**TOPIC: Reactions of Sexual Assault Victims**

**Rape trauma experts in the courtroom.**

Boeschen, Laura E., Sales, Bruce D., Koss, Mary P.

Psychology, Public Policy, and Law, Vol 4(1-2), Mar-Jun, 1998. Special Issue: Sex Offenders: Scientific, Legal, and Policy Perspectives. pp. 414-432.

**Abstract:**

This article analyzes the scientific legitimacy of using expert testimony relating to psychological sequelae of rape victimization in the courtroom and attempts to determine boundaries within which such testimony should remain to respect the limitations of current knowledge. Descriptions of the rape-related diagnoses currently used in expert testimony are followed by a discussion of the problematic issues associated with using rape trauma syndrome in the courtroom and a review of the validity and reliability issues associated with diagnosing posttraumatic stress disorder in forensic settings. The authors consider the scientific appropriateness of admitting different levels of rape expert testimony on the basis of the limitations of the scientific knowledge discussed.

**Minimizing negative experiences: Women's disclosure of partner abuse.**

Dunham, Katherine, Senn, Charlene Y.

Journal of Interpersonal Violence, Vol 15(3), Mar, 2000. pp. 251-261.

**Abstract:**

This study documented the prevalence of omitting information about abuse that occurred in intimate relationships in disclosures to friends and relatives and explored factors that might predict minimization. 306 female college students (aged 17–51 yrs) were recruited for the study. The results revealed that 36.1% of women who disclosed abuse to friends and relatives omitted information. A stepwise logistic regression indicated increased severity of abuse, more accepting attitudes toward physical abuse, and delayed disclosure were each positively associated with minimization. The authors tentatively suggest that this phenomenon can be viewed as an attempt to manage confidants' reactions to disclosure of abuse and enhance the likelihood of social support. Whether providing an incomplete picture of the situation serves to facilitate or undermine the quality of social support received is an empirical question that must be explored.

**Acute posttraumatic stress in sexual assault survivors: Factors predicting acute posttraumatic symptomatology.**

Harb, Gerlinde C.

Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 67(9-B), 2007. pp. 5403.

**Abstract:**

Research on posttraumatic stress has produced many important findings in the last few decades. Recently, the importance of the period of acute reactions immediately following a traumatic event and the new diagnosis of acute stress disorder (ASD) have received increased attention. Investigations of acute posttraumatic stress are important because of the potential for the early identification of individuals at risk for developing chronic posttraumatic symptomatology. However, there is currently only limited literature on the nature of problems experienced by individuals shortly after a traumatic event, in particular, after sexual assault. The current study was designed to examine the symptomatology and emotional functioning of recent sexual assault survivors and to investigate two models of the relationship between risk factors for ASD and ASD severity. In particular, the study evaluated the relationships between ASD symptom severity and emotional expressivity, intensity of emotional experience, and purposeful withholding of emotions. Further, it was hypothesized that because emotional expressivity is an essential ingredient in the natural process of emotional processing, it would play an important role in ASD symptomatolog, namely that it would moderate the relationship between social support and symptom severity and mediate the relationship between trauma history and symptom severity. The results of tests of both the moderation and mediation hypotheses were not as predicted. First, while better social support since the assault was related to less severe ASD symptoms, participants' tendency to express emotions did not moderate this relationship. Second, prior trauma history was related to more severe acute stress; however, it was not related to a decreased tendency to express emotions, as expected. These results may be indicative of an absence of the predicted relationships, or they may be due to several psychometric limitations of the study, including measurement issues and small sample size. The study added to knowledge about ASD in sexual assault survivors in several important ways, including providing data on incidence rates of ASD in this population as well as information about the emotional functioning of sexual assault survivors, the social support they receive, and the differences between those who meet and do not meet diagnostic criteria for ASD.

**Effects of sexual assaults on men: Physical, mental and sexual consequences.**

Tewksbury, Richard

International Journal of Men's Health, Vol 6(1), Spr, 2007. pp. 22-35.

**Abstract:**

Research addressing the sexual assault of men is a fairly recent development in the medical, health care, psychological and sociological literature. Research in both community and institutionalized populations has focused on documenting the existence of this phenomenon and establishing prevalence or incidence rates, however, understandings of effects on male victims lag behind those regarding women. Only recently have the consequences of sexual assault victimization for men been thoroughly addressed. This review summarizes the research literature concerning the physical, mental health, and sexual consequences of sexual assault victimization for men. The literature suggests a range of possible/occasional consequences, but no well-established patterns of injuries, psychological/emotional reactions or sexual responses/adjustments for male sexual assault victims.

**What factors predict women's disclosure of sexual assault to mental health professionals?**

Starzynski, Laura L., Ullman, Sarah E., Townsend, Stephanie M., Long, LaDonna M., Long, Susan M.

