious personality difficulties which make it difficult for them to establish and maintain relationships with others, hence under stress they act out sexually as a way of overcoming their distress. These offenders typically have little capacity for warmth, trust, compassion, or empathy in their relationships with others. They are devoid of mutuality, reciprocity and a genuine sense of sharing. However on psychometric testing, sex offenders do not constitute a unique or psychopathological type (Amir, 1971). Sgroi (1982) and Woititz (1989) have found that at least one third, if not more, sexual offenders had been victims of some type of sexual trauma previously. They then went on to offend others in the future as a means of working out their own repressed feelings of anger, inadequacy, confusion, vulnerability, control and shame.

Another misconception about the rapist is that he will be a stranger. However, more often than not, the offender will be someone known to the victim, such as a relative, friend, neighbour

or an acquaintance who the victim may only recognize from work or school. Susan Brownmiller (1975) states that no woman is immune to being a victim of sexual assault and all men are capable of being offenders. The reason a high portion of sexual assaults occur among acquaintances is because societal norms dictate that it is proper to trust friends and relatives, and distrust strangers. If one distrusts a friend, s/he tends to feel guilty about being suspicious.

Another unfortunate myth commonly believed by men is that when a woman says "no", she really means "yes", and says "no" because she doesn't want to seem eager or easy. Coercion and force then become an acceptable way of getting what the man wants, while still saving the virginal appearance of the woman. Socialization tends to play a major role in this attitude where from a very early age, men and women are taught to view relationships differently (Brownmiller, 1975). Typically, men are supposed to be aggressive, dominant, actively seeking what they want, while women are brought up to be submissive, passive and yielding in sexual and nonsexual areas. This type of attitude presents a double edged sword for both men and women when faced with an ambiguous situation. Fortunately, women are capable of making decisions and taking responsibility including saying "yes" if that is what they mean. Unfortunately, many sex offenders have clouded understandings of consent, and interpret "no" as an invitation to take what they feel belongs to them anyway.

Clark and Lewis (1977) state that the distortions of human

sexuality which society perpetuates such as a woman's alienation from her own body and sexuality, a man's resentment at having to purchase sexual fulfilment through material goods; and the unequal bargaining that trades security for sex; make it inevitable that much of the sexual contact between a man and a woman will as a result be coercive in nature.

Sexual Assault Attribution

Many times as mentioned earlier, we tend to internalize stereotypic beliefs about sexual assault victims and offenders, and accept them as facts, rather than assumptions. This often happens when we want to make some sense of a crime and figure out how it fits in with our conceptions of the world. For example, if we see the world as violent and life threatening, then we can readily understand why sexual assault happens. However, if we see the world as peaceful, just and fair, where people get what they put into it, then sexual assault creates a conflict with your perceptions. In an uncomfortable situation such as this, a person often times tries to assign or attribute responsibility and/or blame for its occurrence on someone or some thing.

Lerner and his colleagues (Lerner, 1980; Lerner and Matthew, 1967; Lerner and Simmons, 1966) developed an attributional theory known as the "Just World" perspective which states that people need to believe that the world in which they live is a fair and just one. It suggests that people try to maintain the belief that there

is a correspondence between what people do and what happens to them. Often this leads people to blame the victims of such events as sexual assault for their own misfortunes. Persons who have a "Just World" belief are more likely to hold stereotypic attitudes about sexual assault.

Many studies (Baker and Peterson, 1977; Libow and Doty, 1979; Gilmartin-Zena, 1983; Gulotta and DeCataldo, 1983; Jensen and Gutek, 1982) have also documented that victims of sexual assault and other SSE tend to assign responsibility and/or self-blame according to past ideas of cause and effect relationships.

Victims' Self-Blame

Janoff-Bulman (1979) distinguished two major types of self-blame namely, control-related and esteem related. Control-related self-blame focuses on behavioral mistakes such as leaving the chain door unlocked or letting a stranger use the phone. Esteem-related self-blame focuses on the victim's fallible character such as believing that if she was not so stupid, bitchy, or unloveable, then he wouldn't have done it. In the case of control-related self-blame, most often other people tend to let the victim know that they hold them responsible. Hence the victims frequently internalize this blame and try to find something in their behaviour to which they can attribute the incident. Often, they will locate a behaviour at fault which they perceive contributed to the assault and will actively try to control that behaviour in the future. By

doing this they feel that they are taking control of their lives and this will help prevent future incidents from happening (Janoff-Bulman, 1982).

A much more damaging form of self-blame is characterological, where the person blames her/his character and personality for causing this event. This particular type has serious effects on the person's self-esteem and often leads to feelings of worthlessness and deserving of one's fate (Libow and Doty, 1979). Commonly associated with characterological self-blame is negative affect. This is a pervasive style of dealing with stress which is characterized by the awareness and expression of a negative mood, a negative view of themselves and negative physical symptoms (Janoff-Bulman, 1982). The victims often display sadness, depression, anxiety, anger, hurt and disgust. Also the person is more likely to experience negative physical effects such as headaches, nervousness and sleeplessness for a long period of time after the assault. Some victims report developing a negative attitude toward their lives with poor motivation, distractibility and a general dreading of getting back to one's previous lifestyle. Again, stereotypic attitudes toward victims of sexual assault significantly affect how a person internalizes their role in the events.

The feminist view (Brownmiller, 1975) of victims' self-blame asserts that it is regrettable and misplaced guilt. They believe that the responsibility for any sexual assault or SSE belongs solely on the shoulders of the assaulter and the society that

tolerates this crime. Victims of assault are simply unfortunate people upon whom the offenders acted out their feelings of hostility, frustration, insecurity and rage. The victims were simply available at the wrong place and the wrong time.

Objectives of the Present Study

This study described effects of prior sexually stressful experiences upon attitudes toward sexual assault victims. An experimental questionnaire was used to examine the incidence of sexually stressful experience in a college population and how these SSE affect the subjects emotionally, physically and behaviourally i.e. lifestyle changes. This study also investigated if the subject reported the SSE to anyone. It examined some of the explanations why the person did not report the incident to the police. Quantitatively, the questionnaire ascertained what the most popular reasons why so few SSE victims reported to the legal authorities.

Attitudes about sexual assault were assessed in order to determine if subjects who have had SSE are less stereotypic (i.e. believing fewer myths) than subjects who have never had a SSE and who are making judgements solely on their preconceived ideas of sex offenders and victims. This study also examined whether a person who has had a SSE found it: a) easier to relate to other victims of SSE, b) strongly felt that victim should report their SSE to police, and c) gave offenders stiffer sentences than non victim

subjects. Attitudes toward sexual assault were examined as to whether it significantly correlated with the subject being able to relate to the victims, asked them to report SSE and hand down stiff sentences. It was hypothesized that subjects who score highly in stereotypic attitudes toward sexual assault had a more difficult time relating to victims, did not report the SSE, and gave light sentences to the offenders. Subjects who are low on stereotypic attitudes were expected to score in the opposite direction on the final section.

The long range purpose of this research project was to investigate how the various aspects of victims, the factors of the actual SSE's, and the pre-existing attitudes toward sexual abuse came together to determine how victims, in general, recover from such an experience.

METHOD

Subjects

Seventy nine volunteers took part in this study. All subjects were male and female undergraduate students enrolled in psychology courses at the University of Prince Edward Island. Fifty four subjects were females and twenty five subjects were male. Twenty eight of these subjects dropped out of the study before completing the questionnaire. Criteria for inclusion in the study was that each subjects must be at least eighteen years of age or older and have a reading level of at least grade eight.

From the seventy nine subjects who signed consent forms (see Appendix A for consent form), only fifty one subjects actually handed in fully completed questionnaires. Two questionnaires were received but were only partially completed and hence had to be discarded. Thirty seven of the fifty one subjects were female and fourteen were male. In terms of age, thirteen subjects were between the ages of eighteen and nineteen, thirty one were between twenty and twenty nine, two subjects were between thirty and thirty nine, four were between forty and forty nine, and one subject was above the age of fifty. In regard to ethnicity, the majority were Anglo Saxon origin (forty six subjects), with Eastern European accounting for only two students; one Asian, one Native and one Southern European also participated in the study. Forty eight of the subjects were of Christian belief, with 27 having a Roman Catholic affiliation and 21 having a Protestant affiliation. One subject stated he/she was agnostic, while two stated that they had no religious affiliation. In terms of employment status, forty two of the subjects stated they were students, seven had professional occupations, one in a clerical field, and one was unemployed. Thirty nine of the subjects reported an income level of less than fifteen thousand; seven had incomes in the range of fifteen to thirty thousand and four had incomes greater than thirty thousand. In terms of marital status, forty six were single, three were separated/widowed/or divorced and only one subject was married. A more detailed analysis can be found on Table 1.

Materials

A questionnaire on sexually stressful experiences (SSE) was constructed for this study (Questionnaire Development Section on pg. 26). This SSE Questionnaire can be found in Appendix B (page 92-110). It is comprised of five sections: Section I - demographic information; Section II - incidence and nature of SSE; Section III perception of stress; Section IV attitudes toward sexual assault; Section V - vignettes of SSE and related questions. The cover sheet (see pg. 92) of the SSE Questionnaire consisted of a set of definitions of terms used in the questionnaire to ensure understanding of terms before the person had begun filling out the questionnaire. It also serves as a quick glossary of terms commonly used in the SSE field.

Section I (see pg. 93) requested demographic information such as: sex, age, ethnicity, religion, occupation, socioeconomic status (income earning level), and marital status of the subjects. These were included because they are important in influencing people's attitudes toward sexual assault victims (Ruch and Leon, 1983).

Section II (see pg. 94-100) asked detailed information on the number and nature of sexually stressful experiences (SSE) and the age at which they occurred. If the subjects had not experienced any of the SSE's listed in Section II, s/he was asked to go to Section III. Subjects who reported an SSE were asked to continue in Section II, which had questions that examined the nature of the incident; the violence involved; the identity and number of attackers; the location of incident; resistance offered; injury

suffered; level of stress caused by incident at the time and stress felt over the incident now. Also a series of questions were posed to assess the person's degree of trauma emotionally, physically and behaviorally. The emotional and physical trauma was assessed by asking the subjects to check off any feelings and/or injuries suffered after the SSE. To assess the degree of trauma caused by the SSE behaviorally, subjects were asked to pick out any life style changes that have occurred since the SSE. These items were derived from Burgess and Holmstrom's (1974, 1977) stages of sexual assault trauma syndrome and diagnostic criteria for the post-traumatic stress disorder in the DMS III-R (American Psychological Association, 1987).

In the last part of Section II, the subject was asked whether s/he reported the SSE to anyone and what the result of this action was, if any. If the respondents did not report the SSE to the police, they were asked why. These particular questions, based on the work of Feldman, Summers and Ashworth (1981), attempted to highlight why so many victims fail to report SSE and sexual assault

In Section III (see pg. 100-101), all subjects were asked to rate 14 sexual experiences according to how stressful they would be if they happened to them. Rating was on a Likert scale of 1 to 5 with 1 being "not at all stressful and 5 being "extremely stressful".

Section IV (see pg. 101-103) contains thirty one true-false questions, which examined the subjects attitudes toward sexual assault, rape, assaulters and victims. Most of the items from this

section grew directly from of the psychological literature on sexual assault (Mazellan, 1980; Groth, 1979; Clark and Lewis, 1977; and Brownmiller, 1975). The 31 items yielded a total score which indicated the direction and intensity of the subjects attitudes toward sexual assault on a continuum from extremely stereotypic sexist belief to an extremely feminist non stereotypic belief. Questions 51, 55, 57 and 58 were placed in Section IV to examine what role the subject believed prostitution, the women's movement and pornography has played in regards to of sexual assault and other forms of violence directed toward women.

In Section V (see pg. 104-106), four vignettes of specific events were presented in order that the subject had an opportunity to read a first hand account of a sexually stressful experience and the thoughts and feelings of the victims. These vignettes personalize the SSE's so that subjects could later make informed judgements on recovery and reporting issues, rather than simply relying on preconceived notions about victims of SSE. The vignettes depict: 1) a young female University student who was sexually assaulted when she accepted a ride from a casual acquaintance; 2) an aggravated sexual assault involving a prostitute who received serious injuries from her attack; 3) a pattern of sexual harassment in the work place and the conflicts it caused for an older female worker; and 4) a personal journal account of a young male teenager who has been confronted with the sexual advances of his team coach and the young man's related feelings about the event.

The latter part of Section V (see pg. 107-110) presented a series of questions which investigated the subjects reactions to the SSE's and the victims. Other questions required that subjects pretend they were the victims and asked if they would report the SSE to anyone and if so, to whom. It also asked who they would not report it to and why. Respondents were then asked to indicate how they think the police and other legal professionals would react to each of the four victims. They were also asked to suggest some reasons why the authorities would not be very supportive. Attribution of responsibility for the SSE was also investigated and these items were expected to be closely related to the participant's stereotypic or feminist approach to victims. Several items investigated the subject's ability to relate to the victim and rate the degree of stress suffered as a result of the SSE. Recovery time was also assessed. The final question attempted to determine how serious the subject felt the SSE was by asking the subject to suggest an appropriate jail sentence (years) for each of the four assaults described.

Questionnaire Development

To ensure that the SSE Questionnaire was workable for group testing and that it was able to gather the kind of information required, a preliminary study involving nine undergraduate students in a psychology course at Lakehead University was conducted. (Please see Appendix C for the complete report of the pilot study). The following criteria had to be met before the questionnaire was

given to a large number of students: 1) Easy to administer, instructions without assistance; 2) Items were useful or non-offensive to the subjects; 3) Could the questionnaire be completed within an hour period.

From the pilot study, it was evident that the original questionnaire was somewhat cumbersome to fill out and more explicit instructions were inserted in the revised version. Many subjects could not understand what certain terms meant (i.e. pornography). A set of definitions was then added to the Notice to Participants section. Others remarked that two definitions of sexual assault were confusing and henceforth, only one, the Canadian legal definition, appeared in revised questionnaire. Several students commented that four questions on the original questionnaire required information on Canadian Law or sexual abuse studies in order to be answered correctly. These items were omitted from the revised myth scale. One item was deleted because it was offensive. Another item was deleted because it was seen as repetitive. One final item was omitted because subjects felt that it required too much time and space to complete.

All nine subjects completed the questionnaire within an hour period and many commented that while it was long, the instrument maintained their attention by the change of focus in the five sections. The vignettes were described as "interesting and informative" and were not reported as emotionally upsetting or offensive. It failed, however, to distinguish the extent of lifestyle changes in the acute and the longer re-organizational

stage of sexual assault trauma syndrome. It also did not pinpoint a time at which the person was in these stages. The revised questionnaire broke each of these emotional and behavioural lifestyle changes down into two parts with the first looking at "shortly after" the SSE and second looking at how the SSE subjects were functioning currently (see Appendix B).

Procedure

All subjects were first given a brief summary of the purpose of the study (See Appendix A) and were treated in accordance with the "Ethical Principles of Psychologists" (American Psychological Association, 1981). Subjects were asked to sign a consent form stating that they understood the purpose of the study and realized that they were under no obligation to participate and were free to drop out of the study at any time. These signed consent forms were collected before the questionnaires were distributed in order to ensure the privacy and confidentiality of the subjects responses and identities.

The questionnaire was administered to two groups of volunteers during class time by the researcher with the class instructors (Dr. Gerald Perry, and Dr. Elizabeth Percival) present. They were available to answer any questions which arose from the administration of the questionnaire. Actual testing time varied from thirty minutes to seventy five minutes. Upon completion, the questionnaires were placed in a sealed envelope marked confidential. The subjects were then debriefed about the nature

of the study and any questions arising from the questionnaire or having to do with emotional responses arising from taking part in the study were all dealt with. The researcher repeated the statement placed at the end of the questionnaire that subjects were welcome to contact the examiner by phone to obtain professional help in dealing with any stress that resulted from filling out the SSE questionnaire. Any referrals were directed to the local sexual assault crisis centre, the University student counsellor or the local community mental health clinic. Some of the questionnaires were not fully completed during class time and were to be dropped off later that day in the Psychology Office. Two subjects did contact the researcher at a later date and were directed to the U.P.E.I. student counsellor.

Data Analysis

Because of the form of the questionnaire, descriptive statistics were used to analyze questions 1 to 80. Unequal Number T-Tests were used to analyze differences between groups.

RESULTS

The hypothesis was confirmed using the findings of the questionnaire that subjects who had an SSE experience were less stereotypic in their attitudes than non victims subjects ($t(44)=2.45, P>0.05$). It was also confirmed that victim subjects found it easier to relate to other SSE victims. They strongly felt that other victims should report and give offenders stiffer sentences than non victim subjects. It was also confirmed that subjects who had less stereotypic attitudes toward victims were more likely to find it easier to relate to victims and felt SSE reporting should take place and handed down stiffer sentences. See remainder of Results for indepth findings.

Out of fifty one students who participated in this study, thirty nine stated that they had experienced an SSE, yielding an incident rate of 76.5% among this college sample. From Section II, two groups were formed, those who did (victim group) and those who did not report an SSE (non victim groups). Table 1 highlights the demographic information for all the subjects and separate information for the two groups (victim and non victim).

Please Insert Table 1 Here

Approximately 92% of all females and 35% of males who participated in the study reported SSE. 9 of 13 or 69% of 18 and 19 year old subjects and 24 of 31, 20 - 29 year olds (77%) reported

TABLE 1
Summary of Demographic Information for Questionnaire Respondents

Category	Total		Victims		Non Victims	
	N	%	N	%	N	%
All Subjects	51	100.0	39	76.5	12	23.5
Sex						
Female	37	72.5	34	87.2	3	25.0
Male	14	27.4	5	12.8	9	75.0
Age						
< 19	13	25.5	9	23.1	4	33.3
20 - 29	31	60.8	24	61.5	7	58.3
30 - 39	2	3.9	1	2.5	1	8.3
40 - 49	4	7.8	4	10.2		
> 50	1	2.0	1	2.5		
Ethnicity						
Anglo-Saxon	46	92.2	34	87.2	12	100.0
Scandinavian	0	0.0	0			
S. European	1	2.0	1	2.5		
E. European	2	3.9	2	5.1		
Native	1	2.0	1	2.5		
Asian	1	2.0	1	2.5		
Religion						
R. Catholic	27	52.9	19	49.0	8	66.7
Protestant	21	41.2	17	44.0	4	33.3
Muslim	0					
Other	1	2.0	1	2.5		
None	2	3.9	2	5.1		
Employment						
Professional	7	13.7	5	12.8	2	16.7
Skilled Labourer	0					
Clerical	1	2.0	1	2.5		
Industrial	0					
Student	42	82.4	32	82.0	10	83.3
Unemployed	1	2.0	1	2.5		
*Socioeconomic Status						
> 30,000	4	7.8	4	10.5		
15,000 - 30,000	7	13.7	3	7.9	4	33.3
< 15,000	39	76.5	31	81.5	8	66.7
*Marital Status						
Single	46	90.2	34	87.6	12	100.0
Sep/Wid/Div	3	5.8	3	7.9		
Married	1	2.0	1	2.6		

*One subject did not fill out SES or MS

SSE. All subjects over the age of 40 (5 in all) had an SSE event occur to them; hence the victim group had a fairly wide age range (18 -50+ years), while the non victim group was composed exclusively of subjects between the age of 18 and 39. The majority (35 of 47) victims being Anglo-Saxon, fairly evenly divided between Roman Catholic and Protestant, and largely unmarried students with incomes less than 15,000. A notable exception was in the separated, widowed or divorced and married categories where all subjects reported SSE.

From the 39 subjects who reported an SSE on Question 1, Section II, 104 events were reported with an average of 2.7 SSE events per person. The age range of the occurrence of SSE was 8 to 51 and the average age for all SSE occurrences was 16.9 years.

There was an almost equal distribution of invasive (52% - 54 SSE events) versus non invasive SSE (48% - 50 SSE events). The most frequent SSE invasive event reported was unconsented touching or kissing (21 occurrences) and the most common non invasive SSE was threats or inappropriate comments by another person in regard to sexual activity with you (18 occurrences). There were no aggravated sexual assaults reported. Table II provides a breakdown of SSE occurrence and the range and mean of ages of occurrence.

Please Insert Table II Here

There was a significant difference ($t(37) = 2.733$ $P > 0.05$)

TABLE II

Frequency of SSE and Average Age of Subject at time of Occurrence

Incident	Number Reported	Age Range Of Reported Occurrences	Mean Age	Standard Deviation
*Touching	21	8 - 18	14.6	3.65
*Fondling	15	10 - 16	15.0	7.70
Obscene Phone Calls	13	13 - 51	19.6	10.22
Exposures	8	11 - 30	16.4	5.30
Peepers	5	12 - 18	16.0	2.83
Threats of Sexual Assault	18	10 - 25	18.2	3.24
Sexual Harassment	6	15 - 19	17.3	1.74
*Attempted Sexual Assault	5	14 - 30	20.8	5.27
*Forced Intercourse	5	17 - 18	17.7	0.81
*Forced Cunnilingus	3	17 - 18	17.0	0.81
*Forced Fellatio	3	16 - 18	16.7	1.54
*Forced Sodomy	1	17	17.0	0.00
*Sexual Assault	1	16	16.0	0.00
*Aggravated Assault	0	-	0.0	0.00

TOTAL SSE = 104

TOTAL INVASIVE SSE= 54

TOTAL NON INVASIVE= 50

* INVASIVE SSE

level) between victim groups in terms of frequency of SSE events with female victims reporting more SSE than males. Table III provides a breakdown of SSE occurrences according to demographic variables of the victim group.

Please Insert Table III here

From the information in Table II, the most common SSE's reported were unconsented touching and kissing (#1), threats (#6), fondling (#2) and obscene phone calls (#3). These were primarily experienced by single Anglo-Saxon females between the ages of 20 -29 who were either Roman Catholic or Protestant, were enrolled as college students and were making less than fifteen thousand dollars. This particular subgroup of subjects was the largest of the victim group.

In examining attack variables, question 2 to 8, it should be noted that four male and two female subjects did not fill out this section, hence results are from the responses of one male and 32 female victims. From the subjects who completed this section, the most common type of violence (question 2) used were spoken threats (46.7%) and physical force (43.3%) with other means of violence (i.e. uses of a stick or bottle) accounting for 10% of SSE. Ninety-four percent of all SSE incidents involved one attacker (question 3).

TABLE III
RELATIONSHIP OF SSE OCCURRENCE TO VICTIM VARIABLES

	1	2	3	4	5	6	7	8	9	10	11	12	13	T O T A L
Sex														
Male	1	1	0	12	0	1	1	0	0	0	0	0	0	5
Female	20	14	13	7	5	17	5	5	4	3	4	1	1	99
Age														
<19	3	2	3	0	0	4	0	0	2	0	0	0	0	14
20-29	15	9	8	6	4	11	5	3	2	3	4	1	1	72
30-39	1	1	0	1	0	1								4
40-49	2	3	1	1	1	1		2						12
<50			1			1								2
Ethnicity														
Anglo-Saxon	20	15	12	7	5	16	6	5	2	3	4			97
Scandinavian														0
S. European						1								1
E. European						1			1					4
Native									1					1
Asian				1										1
Religion														
R.C.	9	6	7	4	3	10	1	2	3	1	2			50
Protestant	11	8	4	4	2	6	3	2	1	2	2			45
Muslim														0
Other							1							1
None	1	1	2			2	1	1						8
Employment Status														
Professional	3													15
Skilled Lab.														
Clerical	1		1											2
Student	16	11	11	6	4	15	4	3	5	3	4			82
Unemployed	1	1				1	1							4
Economic Status														
>30,000	1	2	1	1		1		2						11
15,000-30,000	3	2	1	1		1								8
<15,000	17	11	11	5	4	16	5	3	3	3	4	1	1	84
Marital Status														
Single	19	13	11	6	4	16	5	3	4	3	4		1	90
Sep/Div/Wid	1	1	2	1	1	2	1	2						11
Married	1	1												2

*One subject who had an exposure incident did not fill out SES or MS.

*Legend of Headings 1 through 15 following on next page.

LEGEND OF HEADINGS - TABLE III

- 1 Unconsented touching or kissing
- 2 Unconsented fondling of genitals and/or other sexual areas
- 3 Obscene phone calls
- 4 Exposures
- 5 Peepers
- 6 Threats or inappropriate comments by another person in regard to sexual activity with you
- 7 Sexual harassment at school/work
- 8 Attempted sexual assault
- 9 Forced intercourse on a date
- 10 Forced cunnilingus
- 11 Forced fellatio
- 12 Forced sodomy
- 13 Sexual assault with weapon, threats to a third party or causing bodily harm

The most common relationship (question #4) between the victim and attacker was a date, boyfriend or girlfriend (38%). In terms of where the SSE occurred (question # 5), urban and rural areas equally accounted for 10% of SSE incidents each with suburban areas accounting for only 20%. The victims' home was the most common place of the SSE in 35% percent of incidents, with the attackers home ranking second (26%). Fifteen percent of SSE took place in public buildings, (i.e. bars, stores, stairways as listed in the other section. The types of resistance (question # 6) offered most often were resistance through talking (45%) and resistance through physical means (40%) with many victim subjects stating they used both. In terms of type of injury caused by the SSE (question #7), 51% stated they had no major physical injury. Thirty one percent stated the SSE had caused minor psychological injuries. For a more indepth breakdown of the percentage of subjects belonging to each attack variable (question 2 to 8), please see Table IV.

Please Insert Table IV Here

In terms of personal perceptions of stress caused by SSE (question # 8), most victims (88%) reported the SSE from stressful to extremely stressful on a Likert rating scale at the time of occurrence. Perceptions of stress caused by the SSE now for victim (question # 9) only 39% of victims saw the SSE as rating from stressful to extremely stressful. From the time of event to the present, there was a notable decrease in perception of SSE

TABLE IV
SUMMARY OF VICTIMS' RESPONSES TO ATTACK VARIABLES

Attack Information	Frequency	Percentage
QUESTION # 3 Violence		
A. Spoken Threats	14	46.7
B. Physical Force	13	43.3
C. Weapon	0	0.0
D. Others	3	10.0
QUESTION # 4 Number of Attackers		
A. One	30	94.0
B. Two	1	3.0
C. Three or More	1	3.0
QUESTION # 5 Relationship		
A. Relative	6	19.0
B. Close Friend	4	12.0
C. Date	12	38.0
D. Brief Acquaintance	6	19.0
E. Total Stranger	2	6.0
F. Other	2	6.0
QUESTION # 6 Area		
A. Urban	12	40.0
B. Rural	12	40.0
C. Suburban	8	20.0
Place		
A. Your Home	12	35.0
B. Attackers Home	9	26.0
C. Automobile	0	0.0
1.Yours		
2.Attackers	3	9.0
D. Outdoors	5	15.0
E. Other	5	15.0
QUESTION # 7 Resistance		
A. Talking	19	45.0
B. Physical Means	17	40.0
C. None	2	4.7
D. Afraid to Resist	4	9.5
QUESTION # 8 Injury		
A. None Physical	20	51.0
B. Minor Physical	3	8.0
C. Major Physical	0	0.0
D. Minor Psychological	12	31.0
E. Major Psychological	4	10.0

TABLE V

Perception of Stress Caused By SSE at Time of Occurrence & Now

	1 %	2 %	3 %	4 %	5 %
Time of Occurrence	0.0	12.0	31.0	36.0	21.0
Now	18.0	43.0	27.0	9.0	3.0

Legend for Headings 1 through 5

- 1 - Not at all stressful (event didn't bother me at all).
- 2 - Moderately stressful (event bothered me at the time but I quickly recovered).
- 3 - Stressful (event bothered me and I actively attempted to avoid it happening again).
- 4 - Very stressful (event very upsetting and affected many areas of my life).
- 5 - Extremely stressful (event left me totally shaken in my attitudes, emotions and daily lifestyle).

stressfulness. See Table V for a more in depth breakdown.