Journal of Community Psychology, Vol 35(5), Jul, 2007. pp. 619-638.

**Abstract:**

Although many sexual assault survivors seek support from mental health sources for adverse psychological symptoms due to sexual assault, many do not. A diverse sample of adult sexual assault survivors was surveyed about their sexual assault experiences, social reactions received when disclosing assault, attributions of blame, coping strategies, and psychological symptomatology. Statistical analyses were run to identify demographic, assault, and postassault factors differentiating women who disclosed from those who did not disclose sexual assault to mental health sources. Both demographic (race, sexual orientation, and age) and postassault factors (posttraumatic stress disorder [PTSD] symptom severity, number of informal support sources told, receipt of tangible aid0information support) significantly predicted assault disclosure. Implications of the results are discussed.

**Psychosocial correlates of PTSD symptom severity in sexual assault survivors.**

Ullman, Sarah E., Filipas, Henrietta H., Townsend, Stephanie M., Starzynski, Laura L.

Journal of Traumatic Stress, Vol 20(5), Oct, 2007. pp. 821-831.

**Abstract:**

This study's goal was to assess the effects of preassault, assault, and postassault psychosocial factors on current posttraumatic stress disorder (PTSD) symptoms of sexual assault survivors. An ethnically diverse sample of over 600 female sexual assault survivors was recruited from college, community, and mental health agency sources (response rate=90%). Regression analyses tested the hypothesis that postassault psychosocial variables, including survivors' responses to rape and social reactions from support providers, would be stronger correlates of PTSD symptom severity than preassault or assault characteristics. As expected, few demographic or assault characteristics predicted symptoms, whereas trauma histories, perceived life threat during the assault, postassault characterological self-blame, avoidance coping, and negative social reactions from others were all related to greater PTSD symptom severity. The only protective factor was survivors' perception that they had greater control over their recovery process in the present, which predicted fewer symptoms. Recommendations for intervention and treatment with sexual assault survivors are discussed.

**How are prospective jurors influenced by polygraph lie detection evidence?**

Lake, David Seaman, U Minnesota, US

Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 68(8-B), 2008. pp. 5579.

**Abstract:**

Polygraph lie detection is controversial: a voluminous research literature exists on the validity of the procedure, and polygraph test results are inadmissible in many state and federal courts. A considerably smaller literature has investigated the influence of polygraph lie detection evidence on prospective jurors. These studies, motivated by concern that polygraph lie detection may have a prejudicial impact on a trial's outcome, have produced inconsistent results. Methodological issues make interpretation of the previous influence studies difficult. The goal of the current study was to improve on the methods of previous studies in order to obtain a clearer picture of the kinds of cases and kinds of people for which lie detection test results are influential, as well as a better idea of the degree of that influence. Prospective jurors randomly selected from the Minnesota Voter Registration List were mailed a description of a sexual assault trial. A total of 1931 returned responses. The apparent guilt of the defendant (low; equivocal case; high), the polygraph test result, and the nature of expert testimony about polygraph tests (unopposed pro-polygraph expert; unopposed anti-polygraph expert; adversarial experts) were manipulated across participants. Test results had clear effects on verdicts, ratings of defendant guilt, and ratings of the influence of polygraph evidence. Overall, failed tests provoked a greater reaction than passed tests. Ratings of polygraph evidence influence were predicted by education level and prior beliefs about the accuracy of the procedure, but not by self-described familiarity with polygraph tests. When rating the influence of polygraph evidence, participants were reactive to the expert testimony about polygraph test validity. However, when making judgments about guilt (verdict and guilt rating), prior jurors disregarded expert testimony. The current study had three main implications. Juror selection in polygraph cases may benefit from taking into account education and pre-existing beliefs about polygraph accuracy. The recent trend of indifference to test results in the polygraph lie detection was strongly called into doubt. It is a cause for concern that when prospective jurors made judgments about guilt, they ignored information from expert witnesses about this controversial evidence.

**Emotional reactions during and after trauma: A comparison of trauma types.**

Amstadter, Ananda B., Vernon, Laura L.

Journal of Aggression, Maltreatment & Trauma, Vol 16(4), 2008. pp. 391-408.

**Abstract:**

Peri- and posttraumatic emotional responses have been understudied, and furthermore, have rarely been compared among trauma types. The current study compared college students' retrospective self-reports of peri- and posttraumatic responses of fear, shame, guilt, anger, and sadness among four types of traumatic events: sexual assault, physical assault, transportation accident, and illness/injury. Overall emotional responding was generally high for all trauma types, and for those in the sexual assault group, emotion increased sharply from the peri- to posttraumatic time point. Generally, fear was higher during the trauma compared to after the trauma, whereas the other emotions tended to remain stable or increase posttrauma. The sexual assault group tended to report higher levels of posttrauma emotion than the other trauma type groups.