Please Insert Table V Here

The most common emotions experienced (question # 13), two weeks after the SSE, were feelings of anger (63%) and feeling that their personal space had been invaded (59%). See Table VI for a more indepth breakdown of subjects' emotions. It should be noted subjects were requested to check of as many emotions as they thought applicable, hence a higher frequency for the 34 subjects.

Please Insert Table VI Here

The most common physical symptoms experienced two weeks after the SSE were agitation, loss of appetite, and headaches (26%) with 9 of 34 subjecting reporting two of them. Seven reported muscle tension, 4 reported both nausea and fatigue and one reported aches and pain.

In terms of longer lasting lifestyle changes (question #15), 32% of all victims felt that the SSE had caused a disruption in their lifestyle (i.e. normal daily activities, interaction with family and friends, work and/or school activities). Table VII presents a breakdown of the demographic background of the subjects who experienced lifestyle changes as a result of SSE.

TABLE VI

Most Common Emotions Reported Two Weeks after SSE

Emotion	Frequency	Percentage (%) of all SSE Subjects
1. Angry	22	63%
2. Felt Personal Space Invaded	20	59%
3. Ashamed	19	56%
4. Confused	19	56%
5. Humiliated	16	47%
6. Fearful	11	32%
7. Threatened	11	32%
8. Shock	10	29%
9. Disbelief	9	26%
10. Sad	8	24%
11. Helpless	8	24%
12. Anxious	7	20%
13. Defeated	4	12%
14. Paranoid	3	9%
15. Terrified	2	6%
16. Grief and Loss	2	6%
17. Ambivalent	0	0%
18. Lethargic	0	0%

N = 34

TABLE VII

Demographic Information on SSE Subjects
With Lifestyle Changes

Demographic Information	All SSE Subjects Who Answered Question 15	Number of Subjects With Lifestyle Changes	Percentage of All SSE Subjects With Lifestyle Changes
Sex			
Female	33	10	30%
Male	1	1	*4 males did not fill in section
Age			
< 19	9	3	33%
20 - 29	23	7	30%
30 - 39	1	1	100%
> 50	1	0	0%
Ethnicity			
Anglo Saxon	31	10	32%
Scandinavian	0	0	0%
S. European	0	0	0%
E. European	2	0	0%
Native	1	1	100%
Asian	0	0	0%
Religion			
R. Catholic	16	3	10%
Protestant	16	7	44%
Muslim	0	0	0%
Others	0	0	0%
None	2	1	50%
Employment			
Professional	5	3	60%
Labourer	0	0	0%
Clerical	1	0	0%
Student	28	8	28%
Unemployed	0	0	0%
Socioeconomic Status			
> 30,000	4	3	75%
15,000 - 30,000	3	1	33%
< 15,000	27	7	26%
Marital Status			
Single	30	9	30%
Sep/Div/Widowed	3	2	67%
Married	1	0	0%
		Total = 11	P = 32%

All SSE Subjects N = 31

* 4 Males

1 Female Did Not Fill In Question 15

Please Insert Table VII Here

Overall, from Table VII, the victims who had more lifestyle changes than others tended to be over the age of thirty, of Protestant religious affiliation, have a professional job, making over thirty thousand dollars per year and had been separated/widowed/or divorced. These victims appeared to be more sensitive to the sexual assault trauma syndrome (SATS). The most common SSE incident reported by subjects who had lifestyle changes (SATS) was unconsented fondling of genitals and/or other sexual areas. Also on average these subjects experienced more SSE per person (3.4 SSE incidents for SATS subjects compared to 2.6 incidents for non SATS) and the SATS sufferers tended to have more invasive SSE with an average of 2 per person, while non SATS subjects had only 1.3 invasive SSE per person. See Table VIII for more indepth information.

Please Insert Table VIII Here

From the data in Table VIII, there appeared to be a difference between groups in regard to attack variables (i.e. amount of violence), however, no significant difference was found ($t(9) = 0.989$ $P < 0.05$). The attackers were often not well known to the subjects and the SSE most often occurred in the attacker's

TABLE VIII

Incident Information on Victim Subjects With Lifestyle Changes

Incident	All SSE Subjects	Frequency of SATS	Percentage of All Incident in SSE Subjects
1. Unconsented Touching or Kissing	21	6	28%
2. Unconsented Fondling of Genitals	15	7	47%
3. Obscene Phone Calls	13	3	23%
4. Exposures	8	3	37%
5. Peepers	5	2	40%
6. Threats of Sexual Activity	18	5	28%
7. Sexual Harassment	6	2	33%
8. Attempted Sexual Assault	5	3	60%
9. Forced Intercourse	5	1	20%
10. Forced Cunnilingus	3	2	67%
11. Forced Fellatio	3	2	66%
12. Forced Sodomy	1	0	0%
13. Sexual Assault With Weapon	1	1	100%
14. Aggravated Sexual Assault	0	0	0
Total	T = 104	T = 37	% = 38%

Subjects With Lifestyle Change N = 11
 Subject With No Lifestyle Change N = 23
 5 Did Not Fill Out Question #15

automobile or outdoors. These subjects also had more minor physical injuries and reported a higher number of major psychological injuries. These victims experienced more violence on average than the ones who had no lifestyle change. See Table IX for more information.

Please Insert Table IX Here

The most common lifestyle changes reported shortly after the SSE (i.e. the acute stage of sexual assault trauma syndrome) were the subject felt safer when s/he was accompanied by a friend or family member socially (82% - question #18); and the subject developed a fear of sex or intimacy with members of the opposite sex (82% - question #28). Sleep disruptions (question #22), withdrawal from social situations (question #26), painful recollections of SSE incidents (question #26) and marked decrease in ability to feel emotion (question #27) were reported in over 64% of the subjects who had lifestyle changes shortly after the SSE. See Table X for a more in depth breakdown.

Please Insert Table X Here

Overall safety needs (questions 17, 18) tended to be as the most commonly reported lifestyle change, with 68% of the subject

TABLE IX

SSE Attack Information on Victim Subjects
With Lifestyle Changes (SATS)

Attack Information	All SSE Subjects	Number of Subjects With Changes	Percentage of All Victim Subjects
Violence			
A. Spoken Threats	14	3	21.4%
B. Physical Force	13	8	61.0%
C. Weapon	0	0	0.0%
D. Others	3	0	0.0%
Number of Attackers			
A. One	30	10	33.3%
B. Two	1	0	0.0%
C. Three or More	1	1	100.0%
Relationship			
A. Relative	6	2	33.0%
B. Close Friend	4	0	0.0%
C. Date	12	4	33.0%
D. Brief Acquaintance	6	3	50.0%
E. Total Stranger	2	1	50.0%
F. Other	2	1	50.0%
Area			
A. Urban	12	3	25.0%
B. Rural	12	5	42.0%
C. Suburban	8	3	37.5%
Place			
A. Your Home	12	4	33.0%
B. Attackers Home	9	1	11.0%
C. Automobile	0	0	0.0%
1.Yours	3	2	67.0%
2.Attackers	5	3	60.0%
D. Outdoors	5	1	20.0%
E. Other	5	1	20.0%
Resistance			
A. Talking	19	5	26.0%
B. Physical Means	17	4	23.5%
C. None	2	1	50.0%
D. Afraid to Resist	4	1	25.0%
Injury			
A. None Physical	20	4	20.0%
B. Minor Physical	3	2	67.0%
C. Major Physical	0	0	0.0%
D. Minor Psychological	12	5	41.6%
E. Major Psychological	4	4	100.0%

TABLE X

Most Common Lifestyle Changes
Resulting Shortly After SSE

Lifestyle Change	Frequency Of Changes Shortly After SSE	Percentage Of All Subjects With SATS	Frequency of Lifestyle Changes Now	Percentage
Safety Issues (%)	E = 15/22	68%	5/22	23%
1. Feeling Less Safe At Home	6	55%	1	9%
2. Safer When With Friend	9	82%	4	36%
Behaviourial Emotion Issues (%)	E = 45/88	51%	4/88	5%
1. Staying Home More	7	64%	2	18%
2. Hyper-Alert Responses	5	45%	0	0%
3. Trouble Concentrating	6	55%	0	0%
4. Absent From Work	2	18%	0	0%
5. Sleep Disruptions	8	73%	0	0%
6. Painful Recollections	7	70%	2	18%
7. Bad Dreams or Nightmares	5	45%	0	0%
8. Loss of Interest in Activities	5	45%	0	0%
Relationship Issues (%)	E = 26/44	59%	4/44	7%
1. Feeling Less Close To People	6	55%	0	0%
2. Marked Decrease in Intimacy Needs	7	64%	0	0%
3. Fear of Sex and/or Intimacy	9	82%	2	18%
4. Changes in Relationships	4	36%	1	9%

E = Total of Actual Responses/Total of Possible Responses

N = 11 Subjects

feeling less safe and making some adjustment in their life to feel safer. Relationships (questions 25, 27, 28 29) were the second most common area (59%) affected with most subjects reporting a disruption in their ability to feel intimate toward others. Behaviourial and emotional areas (questions 16, 19, 20, 21, 22, 23, 24, 26) were affected in over 50% of subjects shortly after the SSE.

The average number of lifestyle change reported by the subjects during the acute stage of sexual assault trauma syndrome was 7.82 per person, which is a level high enough for the subjects to be diagnosed as suffering from post traumatic stress disorder under the DSM III-R (Diagnostic and Statistical Manual III-R). The most common lifestyle changes reported now (the reorganization stage of sexual assault trauma) by the victim was s/he felt safer when accompanied by a friend or family member, when going out socially (question #18). The safety area continued to be an important concern for 23% of subjects with lifestyle changes. Only 7% of subjects reported having overall relationship difficulties currently as a result of SSE and only 5% of subjects had behavioural and/or emotional symptoms related to the SSE occurrence. There was a marked decrease in lifestyle changes from the acute stage (shortly after SSE) to the re-organizational stage. The average number of symptoms of SATS currently was only one per person which is a significant decrease ($t(20) = 6.555 P > 0.01$).

Fifty four percent of all subjects stated that they reported the SSE incident (questions 10, 11) to someone, most often a close friend (61%) or immediate family members (17%) or a priest, minister,

or rabbi (11%). The remaining 11% were made to police or spouse. Of the people who disclosed to others about their SSE (question 12), most victims found the others to be at least somewhat supportive and helpful (95%). See Table XI for a more indepth breakdown of the level of support victims perceived they received after their disclosure.

Please Insert Table XI Here

Only 6% of all victims subjects indicated that they reported the SSE to the police and other legal authorities (question #30). The most common reasons for not reporting (question #31) were that the subjects wanted to forget about it and not deal with it (30%) and that the sexual incident was thought to be too common place to be considered stressful (26%). Nineteen percent of subjects felt too embarrassed to tell anyone and others felt that they would not be believed or taken seriously (12%). Another 13% stated various reasons such as: they feared the attacker would retaliate; they didn't feel comfortable talking about sexual topics; or their family and/or friends convinced the person not to report. Out of the 6% who reported the SSE to the police, no criminal action was taken in any of their cases.

In Section III, all subjects rated various SSE's as to perceived stressfulness. The SSE they perceived most stressful was aggravated sexual assault and obscene phone calls were considered the least stressful. Table XII displays both victims and non victims estimations

TABLE XI
Perceived Level of Support After Disclosure of SSE

	1	2	3	4	5
Frequency	1	5	3	7	2
Percentage	5.5%	28.0%	17.0%	39.0%	11.0%

Total Subjects Who Disclosed = 18

Percentage of Victim Subjects (who answered question 12)= 54.5%

Five victim subjects did not fill out question.

Scale of Perceived Level of Support

- 1 - Not at all supportive or helpful
- 2 - Somewhat supportive and helpful
- 3 - Generally supportive and helpful
- 4 - Very supportive and helpful
- 5 - Extremely supportive

on how stressful an SSE incident would be if it happened to them. The rating scale ranged from 1 (not at all stressful) to 5 (extremely stressful). See Table XII for an in depth breakdown

Please Insert Table XII Here

A significant difference ($t(48) = 2.203, P > 0.05$) was noted between the perceptions of stress for victim subjects and non victim subjects. Victims tended to view the SSE incidents as being more stressful than non victims. All the subjects considered each of the SSE incident as being at least moderately stressful. The invasive SSE incidents were on average, out of a scale of five, considered by all subjects as being more stressful (4.17) than noninvasive SSE (2.92) events. No significant difference was noted between victims and non victims in terms of perceived stressfulness of the non invasive events. However, in seven out of ten invasive events, there was a significant difference (see Table XII) between the groups with victims perceiving the invasive event as more stressful than non victims. It was also noted that both victim and non victim subjects increased the ratings of stressfulness as the SSE became more physically intrusive.

In Section IV (question 34 - 64), attitudes toward sexual assault were assessed using 31 questions involving true and false responses. Scores could vary from 1, signifying very stereotypic to 31 signifying non-stereotypic attitude. The average score was 25.2 which places attitudes in general in the non stereotypic range. Table XIII shows the difference between groups (victim

TABLE XII

Comparison of Victim and Non Victim Perceptions of
Stressfulness of SSE Events

Incident	Type of Incident Invasive = I Noninvasive = No	Rating of SSE		T-Value	Level Of Significance at 95% With 48DF
		Victims	Non Victims		
Unconsented Touching and/or Kissing	I	2.63	2.08	3.24	S
Obscene Phone Calls	No	2.42	2.50	0.013	N
Exposures	No	2.47	2.75	0.7358	N
Peepers	No	3.16	3.18	0.6361	N
Sexual Harassment	No	3.42	3.17	1.2264	N
Threats or Inappropriate Comments About Sexual Activity with Person	No	3.21	2.83	1.218	N
Unconsented Fondling of Genitals	I	3.63	3.00	1.9309	S
Attempted Sexual Assault	I	4.24	3.83	1.4802	N
Forced Fellatio	I	4.37	3.92	1.3396	N
Forced Cunnilingus	I	4.29	3.42	2.4683	S
Sexual Assault With Use of Force	I	4.76	4.08	3.5784	S
Forced Intercourse On a Date	I	4.37	3.33	2.9068	S
Forced Sodomy	I	4.66	4.17	3.5828	S
Sexual Assault With Weapon	I	4.89	4.75	1.255	N
Aggravated Sexual Assault	I	5.00	4.92	1.8188	S

Legend

Rating Scale

S - Significant 0.05
N - Non Significant 0.05

- 1 - Not at all stressful (event would not bother me at all)
- 2 - Moderately stressful (event would bother me but I would quickly recover from it)
- 3 - Stressful (event would upset me and I would actively attempt to avoid it in the future)
- 4 - Very Stressful (event would be very upsetting and would affect many areas of my life)
- 5 - Extremely Stressful (event would leave me totally shattered in my emotional attitudes and daily lifestyle)

and non victim) in terms of prior SSE victimization and sex in terms of attitudes.

Please Insert Table XIII Here

There was a significant difference ($t(44) = 2.45, P > 0.05$) between victims and non victims in their attitudes toward sexual assault. Victims ($M, = 25.63, S.D. = 2.54$), tended to be less stereotypic and more feminist in their attitudes than non victims ($M, = 23.42, S.D. = 2.14$). There was also a significant difference ($t(44) = 2.892, P > 0.01$) between female subjects and male subjects with females in general being less stereotypic in their attitudes than males.

In Section IV, question #50 examined the subjects' beliefs about whether or not prostitutes could be assaulted and found that all victims (100%) believed that a prostitute could be assaulted, and 92% of non victims agreed with that belief. Table XIV provides an in depth breakdown of how victims and non victims, believed the roles of prostitution, the women's movement's, and pornography affected sexual assault.

Please Insert Table XIV Here

TABLE XIII
 Victims and Non Victims Average Score
 On Attitude Toward Sexual Assault Scale

	N	Mean	S.D.
Group 1 - Victim Females	*33	25.9	2.07
Group 2 - Victim Males	5	23.8	3.54
Group 1 & Group 2 - Victims	38	25.63	2.54
Group 3 - Non Victim Females	3	24.33	1.24
Group 4 - Non Victim Males	9	23.11	2.56
Group 3 & Group 4 - Non Victims	12	23.4	2.69

* - 1 female victim did not fill out this section

Scale runs from 1 to 31.

TABLE XIV

Victim and Non Victim Responses to Roles of Prostitution,
Women's Movement and Pornography in Sexual Assault

		Victims		Non Victims	
		N	%	N	%
QUESTION # 50 Prostitutes Continue To Be Sexually Assaulted	True False	0 *38	0 100	1 11	8.3 91.7
QUESTION # 54 Women's Movement Caused Increase In Rapes	True False	13 25	34.2 65.8	4 8	33.3 66.7
QUESTION # 56 Pornography Portray The True Reality That Women Are Masochistic	True False	3 35	7.8 92.2	3 9	25.0 75.0
QUESTION # 57 Pornography Encourages Acts of Sexual Hostility to Women	True False	36 2	94.8 5.2	8 4	66.7 33.3

* - 1 female victim did not fill in this section

There was no major difference between the victims and non victims on the question about the Women's Movement (question # 54), but there was a lot of variability within each group on the role it played on sexual assault. Victims, on average, expressed stronger feminist attitudes than non victims on the role of pornography in promoting sexual assault by its inaccurate portrayal of women (questions 56, 57).

In Section V, each vignette will be described in terms of the type of SSE they experienced (i.e. Vignette 1 - sexual assault, Vignette 2 Aggravated Sexual Assault, Vignette 3 Sexual Harassment, Vignette 4 - Child Sexual Abuse). On question 65, the majority of victim and non victim subjects felt that each of the four vignette victims should report. The sexual assault and the aggravated sexual assault victims were asked to report the most by all subjects. Table XV provides an indepth breakdown of subjects' reporting behaviour for each of the SSE victims.

Please Insert Table XV Here

On question 66, victims and non victims were asked to whom they would disclose, if anyone, if they were the vignette victims. Both groups felt that the sexual assault (V=69%, NV=83%) and aggravated sexual assault victims (V=80%, NV=80%) should report to the police, but the majority did not feel that the sexual harassment (V=11%, NV=8%) and the child sexual abuse (V=13%, NV=8%) should report to the police.

TABLE XV

Reporting Behaviour of Victim and Non Victim
Subjects for Vignette Victims

Vignette	Victims N = 39		Non Victims N = 12	
	Frequency	%	Frequency	%
Sexual Assault	38	97	12	100
Aggravated Sexual Assault	35	90	12	100
Sexual Harassment	24	62	7	58
Child Sexual Abuse	36	92	9	75

Fifty percent of victims and 24% of non victims felt the sexual assault victim should tell her friends, parents or a professional counsellor about the SSE. Twenty percent felt that the aggravated sexual assault victim should tell her parents, friends, rape crisis centre or her pimp about the assault. Victims and non victims felt that the sexual harassment victim should tell work officials and friends. Victims and non victims felt that the child abuse victim should tell his parents and school official. Table XVI provides a more in depth breakdown of both groups choices as sources of disclosures.

Please Insert Table XVI Here

Victims in general were more likely than non victims to encourage all the vignette victims to tell their friends, relatives and professional counsellors.

In terms of perceived police supportiveness on question 67, all subjects, regardless of prior SSE, stated that the police, on average, would be generally supportive to the sexual assault victim and only somewhat supportive to the aggravated assault victim. Victim and non victim subjects agreed that, on average, the police would not be supportive to the sexual harassment victim, but would be generally supportive and helpful to the child sexual abuse victim. See Table XVII for a more in depth breakdown.

Please Insert Table XVII Here

TABLE XVI

Sources of Disclosures For Vignette Victims
According To Victims and Non Victims

Vignette	A		B		C		D	
	V	NV	V	NV	V	NV	V	NV
1. Police	*69	83	80	80	11	8	13	8
2. Friends	20	8	8	0	11	8	5	0
3. Parents/Relatives	15	8	0	0	5	-	59	25
4. Professional Counsellors	23	8	23	17	5	8	-	-
5. Work or School Official	-	-	5	8	38	17	28	41

* Respondents often gave more than one person that they would disclose the SSE to.

Legend of Vignettes

A - Sexual Assault
B - Aggravated Sexual Assault
C - Sexual Harassment
D - Child Sexual Abuse

Legend of Headings

V - Victim Group
NV - Non Victim Group

TABLE XVII

**Ratings of Perceived Level Of Police
Supportiveness for Sexual Abuse Victims**

Vignette	1		2		3		4		5		Average Rating	
	V %	NV %	V %	NV %	V %	NV %	V %	NV %	V %	NV %	V X	NV X
A.	2	11	15	11	31	33	33	22	19	22	3.56	3.33
B.	46	44	23	22	10	22	13	0	8	11	2.13	2.11
C.	44	44	31	11	23	33	2	11	0	0	1.85	2.11
D.	8	22	26	11	33	11	21	55	13	0	3.05	3.00

- Key 1. Not Supportive Or Helpful
 2. Somewhat Supportive & Helpful
 3. Generally Supportive & Helpful
 4. Very Supportive & Helpful
 5. Extremely Supportive

Vignette Key

- A. Sexual Assault
 B. Aggravated Sexual Assault
 C. Sexual Harassment
 D. Child Sexual Abuse

Victim N = 39

Non Victim N = 9

* Three Male Non Victim did not complete question.

When asked what were some of the reasons why the police may not be supportive (question #68), subjects regardless of SSE, tended to state that the sexual assault victim got into the car willingly, (35% victim group, 42% non victim group) and as a result that she would not be believed (20% both groups). Nearly all the subjects (victim - 96%, non victim - 100%) stated that one reason the police would not be supportive of the aggravated sexual assault victim was because she was a prostitute. Victims stated the reasons why the police would not be supportive in the sexual harassment case because no actual physical abuse took place (63%) and that it was job related (20%) and they would feel they have no jurisdiction. Non victims felt that she would not be taken seriously or believed (40%) and she lacked physical evidence (40%). In the case of the child sexual abuse victims, victims (50%) and non victims (45%) groups felt that he would not be believed or taken seriously. Non victim subjects (40%) also expressed that people would not believe that men could be victims.

On question #69, the most common reason that subjects felt that the sexual assault victim would not report to the police was that she was too embarrassed to tell anyone (victim - 30%, non victim 63%). For the aggravated assault victim, both groups (victim - 41%, non victim - 74%) felt that she would not report because the Justice System would not be effective. In the sexual harassment case, subjects listed similar complaints that the SSE incident was too commonplace (victim - 25%, non victim - 43%), and had fears of not being believed (victim - 34%, non victim - 29%)

Overall, the victim and non victim gave similar reasons why each victim would not report to the police. The most popular reason why a victim would not report was often different for each victim. In the child abuse case, both groups stated that victim would not report because of fears for not being taken seriously (victim = 39%, non victim = 29%), and that he would be too embarrassed to tell anyone (SSE - 36%, non SSE 29%). See Table XVIII for a more indepth breakdown of victim and non victim groups' reasons for not reporting.

Please Insert Table XVIII Here.

In terms of attribution of responsibility (Questions 70 & 71), differences were noted with victim (82%) saw none of the victims as responsible, while non victim choices were divided among vignette victims as to who was the least and most responsible. Overall for non victim subjects, the sexual harassment victim (38%) was the least responsible for the SSE, while the aggravated sexual assault victim was the most responsible (50%). See Table XIX for more in depth breakdown.

Please Insert Table XIX Here

Most of the subjects, regardless of prior SSE experience (victim - 64%, non victim - 50%) stated that they could relate well

TABLE XVIII

**Reason For Not Reporting
To the Police By Victims & Non Victims**

	Sexual Assault		Aggravated Sexual Assault		Sexual Harassment		Child Sexual Abuse	
	V %	NV %	V %	NV %	V %	NV %	V %	NV %
A. Incident Too Commonplace	-	-	-	-	23	43	-	-
B. Won't Be Taken Seriously	18	-	23	-	34	29	39	29
C. Fear of Seeming Vindictive	-	-	9	13	17	29	-	-
D. Too Embarrassed	30	63	-	-	-	-	36	29
E. Embarrassed About Sexual Topics	3	-	-	-	-	-	6	29
F. Wanted To Forget It	27	13	6	-	-	-	6	-
G. Justice System Not Effective	6	-	41	74	11	-	3	-
H. Fear of Retaliation By Attacker	15	25	21	13	6	-	6	13
I. Family & Friends Convinced Not To Report	-	-	-	-	8	-	3	-

Victim N = 39

Non Victim N = 9

* Three Male Non Victims Did Not Complete The Question

TABLE XIX

**Attribution of Responsibility
For Vignette Victim**

Vignette	Least Responsibility		Most Responsibility	
	V%	NV%	V%	NV%
Sexual Assault	-	12.5	46.0	25.0
Aggravated Sexual Assault	2.6	-	43.0	50.0
Sexual Harassment	2.6	37.5	-	25.0
Child Sexual Abuse	13.0	25.0	-	-
None of Victim Responsible	82.0	25.0	-	-
All Victims Responsible	-	-	11.4	-

Victim N = 38

Non Victim N = 8

1 Female Victim
1 Female Non Victim
3 Male Non Victims

} Did Not Fill Out Either Questions.

to and sympathize with all the SSE victims. In regard to particular SSE victims, both groups agreed that the sexual assault victim was the one who was easiest to relate to (victim -33%, non victim 50%) and the aggravated sexual assault victim was the most difficult (victim - 26%, non victim - 25%). See Table XX for more in depth breakdown.

Please Insert Table XX Here

In regards to subjects' perceptions of the victims' trauma (question 74 & 75), 36% of the victim group believed that all SSE were equally stressful. The aggravated sexual assault (28%) and the sexual assault SSE (23%) were seen as the next most stressful by the victims. The non victim group rated the child sexual abuse (37%) as being the most stressful and then the aggravated sexual assault (25%) and sexual assault (25%) as the next most stressful. The sexual harassment incident was seen as least stressful by both groups (V=54%, NV=50%). See Table XXI for a more in depth breakdown.

Please Insert Table XXI Here

Both groups stated that the aggravated sexual assault victim would recover more quickly from the stress because there was no physical violence and it was generally a less serious SSE. Most victims (62%) felt that the sexual assault victim would take the longest to recover because of her lack of social support, while

TABLE XX

**Ability to Relate to Vignette Victims
For Victim and Non Victim Groups**

	Least Easy To Relate		Easiest To Relate To	
	V %	NV %	V %	NV &
Sexual Assault	8.0	-	33.0	50.0
Aggravated Sexual Assault	26.0	25.0	2.6	-
Sexual Harassment	2.6	25.0	5.1	12.5
Child Sexual Abuse	-	-	15.0	12.5
All Victims*	-	-	41.0	12.5
None Could Relate To Each Well	64.0	50.0	2.6	12.5

V = 39 subjects

NV = 8 subjects

3 males and 1 female non victims did not answer questions #72 and #73

TABLE XXI

Perceptions of SSE Stressfulness For Vignette Victims
By Victims And Non Victims

	Least Stressful		Most Stressful	
	V %	NV %	V %	NV %
Sexual Assault	-	-	23.0	25.0
Aggravated Sexual Assault	2.6	12.5	28.0	25.0
Sexual Harassment	54.0	50.0	2.6	-
Child Sexual Abuse	2.6	12.5	13.0	37.5
All Four Equally Stressful	43.0	12.5	36.0	12.5

V = 39 subjects

NV = 8 subjects

3 males and 1 female non victims did not answer questions #74 and #75.

non victims (42%) stated the child sexual abuse victim would take the longest to heal because his experience might cause a serious identity crisis.

In terms of how serious the SSE incidents were (question 80), all subjects felt that each of the offenders should serve a jail sentence because of their acts. It should be noted only 43 subjects (36 victims and 7 non victims) filled out this question.

Table XXII displays a break down of the severity of sentences given by the subjects according to prior SSE experience and sex.

Please Insert Table XXII Here

Victims differed significantly from non victims in the length of sentences given for both the sexual assault ($t(41)=1.66$, $P>0.05$) and aggravated sexual assaults victims ($t(41)=2.49$, $p>0.05$). In both cases victims gave longer jail sentences. There was no significant differences found in the other two cases.

In terms of who was the most credible SSE victim (i.e. felt more strongly to report to police, able to relate to better, and offender given a more severe sentence), all subjects were most sympathetic to sexual assault victim and least to the sexual harassment victim. See Tables XVI, XX, XXII results. Male victims tended to be most sympathetic to the aggravated sexual assault victim in particular. This was the only significant feature in whom they

TABLE XXII

Comparison of Criminal Sentence Given By Subjects to SSE
Offenders According to Prior SSE Experience and Sex

Vignette	Victims			Non Victims		
	Female	Male	Total	Female	Male	Total
1. Sexual Assault Victim	X=11.74 SD=6.8	X=15 SD=6.32	X=12.14 SD=6.84	X=7 SD=3	X=7.20 SD=1.94	X=7.14 SD=2.3
2. Aggravated Assault Victim	X=14 SD=6.4	X=18.9 SD=2.4	X=14.64 SD=6.25	X=7 SD=3	X=9 SD=3.4	X=8.43 SD=3.41
3. Sexual Harassment Victim	X=3.4 SD=3.46	X=0.8 SD=3.5	X=2.89 SD=1.17	X=4. SD=3.5	X=0.8 SD=.75	X=2 SD=2.48
4. Child Sexual Abuse Victim	X=8.09 SD=6.92	X=6.4 SD=7.34	X=7.53 SD=6.4	X=4. SD=3.5	X=3.2 SD=3.54	X=3.57 SD=3.58

Legend

X = Means Given in Years
SD= Standard Deviation

N = 43

related to.

From the pattern of results in Section IV and Section V, subjects with prior SSE experiences tended: to have fewer stereotypic attitudes toward sexual assault; to feel more strongly that victim should report; to be able to relate to victim better; to be less likely to attribute responsibility to the SSE victims; and to hand down more severe sentences to offender than non victims. It was more pronounced in the cases of sexual assault and aggravated sexual assault victims.

DISCUSSION

This study examined if having prior Sexually Stressful Experiences affected a persons attitude toward sexual assault victims. As expected, victims prove to have less stereotypic attitudes toward other sexual assault victims than non victims. Victim subjects were also better able to relate to other SSE victims than non victims. Victims more often than non victims felt that SSE should be reported to the police. Victims also gave more severe sentences to the sexual assault and aggravated sexual assault offenders than non victims. Subjects with less stereotypic attitudes were able to relate to SSE victims; were more likely to want victims to report to the police; and were more likely to hand down stiff sentences to the offenders.

Reason For High Incident Rate of SSE

Out of the 51 subjects in the study, 39 reported that at some time in their lives they had a stressful sexual experience. This rate of 76.4% was higher than the usually reported (Divasto et al, 1984, FBI Uniform Crime Report, 1982, Ruch and Chandler, 1982, Burgess et al, 1978, Clark and Lewis, 1977). Most studies report that one in four women (25%) and one in seven men (14.3%) are sexually abused. Several reasons may account for this high incidence. One reason for the higher rate is that this study included both invasive and non invasive events in its definition of sexually stressful events; while other studies may have included only events where actual physical contact took place to be sexual assault within the Canadian legal definition.

Non invasive SSE were included because they have been shown in other studies (Divasto et al, 1984) to be as stressful as invasive SSE and tend to produce similar trauma patterns in the victims. In the present study, non invasive incidents made up a total of 49% of all reported incidents and if they had not been included the incident rate for subjects would have been roughly half the original rate (i.e. 38% - 40%), which would be consistent with other studies.

Another reason for such a high incident rate was because the subjects who completed the rather lengthy questionnaire may have done so because of their own interests, needs and prior experiences in regard to SSE. Other subjects, notably the 28 who did not complete the questionnaire, may have been discouraged by the length

of the research instrument and discontinued because they were not taking part in the study with the same interest as those with prior SSE experiences.

A third possibility is that the incident rate is an accurate portrayal of SSE incidents in University students. Only recently, because of enhanced awareness, people have begun to label events as stressful and abusive, when previously they may have dismissed them.

The "Notice to Participants" cover letter at the beginning of the SSE Questionnaire with its definitions of SSE incidents may have increased the reporting rate by providing subjects with accurate terminology and definitions of experiences. The letter to subjects may also have acted as a reminder of incidents in the past which subjects might have forgotten to mention.

The use of the term sexually stressful events rather than sexual assault may also have been less threatening to the subjects and they were more likely to admit to the experiences that caused them stress rather than ones seen as a crime (i.e. sexual assault).

The high rate of SSE among the male subjects (35%) was somewhat surprising and the enhanced awareness of sexual abuse may well apply for their higher reporting rate. This brings to light the importance of examining both women and men for SSE victimization, since studies of sexual assault tend to look at the experiences of women exclusively.

Incidence of Invasive and Non Invasive Events

Invasive SSE events were slightly more common than non invasive events with inappropriate touching or kissing being the most common invasive event, and threats or inappropriate comments with regard to sexual activity being the most frequent non-invasive events. One reason why these two SSE's are the most common, may be that both types of incidents often take place in ambiguous situations. They are also more commonplace during the adolescent and early adult years.

These years are traditionally dating or courtship times, when sexual boundaries tend to be less clear than at other stages of life (i.e. childhood, late adult years), hence there is more confusion about what is appropriate or inappropriate, abusive or not abusive. Because of the ambiguous nature of these SSE, those who are exposed to these events, may be unsure of the intent behind the act which may range from teasing and humour to foreplay or violence. Subjects were unsure so they didn't report at the time, but did report on the questionnaire as stressful. Looking back on their earlier experiences, they may remember the details of the incidents and still feel trauma and regret over them.

The more violent invasive assaults, sexual assault and aggravated sexual assault had a low occurrence rate in the study (5.7%). These subjects all suffered physical injuries from the violence. All the invasive incidents in the study are classified as sexual assault under the criminal code of Canada but very often victims perceive sexual assault as only being the most extremely violent incidents.

Theories For Why Certain People Are Victimized

Many subjects' listed more than one SSE. The average number of incidents being 2.67 per person. This statistic is of concern because it suggests that not only does a high proportion of the University population experience SSE's, but that these victims then might be re-victimized on other occasions as well. Does this mean that victims send out some kind of signal to others that indicates it's all right to abuse them or do they truly just happen to be at the wrong place at the wrong time? Woititz (1989) stated that often individuals who have been sexually abused over a long period of time, may be at risk for additional abuse because the person can't see the danger in a situation, for what it is. Victims of past abuse often have developed creative coping mechanism such as emotional shutdown (numbing), dissociative behaviour, amnesia (denial) and repression in dealing with previous trauma. Unfortunately these passive behavioural mechanisms tend to try to maintain internal psychic equilibrium, regardless of the situation. These coping strategies do not assist the victim in recognizing danger or acting upon it. Those who have been victimized may become immobilized from the stress as opposed to reacting with a fight or flight reaction. Victims may not act at all or may fantasize about being elsewhere or that the situation is different in order to feel safe.

The availability theory is of merit since the most common age of the subject at the time of SSE occurrence was in the middle teens (16 - 17 years). Availability theory suggests that the more

visible a person (the more vulnerable) the more likely s/he is to be at the wrong place and at the wrong time. Young people, particularly adolescent are more visibly available in the community. They may be hanging around fast food places, sport facilities or on the streets unsupervised. Hence they are more available to sexual offenders who may be seeking a vulnerable person upon whom to act out their aggression. Amir (1971) stated that sexual offenders chose their victims based on who was available at that particular time and place and not by any of the victims' physical attributes.

Adolescents also are more available to be sexually abused by people in positions of power over them. Relatives, older friends, school personnel, sport or special interest coaches and employers or senior employees were a common groups of offenders noted in the present study. The results of this study state that most offenders are known to the victim and most offenses either occur in the victims or the attacker's home or in the attacker's automobile. This is contrary to the common myth that individuals have to be aware of strangers on dark streets. Overall both the homes or the streets aren't intrinsically safe for young people. Sexual assault can occur at any place.

Adolescents are also exploring interpersonal relationships with the opposite sex. Results from this study indicated that the most common victim-offender relationship was that of a date or romantic partner. The adolescent years are known by developmental psychologists to be ones of searching for identity. This often causes great personal confusion. In these particularly ambiguous years, issues of consent

in regard to sexual matters are very often confusing. It is difficult to determine what one means by saying yes and no. This time of life is ambiguous because there is no carefully laid out paths upon which one is to enter into adulthood. Society has traditionally placed a great deal of covert pressure on adolescent males to enter into manhood through sexual conquest; while adolescent females are encouraged to enter into womanhood through the development of relationships which value love and security. Adolescents who have poorly developed sense of self are particularly susceptible to pressure from the group. They may have difficulty seeing beyond their immediate needs and the present situations to issues of whether both parties have consented. In the relationship, the male may put pressure on the female to give into his need for conquest in order to meet her need to relate. Clark and Lewis (1977) suggest that in the unequal bargaining that trades security for sex, much of sexual contact between males and females will be coercive in nature as a result. This appears to be borne out in the results of this study.

Effects of SSE on Victims' Functioning

Most victims in the present study tended to have psychological rather than physical injury. Few incidents involving physical injury were reported. The majority of events involved only one offender and most offenders were known to the victim. This may be complicating for the victim who may have to deal with the loss of trust and the sense of betrayal by a person with whom s/he may have had a

relationship. Having no actual physical injuries results in doubt that coercion really took place. For example, a woman battered from having several strangers sexually abuse her has many symptoms of trauma. She would be less likely to blame herself for the SSE or have doubts about her ability to trust people in close relationships. This victim is more likely to blame fate, increased crime rate or the rapists' sickness. However, a woman who is sexually assaulted by a close friend, where the coercion may involve mostly verbal threats as opposed to physical force would be more likely to have difficulties with long term trusting relationships. As a result she would tend to blame either herself or her behaviour for causing the SSE (Janoff-Bulman, 1982).

All of the subjects who experienced SSE's considered them as at least moderately stressful. Several subjects (20%) had such a traumatic experience however, that the event totally disrupted their attitudes, emotions and daily lifestyle. None of the subjects were left unaffected by having such an SSE even when the event was a non invasive one such as exhibitionism, peepers, sexual harassment, threats or obscene phone calls. Many of the victim subjects reported similar types of emotional and physical responses in the first two weeks after the SSE as Burgess and Holmstrom (1974) found in their study of rape victims in Boston. These responses of anger, feelings of personal space invasion, shame, confusion, humiliation, and fear were seen as the first signs of the acute stage of sexual assault trauma syndrome. Physical symptoms occurred when the trauma was reported as more pervasive and debilitating in the subjects' daily

functioning. The most common physical symptoms were agitation, loss of appetite and headaches.

Sufficient lifestyle changes occurred in roughly one third of all victims for them to be classified as having post traumatic stress disorder according to the DSM III-R (Diagnostic Statistical Manual Revision III-Revised). Those subjects so classified tended to be older and more established in terms of their religion, occupation and income earning level, but who had also suffered some type of disruption in their marital life (i.e. separated, widowed or divorced). These subjects experienced more frequent SSE's than other subjects and the events were more likely to be invasive, more physically violent and the offender was not very well known to subjects. The offenses often were reported to have taken place in unfamiliar environments or outdoors. They involved more physical and psychological injuries.

Perhaps some of the reason why these subjects experienced a much more serious and pervasive trauma was because most of them had fairly settled lives as opposed to the fairly crisis ridden ones of young undergraduate college students. When a violent intrusive SSE by an almost total stranger occurred, it deeply upset their sense of security, personal control and belief in the world as a fairly just and stable place. For the college student, these might be viewed as more commonplace, albeit unacceptable. They might be able to see them as consistent with a view of the world as being unpredictable.

The most common category of lifestyle change among subjects

was related to the safety need, which is consistent with the findings of Feldman, Summers and Ashworth (1981). Their study of 100 sexually assaulted adult women found that subjects' main desire was to recover the sense of well being and safety which they felt they had lost after or in the course of the assaults. Subjects in this study stated that they had friends and/or family members accompany them to social events and/or staying home with them in order for them to feel safe. Safety was the most predominant concern in both the acute and re-organizational stages of recovery. Difficulty with relationships with others (i.e. difficulty in trusting, fear of intimacy) and emotional and behavioural effects appeared to be quite serious in the acute stage, but decreased significantly in the re-organizational stages. Overall, many of the symptoms of SATS, which appeared very severe in the first few weeks after the assault, tended to diminish for whatever reason and were no longer a problem for almost all of the subjects.

Reporting Behaviour of the Victim Group

One possible reason why sexual assault trauma syndrome symptoms decreased over time in the present study may be due to the fact that many of the victims told another person about their victimization. These victims then received the necessary social support that they needed in order to integrate this experience into their sense of self. Over half of the subjects reported the incident to someone, the most common confidantes being close friends, immediate family

members or ministers, priests or rabbis. Overall, the confidante was seen to be generally supportive and helpful.

An extremely low report rate of incidents to police or legal authorities was found in this study with only 2 out of 39 subjects reporting. Neither of the cases had criminal charges laid. This is discouraging considering that out of the 104 SSE incidents in the study, none of the offenders were charged. Some of the main reasons subjects did not report to the police had more to do with how the SSE subject was feeling at the time than any perceptions of the ineffectiveness in the justice system. For instance, most subjects wanted to forget about it and were too embarrassed to talk about the experience; while a percentage of subjects perceived the events as too commonplace and feared that they would not be believed or taken seriously. These reporting rates and reasons for not reporting are consistent with Feldman et al (1981) where the majority of subjects did not report to the police. It is important for those findings to be made known to legal and mental health professionals so that actions can be taken to remove these blocks to reporting. For example, almost one third in the present study did not report it because they did not want to deal with it.

Pennebaker's (1985) study stated that the more individuals try to keep trauma inside and use denial as their coping mechanism, the more likely they are to experience a delayed physical and emotional reaction one year later. People who talk about their problems, while they are occurring or shortly afterward, have a much better prognosis for successful integration of the SSE and show significant decreases

in stress linked symptoms. Mental health professionals and sexual assault centres should be actively encouraging for SSE victims to come forward and report incidents as they may well do better psychologically because of early intervention.

Public education through the legal and education system should attack the myth that only violent forced intercourse is sexual assault. Educational efforts should be focused upon children and adolescents who should be clearly informed about all the different types of sexually stressful events. It would be essential first to demonstrate to these young people ways of communicating about sexual topics, particularly those incidents that involve some type of abuse, so that they feel that they will be taken seriously and believed. Legal officials should appeal to the community as a whole to provide safety for its members from these types of abuse. Police officers should be sensitive to the SSE victim's need for reassurance about their safety. They should provide police protection against possible attacker retaliation, if necessary, and use legal measures such as the strict enforcement of peace bonds to ensure victims will not be vulnerable because of reporting. From the findings in the present study, it appears that SSE victims are only going to report more often to legal authorities whenever professionals can ensure them that they are not being put at further risk for more losses in the areas of their emotional, physical or relationship functioning. Today, most victims feel torn between a desire to see the offender get punished and the fear of possible negative outcome from friends, family, legal authorities and their attacker. Hence they become

immobilized and do not report. Society has to take responsibility for abuse of its members as opposed to placing it on the shoulders of the victims. Victims are often not in a position of strength where they feel they can tolerate the consequences (i.e. investigation, court appearances) and hence the conspiracy of silence continues.

Perceptions and Attitudes Toward Sexual Assault

In terms of perceptions of trauma caused by SSE incidents, this study's findings show that subjects who had prior victimization tended to view other unconsented sexual experiences as more stressful than those subjects who had not been victimized. This difference may be partially accounted for by victims heightened sense of vulnerability and their awareness of the pervasive short and long term results of sexual assault. On the other hand, those subjects with no previous victimization would have no knowledge to call upon.

Victims, both males and females, tended to have a less stereotypic view of sexual assault, its victims, and its offenders. One reason for this difference is that since they are already victims, they are less likely to accept any rape myths about victims being "whores" or "naive attractive women who don't know their power over men" (Mazellan's, 1980 stereotypes). They know from their own experience that they and others like them do not fit that pattern. Subjects who had not been victimized were more likely to internalize the very negative assumption that there was a certain type of women who was more likely than others to get assaulted. Again, the belief in

stereotypic attitudes toward sexual assault generally decreases the victim's likelihood of reporting the incident (Mazellan, 1980). In this study, victim subjects were also more likely than non victims to view pornography as a negative contributing factor to sexual assault. No significant difference was seen between the victim and non victim subjects' attitudes toward the role of prostitution or the women's movement in sexual assault, with both groups being non stereotypic in their views.

Ability to Personalize the Sexual Abuse Experience

In terms of being able to put themselves in the role of the 4 victims represented in the vignettes, subjects with prior SSE tended to have greater empathy for other victims and strongly felt that victims should report more often. They believed their trauma was serious enough to warrant further investigation or treatment. They also saw more stress in the other victims' sexual abuse experiences and tended to attribute less responsibility for the SSE to the victims than non victim subjects. Non victims in general were more likely to blame victims for the assaults. Victim subjects also gave significantly more severe penalties to the offenders in the sexual assault and aggravated sexual assault than non victims.

Overall, the implications of this study are that subjects who reported prior SSE(s), regardless of sex, tended to perceive SSE

events as more stressful, have less stereotypic attitudes toward sexual assault, its victims and offenders and are better at overall relating to the feelings of other SSE victims, than non victim subjects. There is also a tremendous number of people who have been exposed to an SSE experience. Surprisingly, the only major sex differences in the present study were in the higher incidence rates of SSE for females as opposed to males and the finding that females, regardless of prior SSE tended to view sexual assault, its offenders and its victims in a less stereotypic way than male subjects. One reason for this might be that females have a more heightened sensitivity to their own vulnerability (i.e. it could happen to me too) and hence are less likely to judge.

These findings suggest that while having an SSE experience is certainly an unpleasant and stressful one, it does have some positive long term results in that it allows the person to understand a broader conception of abuse. Also the person will be less likely to make judgments about other victims, particularly sexual assault victims, based on preconceived stereotypes. Another positive effect is that it increases the likelihood that the person will be more empathetic to others, particularly sexual assault victims, since they have already been through the experience and know the psychic pain it can cause. In the present study it appears that those who have lived through the experience are the best people to talk to about it. This illustrates the importance of having victims available to others as rape crisis centre volunteers and SSE support groups for support, advocacy and treatment. Mental health professionals

should receive training aimed at dealing with the sexual assault trauma syndrome and post traumatic stress disorder. If they have been victimized by sexual assault, they should be assisted in dealing with their own previous victimization. This study's findings in terms of incidence of sexual assault suggests that a tremendous number of people have had these experience but have never reported it or received treatment.

Limitations of the Study

Some of the limitations of the present study were: 1) The small sample of male victims may not be an accurate representation of all male victims, particularly because male victims were less conscientious about filling out every item of the questionnaire; 2) The Vignettes for personalizing of SSE may have been too complex for the establishing the concept of victim credibility. For instance, having a prostitute as the aggravated sexual assault victim may have affected the subjects ability to relate to her.

Future Research Directions

The SSE Questionnaire proved to be a useful research instrument for studying SSE in University students. It would be an important next step to assess a larger general population to see if the results would be consistent. In the future it would be useful to examine in more detail how victims of abuse actually heal and regain their

sense of selves after an SSE. In particular, what events, behaviours, emotions or cognitions that were useful in promoting healing for a person who had major lifestyle changes shortly after the assault. By examining this recovery process in more detail in the form of a structured interview, much valuable information would be yielded to assist in treatment in a clinical setting.

It would also be useful to examine male victim recovery process to learn more about what events (i.e. further abuse and neglect), behavior, emotion or cognitions that may lead one person on the other path to more SSE in the role of the offender. It would be of particular interest to determine if treatment of SSE victims shortly after a SSE prevents future abuse by the victim.

It would also be useful to examine if education in SSE and feminist philosophy to children would have any impact on preventing future abuse in the next generation. A longitudinal study beginning when a child has entered into the school system and follow up contact at age 15, 25 and 35 would be necessary to fully evaluate the effects of this education.

Lastly, it would be interesting to evaluate if education aimed at personalizing the experience of the sexual abuse victims for the justice system professionals (i.e. police, crown prosecutors, attorneys, judges) is effective in widening the gap of who they would consider as credible. An educational approach focused on seeing all victims, regardless of age, sex, race, socioeconomic status, as legitimate may well assist victims in getting a better reception when they decide to press charge. Longer criminal sentences may

well be on outcome of such an education approach.

CONCLUSIONS

From the results of 51 S.S.E questionnaires from University students the following statements can be made:

- 1) SSE incidence (76.5%) was higher than expected. Females were more often SSE victims (92%) than males (35.7%). Females were also victimized by more SSE events (2.97 times) than males (1 time) typically.
- 2) The number of invasive-non invasive SSE reported was about equal with the most commonly reported SSE being the less violent and least intrusive (i.e. unconsented touching and threats or inappropriate comments)
- 3) All SSE incidents reported were considered stressful and one third of subjects met the criteria to be classified as suffering from Post Traumatic Stress Disorder.
- 4) Safety was considered the most important for victims to ensure several weeks after the assault.
- 5) Subjects who have had prior SSE victimization rated all SSE as more stressful than non victim subjects.
- 6) Victim subjects had less stereotypic attitudes toward sexual assault and female subjects regardless of prior SSE had less stereotypic attitudes overall than male subjects.
- 7) Subjects with prior SSE were better able to relate to other SSE victim, more likely to report event, and give more severe sentences than non victim subjects.

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APPENDIX A

Consent Form

This research is to be used for a Masters of Arts degree at Lakehead University and is designed to examine the incidence of sexually stressful experience (S.S.E.), the short term effects of S.S.E., and their possible influence on individual attitudes toward sexual assault victims.

You will be asked to complete a questionnaire which takes approximately one hour. This questionnaire contains some questions or statements that you may find upsetting and/or offensive, regarding sexual and/or violent material. You are under no obligation to participate and are free to deny consent if you so desire. You are also completely free to discontinue participation at any time.

Your test results will be kept strictly confidential and results will be reported on a group basis only. At no time during the research or after will you be asked to do anything that involves any risk or discomfort other than to complete the questionnaire. The researcher is available to assist the subject in seeking professional help in dealing with any stressful sexual experience.

Brenda Lee Doyle
Graduate Student

I have read this form and I understand the procedure to be used and consent to participate in this research. I also understand that I am free to withdraw from this study at any time.

Signature

Date

Name: (Please Print) _____

Phone Number: _____

Date of Birth: _____

Age: _____

APPENDIX B

Notice To Participants

Some of the terms used in this questionnaire may be unfamiliar to you, hence have provided a list of definitions below to avoid possible confusions and misinterpretations in your responses. Most of these definitions have been taken from Webster's Dictionary or the Psychological Literature.

Stress	Is any event which causes pressure, urgency, strain, tension or discomfort.
Sexual	Is anything pertaining to or characteristic of sex, the sexes, or the organs or functions of sex or reproduction.
Exhibitionism	Is a tendency to obtain sexual gratification by public exposure of one's body or genitalia
Peeping Tom	Is a prying person who often stealthily looks in other people's windows without their knowledge or consent.
Sexual Harassment	Is the continual pursuing of one person to annoy, torment, distress or pester another person in matters regarding to sex or the sexual organs.
Cunnilingus	Is the licking, suckling, and/or fondling of a female's lower genital areas (i.e. labia major, labia minor).
Fellatio	Is the licking, sucking, and/or biting of a male penis.
Sexual Assault	Is any unwanted sexual advances not consented to by a victim, from touching for a sexual purpose to the most severe aggravated sexual assault when the victim is wounded, maimed or disfigured or if the victim's life is put in danger. (Canadian Criminal Code, Section 246.1).
Sodomy	Refers to sexual relations between male persons or between males and females, involving anal penetration.
Pornography	Refers to any material presented either visually or auditory that suggests or portrays some form of sexual relations involving violence or force inflicted on the participants, who are usually females or minors under the age of 18.

Questionnaire on Sexually Stressful Experiences
For University Students

Background information on participant

Age	_____	
Sex	_____	
Ethnicity:	Anglosaxon	_____
	Scandinavian	_____
	Southern European	_____
	Eastern European	_____
	Native	_____
	Asian	_____
Religion	Roman Catholic	_____
	Protestant	_____
	Muslim	_____
	Other (specify)	_____
	None	_____
Employment Status:	Professional	_____
	Skilled Laborer	_____
	Clerical & Service	_____
	Industry	_____
	Student	_____
	Unemployed	_____
Socioeconomic Status:	Income above	
	\$30,000	_____
	Income between	
	\$15,000-\$30,000	_____
	Income below	
	\$15,000	_____
Marital Status:	Single	_____
	Separated/Divorced/	_____
	Widowed	_____
	Married	_____

1) On this question, please place a check mark beside any of the types of sexual experiences that has caused you discomfort, stress, anger, and/or fearfulness in the past by another person or persons. Also indicate in the column beside the event the age of which it occurred.

Age	Event	
_____	_____	Unconsented touching or kissing.
_____	_____	Unconsented fondling of genitals and/or other sexual areas.
_____	_____	Obscene phone calls.
_____	_____	Exposures or "exhibitionism"
_____	_____	"Peepers" (i.e. peeping toms).
_____	_____	Threats or inappropriate comments by another person in regard to sexual activity with you.
_____	_____	Sexual harassment at school and/or work.
_____	_____	Attempted sexual assault.
_____	_____	Forced intercourse on a date.
_____	_____	Forced cunnilingus.
_____	_____	Forced fellatio.
_____	_____	Forced sodomy.
_____	_____	Sexual assault with a weapon, threats to a third party or causing bodily harm.
_____	_____	Aggravated sexual assault with the assaulter maiming or disfiguring you (scar, cuts, etc).

If you have experienced any of these SSE, please continue on to question #2. If not please skip ahead to section III on page 8.

*For the remainder of the questions in section #11, please indicate which stressful sexual experience (SSE) you are referring to and please use the event that you found the most stressful.

SSE Incident _____.

- 2) Violence involved in SSE.
 - Spoken threats _____
 - Use of physical force _____
 - Use of a weapon: knife _____
 - gun _____

- 3) Number of attackers.
 - One _____
 - Two _____
 - Three or more _____

- 4) Your relationship to the attacker.
 - Relative _____
 - Close friend _____
 - Date/boyfriend/ _____
 - Girlfriend _____
 - Brief acquaintance _____
 - Total stranger _____
 - Other (specify) _____

- 5) Location where stressful event occurred.
 - A) Area
 - Urban _____
 - Rural _____
 - Suburban _____
 - B) Place
 - Your Home _____
 - Attacker's home _____
 - Automobile: yours _____
 - attacker's _____
 - Other (specify) _____

- 6) Resistance offered by yourself.
 - Resistance through talking. _____
 - Resistance through physical means. _____
 - None offered. _____
 - I was afraid to resist, I didn't know how. _____

- 7) Injury caused by stressful event.
 - No physical injury _____
 - Minor physical injury (bruises, cuts) _____
 - Major physical injury (broken bones, scars) _____
 - Minor psychological injuries _____
 - Major psychological injuries _____

*For the next two questions I would like you to describe the level of stress you experienced from this event according to the following scale.

	2	3	4	5
Not at all stressful (event didn't bother me at all).	Moderately stressful (event bothered me at the time but I quickly recovered)	Stressful (event bothered me and I actually attempted to avoid it happening again).	Very stressful (event very upsetting and affected many areas of my life).	Extremely stressful (event left me totally shaken in my attitudes, emotion and daily life-style).

8) How would you describe the level of stress caused by the incident at the time it occurred?

1 2 3 4 5

9) How would you describe your level of stress over the incident now?

1 2 3 4 5

10) Did you report this stressful experience to anyone?

Yes _____ No _____

11) If so, to whom?

Immediate family member _____
 Extended family, relative _____
 Close friend _____
 Spouse or cohabitant _____
 Teacher _____
 Police or legal authorities _____
 Medical personnel _____
 Professional counsellor _____
 Rape crisis centre volunteer _____
 Clerical and religious person
 (priest, minister, rabbi, etc) _____
 Other (specify) _____

12) General reaction of the person to your disclosure of SSE (please circle).

- 1) Not at all supportive or helpful
- 2) Somewhat supportive and helpful
- 3) Generally supportive and helpful
- 4) Very supportive and helpful
- 5) Extremely supportive

13) Please check any of the feelings or emotions that you felt during the two weeks after the stressful sexual experience.

_____ shock	_____ disbelief
_____ anxious	_____ fearful
_____ sad	_____ grief and loss
_____ defeated	_____ ashamed
_____ angry	_____ terrified
_____ confused	_____ paranoid
_____ threatened	_____ helpless
_____ ambivalent	_____ humiliated
_____ lethargic (inactive)	_____ felt personal space had been invaded

14) Please check any symptoms that you experienced after SSE.

- loss of appetite
 agitation
 aches and/or pains
 headaches
 muscle tension
 nausea
 fatigue

*In this next group of questions, I am examining any changes in your lifestyle, which happened as a result of your stressful sexual experience. Lifestyle in this context refers to your normal daily activities, interactions with family and friends, as well as work or school activities.

15) Have you found that the stressful sexual experience has created a disruption in your lifestyle?

Yes _____ No _____

If yes, please respond to these personal statements in questions #16-29 according to whether or not these statements were similar to your own. If you experienced no lifestyle changes as asked in question #15, please skip ahead and continue your responses at question #30.

16) a) Shortly after the SSE, I found that I was staying home more.

Yes _____ No _____

b) I find I am still staying at home more.

Yes _____ No _____

17) a) Shortly after the SSE, I was feeling less safe at home.

Yes _____ No _____

b) I am still feeling less safe at home.

Yes _____ No _____

18) a) Shortly after the SSE, I was feeling safer when I was accompanied by a friend or family member when I went out socially.

Yes _____ No _____

b) I am still feeling safer when I am accompanied by a friend or family member when I go out socially.

Yes _____ No _____

19) a) Shortly after the SSE, I was hyper-alert and having exaggerated startle responses.

Yes _____ No _____

b) I am still hyper-alert and having exaggerated startle responses.

Yes _____ No _____

20) a) Shortly after the SSE, I was having trouble concentrating and remembering information.

Yes _____ No _____

b) I am still having trouble concentrating and remembering information.

Yes _____ No _____

21) a) Shortly after the SSE, I found I was absent from school and/or work, more than usual.

Yes _____ No _____

b) I find that I am still being absent from school and/or work, more than usual.

Yes _____ No _____

22) a) Shortly after the SSE, I found I was having disruptions in my normal sleep patterns, either not being able to fall asleep or waking up in the middle of the night and having difficulty falling back to sleep.

Yes _____ No _____

b) I am still having disruptions in my normal sleep patterns.

Yes _____ No _____

23) a) Shortly after the SSE, I found I was having painful, recurrent intrusive, recollections of the incident.

Yes _____ No _____

b) I am still having painful, recurrent intrusive recollections of the incident.

Yes _____ No _____

24) a) Shortly after the SSE, I was having dreams and nightmares about the SSE.

Yes _____ No _____

b) I am still having dreams and nightmares about the SSE.

Yes _____ No _____

25) a) Shortly after the SSE, I was feeling less close and more detached from people in general.

Yes _____ No _____

b) I am still feeling less close and more detached from people.

Yes _____ No _____

26) a) Shortly after the SSE, I found that I was losing interest in previously enjoyed activities.

Yes _____ No _____

b) I find I am still losing interest in previously enjoyed activities.

Yes _____ No _____

27) a) Shortly after the SSE, my ability to feel emotion of any type especially those associated with intimacy, tenderness, and sexuality had been markedly decreased.

Yes _____ No _____

b) My ability to feel emotion is still markedly decreased.

Yes _____ No _____

28) a) Shortly after the SSE, I found that I was developing a fear of sex or intimacy with members of the opposite sex.

Yes _____ No _____

b) I am still fearing sex or intimacy with members of the opposite sex.

Yes _____ No _____

29) a) Shortly after the SSE, some of my relationships with significant others (family members, friends) were changing as a result of the SSE.

Yes _____ No _____

b) Some of my relationships with family members and/or friends are still changing as a result of the SSE.

Yes _____ No _____

c) If yes ow were they changing?

30) At the time of the stressful experience, did you report it to the police or other legal authorities?

Yes _____ No _____

31) If not, please check the most plausible reason for your not reporting.

- _____ I thought the sexual incident was too common place to be considered stressful.
- _____ I didn't think I would be believed or taken seriously.
- _____ I thought the police would think I was being vindictive and wanted to get revenge on the person.
- _____ I was too embarrassed to tell anyone.
- _____ I get embarrassed talking about sexual topics in general and could not bring myself to talk about any incident this personal.
- _____ I just wanted to forget about it and not deal with it anymore.
- _____ I didn't believe the justice system would be effective in handling my case.
- _____ I feared the attacker would retaliate if I told anyone.
- _____ My family and/or friends convinced me not to report.

32) If you did report, was there any criminal action taken?
 Yes _____ No _____

33) If so, please specify the nature of the action and the result?

III In this section I would like to rate each of these sexual experience according to how stressful you would consider if it happened to you.

1	2	3	4	5
Not at all stressful	Moderately stressful	Stressful	V e r y Stressful	Extremely Stressful
(e v e n t wouldn't bother me at all)	(event would bother me but I would quickly recover from it)	(event would upset me and I would actively attempt to avoid it in the future)	(event would be very upsetting and would affect many areas of my life)	(event would leave me totally shattered in my emotions, attitudes and daily lifestyle).

Rating	Event
_____	Unconsented touching and kissing.
_____	Obscene phone calls.
_____	Exposures or "exhibitionism".
_____	"Peepers" (i.e. peeping toms).
_____	Sexual harassment at school and/or work.
_____	Threats or inappropriate comments by another person to you in regard to sexual activity.
_____	Unconsented fondling of genital and/or other sexual areas.
_____	Attempted sexual assault.
_____	Forced fellatio.
_____	Forced cunnilingus.
_____	Sexual assault involving the use or threat of force.
_____	Forced intercourse on a date.
_____	Forced sodomy.
_____	Sexual assault with a weapon, threats to a third party, or causing bodily harm.
_____	Aggravated sexual assault with the assaulter maiming or disfiguring you (scar, cuts, etc.)
_____	Other events you would consider stressful. (please specify) _____

IV This section is devoted to examining your attitudes toward sexual assault and rape and the people involved, i.e. the assaulters and the victims. Please respond to each statement as honestly as possible.

- 34) Nice girls don't get raped.
True _____ False _____
- 35) A healthy woman cannot be raped by one man.
True _____ False _____
- 36) The rapist acts on an uncontrollable impulse.
True _____ False _____
- 37) Most rapists are stranger.
True _____ False _____
- 38) Rape is an act motivated by sexual desire.
True _____ False _____
- 39) A rapist is crazy.
True _____ False _____
- 40) Rape and sexual assault happen only in back alleys.
True _____ False _____

41) Women frequently cry "rape" falsely for reasons of revenge, pregnancy, etc.

True _____ False _____

42) A real rape victim will be hysterical.

True _____ False _____

43) A woman who has been raped will be battered and bruised.

True _____ False _____

44) The majority of rapists are prompted by the wish to dominate women.

True _____ False _____

45) Women who become victims of rape were dressed provocatively or appeared to be "asking for it" at the time of the crime.

True _____ False _____

46) Men can not be victims of sexual assault unless they are wimps or gay.

True _____ False _____

47) Most sexual assaults occur in private homes.

True _____ False _____

48) The majority of rapists are prompted by the wish to aggressively humiliate their victims.

True _____ False _____

49) Sexually experienced women are less affected by rape than less experienced women.

True _____ False _____

50) Prostitutes cannot be sexually assaulted since they offer the sexual services for sale anyway.

True _____ False _____

51) Men who are more likely to commit rape and other assaults are also more likely to drink alcohol excessively.

True _____ False _____

52) It is generally accepted that in the legal and professional community that only one in ten victims report their sexual assaults.

True _____ False _____

53) Victims who do not report sexual assault and try to forget their experience tend to recover quicker and have less severe psychological consequences.

True _____ False _____

54) The Women's Movement of the 1960's and 1970's was the cause of the increase in rapes because these feminists threatened male's feelings of power and superiority.

True _____ False _____

55) Women like to be raped and beaten.

True _____ False _____

56) Pornographic films and magazines portray the true uninhibited reality that women really are masochistic enjoy pain and violence.

True _____ False _____

57) The open display of pornographic material promotes a climate in which acts of sexual hostility against women are not only tolerated but encouraged.

True _____ False _____

58) Sexual assault isn't really a crime but more like wild sex with someone who appears resistant at first.

True _____ False _____

59) Rape is a conscious process of intimidation by which all men keep all women in a state of fear.

True _____ False _____

60) Most rapists work alone. He is a secretive solitary offender.

True _____ False _____

61) Most rapes are impulsive and are not planned ahead of time.

True _____ False _____

62) Most victims, male or females, are chosen on their availability (wrong place, wrong time) rather than by their physical looks.

True _____ False _____

63) Sexual assault is the most rapidly rising violent crime in Canada.

True _____ False _____

64) If I knew I could get away with it, I would sexually assault someone.

True _____ False _____

V. This section includes a series of stressful sexual experiences which I would like you to read and respond to, in the following questions, with your genuine beliefs.

Vignette #1

Melissa is a young white twenty year old female student who moved to Thunder Bay to start University. During the first week she was here, she met a nice friendly man who approached her at a bus stop and offered to drive her around as she looked for an apartment to rent. Tired and with sore feet from waiting for the bus forty minutes, she reluctantly agreed since he seemed like an honest young guy who also went to the University. She got in the car and chatted nervously. The driver then drove into the country, ordered her into the back seat of the car and raped her. The man called her a slut, easy whore and a witch who was always trying to make him feel bad. Melissa terrified and in shock did not physically resist. She only screamed no, no, over and over again as the tears rolled down her face. Her assaulter dropped her back at the same spot saying he hated himself for doing things like that but she had asked for it by getting in the car. He begged her not to tell anyone because it would wreck his relations with his pregnant wife and his parents, and saying "No harm done, I never hurt you".

Vignette #2

Roxanne was only fourteen years old when she entered her professional career as a prostitute after running away from her troubled home. One morning around 5 A.M., she was walking back home after a relatively slow night and a man jumped out of a dark doorway and grabbed her around the neck. His first comments were "I'll kill you if you scream," as he gave her a few painful jabs in the ribs to show her he meant business. Trying to assuage the assailant's violence and rage, Roxanne said "calm down, I'm a hooker. Relax, and I'll turn you a free trick without all this fighting." The man became furious at hearing her say she was a prostitute, screaming for her to take back what she said, insisting he had to take her by force. Then he became extremely violent saying, "I know all about you bitches, you're no different; you're like all of them that I seen in the movies. You love being beaten." Two hours later, Roxanne dragged herself to the hospital. Her injuries were serious, one broken arm, and rib, a punctured lung, a knife wound around her cheek and several cuts and bruises.

Vignette #3

Mrs. Jane Henderson was forty-eight years old and had been working as a secretary at the local telephone company for the past twenty years. During that time, she had earned a reputation as intelligent, outgoing, and reliable worker, though some people in the company felt she expressed her opinion too loudly for her position. Because of her straight forward approach, she had made a few enemies among the other employees.

Her boss, Mr. Joe Jones (aged 38) was a dynamic person who tended to be a favorite among the women because he never failed to compliment them on their dress or new hair style, or whenever appropriate, to ask about their children. The men in the company also respected and admired his ability to remain calm in a crisis and to always crack a joke to relieve the tensions in the air. Joe Jones was someone that all the employees secretly wanted to be like.

Problems began when Jane and Joe had to work closely together on work projects. During these times Joe would often tell dirty jokes with sexually explicit scenes to Jane. He would also touch Jane's arm a little too lingeringly and comment on her great body. She told Joe that she didn't appreciate his comments and behaviour because they made her uncomfortable and annoyed. Unfortunately these inappropriate behaviours increased after her protests. Also she noticed that these type of incidents happened more often when Joe was feeling insecure about a business decision.

It seemed like this was Joe's way of asserting his control over the situation. She felt trapped because she didn't know if she was making something out of nothing and she was scared of losing her good job. Also, all the top executives were men who admired Joe's dynamic style. After all, isn't it a compliment for an older woman to be thought of as attractive by a man like Joe?

Vignette #4

Tom was a likeable kid in a quiet reserved sort of way. He liked books, sports, especially basketball, and even school occasionally. He played guard on his Junior High basketball team, even though he didn't see himself as being a great player. One thing he really did like about being on the team was the comraderie among the guys at practice and during the big games. Now he had a whole group of new friends to hang out with who were considered cool and prestigious.

Here is Tom's account as written in his secret journal of the events that took place in the next couple of weeks.

Monday November 5,

Hey I made the tem. Great! I really like the coach, Sam Smith. He wants us to call him "SS" for short. He really seems to understand what guys at fourteen are going through with all those hormones pumping through your blood making you think really weird thoughts. Teenage years, what a time! As if it isn't enough that every time one of those sexual thoughts comes into my head, a new pimple bursts out on my face, but my voice also cracks and I'm sure everyone knows exactly what I am thinking. My Yuppie parents try to tell me that these are the best years of my life. Yeah, like right! Anyway, SS is a great guy, no pressure to be tough all the time. He even invites some of the older buys and me over sometimes to play pool and have beer. Right on, finally an adult who is cool.

Monday December 12,

I can't believe it, last Thursday, SS asked me to come over to his place after practice to discuss some strategies for my guard position on the team. I was glad to go and get away from my nagging older sister who is really into that Germaine Greer feminist stuff right now. Last week it had been Richard Gere. Anyway, when I finally got to SS's place it was late, around ten. Surprisingly he came to the door in his bathrobe with it dangling half open. I figure he must have just jumped out of the shower. He offered me a beer and made me feel like a real man instead of some dumb clumsy adolescent. After a few minutes talking team shop, we started to play pool. "SS" was acting kind of weird leaning against me trying to show me the smoother moves, occasionally prodding me in the crotch area. First, I thought it was an accident but then his touching was rougher and more sexually directed. I was in shock. A guy I thought was cool was touching me like a homosexual, causing strange frightening emotions in me. SS said all the players do this and that I should try to relax and enjoy it. He said it always was hard the first time. SS also told me that this was one of the reasons I got selected for the team.

I can't believe it. I don't know what to do or who to tell.

*This section investigates your reactions if you were one of the victims. Please answer each question as honestly as possible.

65) Would you report this incident to anyone if you were:

- A) Melissa Yes _____ No _____
- B) Roxanne Yes _____ No _____
- C) Jane Yes _____ No _____
- D) Tom Yes _____ No _____

66) If so, who would you report it to and who would you not report it to?

- A) Melissa Report to _____
 Not report to _____
- B) Roxanne Report to _____
 Not report to _____
- C) Jane Report to _____
 Not report to _____
- D) Tom Report to _____
 Not report to _____

67) On a scale of 1 to 5 with 1 being not at all supportive to 5 being extremely supportive, how supportive do you think the police and other legal professionals would be to:

scale				
1	2	3	4	5
Not at all supportive or helpful	Somewhat supportive and helpful	Generally supportive and helpful	V e r y supportive and helpful	Extremely supportive

- A) Melissa _____
- B) Roxanne _____
- C) Jane _____
- C) Tom _____

68) Why do you think the police would not be very supportive in _____ case?

- A) Melissa _____
 - B) Roxanne _____
 - C) Jane _____
 - D) Tom _____
-

69) Out of a list of possible reasons why victims in general would not report SSE, please pick the response you feel would be most likely for Melissa, Roxanne, Jane or Tom, by placing the appropriate letter in the blank beside their names.

- A) I thought the sexual incident was too common place to be considered stressful.
- B) I didn't think I would be believed or taken seriously.
- C) I thought the people would think I was being vindictive and wanted to get revenge on the person.
- D) I was too embarrassed to tell anyone.
- E) I get embarrassed talking about sexual topics in general and could not bring myself to talk about any incident this personal.
- F) I just wanted to forget about it and not deal with it anymore.
- G) I didn't believe the justice system would be effective in handling my case.
- H) I feared the attacker would retaliate if I told anyone.
- I) My family and/or friends convinced me not to report.

Reason	Person
_____	Melissa
_____	Roxanne
_____	Jane
_____	Tom

70) Please place a check mark beside the victim who you feel is the least responsible for the SSE happening.

_____	Melissa
_____	Roxanne
_____	Jane
_____	Tom
_____	None, all not responsible

71) Please place a check mark beside the person you perceive as having the most responsibility out of the four, for having the SSE happen to them.

_____	Melissa
_____	Roxanne
_____	Jane
_____	Tom
_____	All responsible

72) Of all the victims presented here, who could you personally relate and sympathize with the most.

_____ Melissa
 _____ Roxanne
 _____ Jane
 _____ Tom
 _____ No one in particular.
 _____ All of them.
 _____ None of them, I can't relate.

73) Who could you relate the least and have little sympathy for?

_____ Melissa
 _____ Roxanne
 _____ Jane
 _____ Tom
 _____ None, could relate to each well.

74) Who's stressful sexual experience do you think was the most stressful at the time of its occurrence?

_____ Melissa
 _____ Roxanne
 _____ Jane
 _____ Tom
 _____ All four are equally stressful.

75) Who's stressful sexual experience was the least stressful at the time?

_____ Melissa
 _____ Roxanne
 _____ Jane
 _____ Tom
 _____ All four equally stressful.

76) Who do you think will recover the fastest from the SSE?

_____ Melissa
 _____ Roxanne
 _____ Jane
 _____ Tom
 _____ All four will recover around the same time

77) Why? _____

78) Who do you think would take the longest time to recover from the stressful sexual experience?

_____ Melissa

_____ Roxanne

_____ Jane

_____ Tom

79) Why? _____

80) If you were in a position of power where you could hand down a criminal sentence to the accused in each of the cases presented, how many years (if any) would you give to:

Melissa's assaulter? _____ years

Roxanne's assaulter? _____ years

Jane's assaulter? _____ years

Tom's assaulter? _____ years

Note: Thank you for completing this questionnaire on stressful sexual experience. If any stress results from filling out the questionnaire, participants are welcome to contact myself at 894-5659 and I can assist you in obtaining professional help

Brenda Lee Doyle

APPENDIX C
PILOT STUDY

Introduction

This pilot study was conducted to determine whether or not the research instrument, Sexual Stress Experience Questionnaire was easy to administer and to score. Also, if it would be able to give the kind of information necessary to find out what the incident rate of SSE in the University population was, and be able to make some statements on the most common victim (i.e. demographic information) and attack variables (i.e. violence involved, number of assailants, etc.).

Method

Subjects

Thirty volunteers took part in this study. All subjects were male and female undergraduate students enrolled in a psychology course at Lakehead University. The group was informed that the researcher was to be inquiring into the stressful events in the subjects lives and that the cooperation of each member was optional. Criteria for inclusion in the study was that each subject must be at least eighteen years of age or older and have a reading level of at least grade eight. All subjects were given a brief summary of the purpose of the present study (see Appendix B) and were treated in accordance with the "Ethical Principles of Psychologists" (American Psychological Association, 1981). Subjects were then asked to sign

a release form stating that they understood the purpose of the study and realized that they were under no obligation to participate and were free to drop out of the study at any time. These signed consent forms were collected before the questionnaires were distributed in order to ensure the privacy and confidentiality of the subjects responses and identities.

Out of thirty questionnaires distributed, only nine were completed in full and could be used for analysis. In looking at their demographic information completed on the first page of the questionnaire, of the nine students who participated, eight were female and one male. Eight were between the ages of twenty and twenty nine and one was between thirty and thirty nine. Mean age of sample was 25.1 years. Eight subjects were Anglo Saxon origin and one was Asian. In terms of religion, two were Roman Catholic, five were protestant, one was other (not identified) and one had no religious affiliation. Eight were classified as students and one as a professional. In terms of socioeconomic status, eight had income less than fifteen thousand and one had an income between fifteen and thirty thousand. Eight were single and one was separated, divorced or widowed.

Materials

The SSE questionnaire consisted of eighty six items divided into up into five sections. The first section looked at demographic information of the subjects. The second section examined the rate of occurrence of SSE in the college population, the type of SSE events,

various aspects of the actual attack (i.e. violence involved, number of attackers, relationships of victim to attacker, location of SSE, resistance offered by victim and injury as a result, the level of stress and lifestyle changes, (i.e. sexual assault trauma syndrome) occurring from SSE and the reporting behaviour of the subject. The third section examined how all subject perceived how stressful a list of fifteen SSE would be to them. Section four examined what subjects' attitudes were toward sexual assault through a thirty four item myth scale.

Section Five included four vignettes about sexually stressful experience and the feelings of its victims. Subjects were then asked to answer seventeen questions on whether or not they would report the incidents and if they were able to relate to the victims. Subjects who had experienced an SSE were instructed to complete all eighty six items, while non victim subjects were instructed to only complete the thirty eight items in Section I, III, IV, and V.

Procedure

Subjects were first asked to sign a consent form (see Appendix A) that indicated that they were willing to fill out a questionnaire on stressful sexual experiences. The signed consent forms were collected and placed in a sealed envelope to ensure confidentiality and privacy of the subjects identities and responses.

The questionnaire was administered to one group of thirty volunteers in a supervised environment by the researcher and a Ph.D psychologist (Dr. Marcia Dilley). The researcher and the psychologists

were available to answer any question which arose from the administration of the questionnaire. All nine subjects were able to complete the questionnaire in one hour. Upon completion, the questionnaires were placed in a sealed envelopes marked confidential. They were then debriefed about the nature of the study and any questions arising from the study were answered. The researcher then stated that she would be available to assist in making a referral to the local rape crisis centre, University counsellor or outpatient services at the local hospital for follow up counselling for the subject if the questionnaire had caused them any trauma.

Results

Of the nine subjects, six subjects who were all female, indicated that they had experienced at least one SSE event indicating an incident rate of 66.6%. A total of twenty SSE were indicated by these subjects with an average of approximately 3.33 SSE per person. Noninvasive events (i.e. events involving no actual physical contact) accounted for forty five percent of the SSE with fifty five percent of the events being of an invasive type. Threats of inappropriate comments were cited as the most frequent SSE events, accounting for 20% of total incidents, with obscene phone calls (15%) and forced fellatio (15%) being the next most common complaint.

In terms of attack variables, two thirds of the violence involved was spoken threats and one third of the cases the victim attack involved no physical violence. In 83.3% of the cases the victim knew the attacker in some form of relationship with boyfriend

and close friend accounting for 50% of SSE and brief acquaintances accounting for 33.3%. None of the subjects indicated that the attacker was a relative.

Victim subjects indicated that 50% of all their SSE's occurred in an urban area. Most of the SSE took place within private home (71%) with public facilities such as a city transit bus and a bar accounting for 29%. The victim's home was the site of the SSE in 43% of time and the attacker's in 28%. Sixty percent of the victims reported resisting the SSE through talking and another 30% resisted through physical means, and 10% were afraid to resist. 80% of victims reported either minor or major psychological injuries, while only twenty percent had physical injuries.

In regard to reporting, 100% of victim subjects with SSE indicated they reported the event to someone and sometimes more than one person. A close friend (62.5%) was most often the confidant, while immediate family (25%) and clerical or religious ministry (12.5%) accounting for the other sources. None of the subjects reported the SSE event to the police and the most cited reason for not reporting (50%) was the person wanted to forget it and not deal with it anymore. Fears of not being believed, embarrassment and fear of retaliation accounted for the other reasons for not telling. In regard to the emotional trauma 83.3% of subjects indicated that at the time of actual occurrence the SSE was rated at being very stressful, with it affecting many areas of the person's life. 66.7% described the level of stress over the SSE now to be stressful (a decrease from the time shortly after the SSE) with them actively attempting to

avoid it happening again. The most common emotional reactions during two weeks after the SSE was feeling shocked, disbelief and personal space invaded. In terms of physical symptoms, agitation (43%) and muscle tension. Sixty seven percent of the subjects felt that the SSE caused a disruption in their lifestyle (i.e. normal daily activities, interactions with family and friends, and work or school activities). The most commonly related lifestyle change was that the person stayed at home more now (100%) after SSE. Seventy five percent of SSE subjects stated that they had hyper-alert and exaggerated startle responses, and that their ability to feel emotion of any type, especially those related to intimacy and sexuality had been markedly decreased. Overall, several victims had several long term effects from their SSE events and most often in areas of safety and relationships.

Section III. No difference was noted between subjects who had experienced SSE and non victim subjects in terms of perceived stressfulness of SSE. The most stressful experiences were sexual assault with a weapon and aggravated sexual assault which both victims and nonvictim group.

Section IV. No difference was seen in regard to attitudes between the groups, though the nonvictim group tended to be slightly more stereotypic.

Section V addressed how each subject felt toward each victim in regard to their legitimacy as a crime victim (i.e. to report to police, the level of stress and their recovery). Overall, all subjects felt that the sexual assault victim aggravated assault,

and child sexual advance victims should be reported, but nonvictims were more likely to encourage sexual harassment persons to report than SSE victims. Police involvement was suggested at an equal rate with both victims and nonvictim, again for all the victims except the sexual harassment which they felt should be handed by work supervisor. Most subjects felt that the police would not be effective in the aggravated sexual assault and sexual harassment victims cases, but non victim's believed the justice system would be very supportive of sexual assault victim. In reason offered why victim's would not report, both victim subjects and non victim subjects offered similar reasons unique to each victim [i.e. sexual assault victim (50%-V - 33%-NV), working to forget it, aggravated assault (67%-V 67%-NV), justice system not effective, sexual harassment (50%-V - 33%-NV), not believed or taken seriously and sexual advances to child (83%-V - 67%-NV) too embarrassed to tell anyone.

In terms of personal responsibility for SSE, victim subjects were more likely to say non (83%) of victims responsible, while non victims tended to blame more the sexual assault victim (67%). Overall, all subjects saw sexual assault victim as most credible in the eyes of the law and most likely to report, also the one who experienced the most stressful event. Sexual harassment victim was seen as the least credible. Victim subjects saw the child victim as having the most long term problems from assault while non victim subjects tended to see the aggravated sexual assault victim as having a longer recovery.

Discussion

From the results of the nine subjects, the sexual stressful experience questionnaire was found to be easy to administer and score. Most subjects took between forty-five and eighty minutes to complete it. Several subjects commented negatively on the length of the questionnaire. Efforts in the future study will exclude the item that were seen to be repetitive or require a long explanation on the part of the subject. The subjects results indicate that the SSE questionnaire was useful and collected the information necessary to make statements about SSE incident, victim and attack dynamics, and attitudes toward SSE victims.