**Tonic immobility as an evolved predator defense: Implications for sexual assault survivors.**

Marx, Brian P., Forsyth, John P., Gallup, Gordon G., Fusé, Tiffany, Lexington, Jennifer M.

Clinical Psychology: Science and Practice, Vol 15(1), Mar, 2008. pp. 74-90.

**Abstract:**

This article reviews research concerning the possible relationship between tonic immobility (TI) and human reactions to sexual assault. This review includes a description of the characteristic features of TI and a discussion of the most widely accepted theoretical explanation for TI. The possibility that humans may exhibit TI is explored and conditions that might elicit TI in humans are identified. In particular, we focus on TI in the context of sexual assault, because this form of trauma often involves elements that are necessary for the induction of TI in nonhuman animals, namely, fear and perceived physical restraint. The important similarities and differences in how TI manifests in humans and nonhuman animals are highlighted, future research directions are offered, and clinical implications are suggested

**Predictors of acute stress symptoms in rape victims.**

Elklit, Ask, Due, Louise, Christiansen, Dorte M.

Traumatology, Vol 15(2), Jun, 2009. pp. 38-45.

**Abstract:**

Victims of traumatic experiences such as rape often report a variety of symptoms in the acute aftermath of trauma. Reactions to trauma may take the shape of acute stress disorder (ASD), which may later develop into posttraumatic stress disorder, or they may be symptoms of more general distress. The purpose of the present cross-sectional study was to test the hypothesis that symptoms of ASD and general stress, though correlated, represent two independent ways of reacting to trauma. Acute reactions to trauma were examined in a population of 150 female victims of sexual assault. Respondents were interviewed about demographic data and peritraumatic factors and filled out self-administered questionnaires concerning pretraumatic and posttraumatic factors including two dissociative items, ASD symptoms measured by the Acute Stress Disorder Scale and symptoms of general distress measured by a modified version of the Trauma Symptom Checklist. Two separate regression analyses were carried out to examine whether ASD and general distress are mediated by the same variables in the aftermath of rape. Dissociation significantly predicted ASD severity but not general distress, whereas relational problems and functional impairment emerged as significant predictors of general distress but not of ASD symptoms. Thus, even though symptoms of ASD and general distress were highly related to one another, the finding that the variables predicting ASD were different from those predicting general distress supports the assumption that ASD and general distress represent distinct trauma reactions. This finding is in accordance with previous research

**Why, how often, and to whom do women disclose, and what factors influence whether disclosure is healing?**

Ullman, Sarah E.

Talking about sexual assault: Society's response to survivors. Ullman, Sarah E.; pp. 41-57. Washington, DC, US: American Psychological Association, 2010. x, 210 pp.

**Abstract:**

(from the chapter) Before considering the effects of social reactions to victims of rape, it is important to step back and consider what we know from empirical research about women’s disclosure of sexual assault. Although in chapter 2 I discussed various theories and models for disclosure, it is important to listen to women to understand their decisions about disclosing. This may reveal why women often decide not to talk about rape and what actually happens when they do disclose to others. Such investigation can provide critical information about the societal context that needs to be addressed to improve rape prevention and treatment. There are significant data that address why women do and do not talk about and report sexual assault to others, including formal authorities. In this chapter, I review several topics, including women’s reasons for disclosing or not disclosing, prevalence of disclosure, factors related to likelihood and timing of disclosure, and the effects of disclosing sexual assault.

**Are all perpetrators alike? Comparing risk factors for sexual coercion and aggression.**

DeGue, Sarah, DiLillo, David, Scalora, Mario

Sexual Abuse: Journal of Research and Treatment, Vol 22(4), Dec, 2010. pp. 402-426.

**Abstract:**

The present study developed and contrasted predictive models of male nonphysical sexual coercion (e.g., verbal pressure or manipulation) and physical sexual aggression (e.g., incapacitation, physical force, or threats) using a sample of 369 incarcerated males to identify shared and unique risk factors for each form of sexual perpetration. Results revealed a set of shared risk characteristics that predisposed individuals to both sexual coercion and aggression (i.e., belief in rape myths, sexual promiscuity, aggressive tendencies, and empathic deficits). In addition, findings indicated that whether the offenders engaged in only sexual coercion or also used more violent sexually aggressive tactics depended on the presence of two sets of traits unique to these forms of perpetration. Specifically, sexual coercers tended to possess traits that facilitated the use of verbal tactics (i.e., ability to manipulate others and to imagine others’ emotional reactions). In contrast, sexual aggressors had characteristics that could increase their willingness to "cross the line" and resort to more violent means to obtain sex from an unwilling partner (i.e., hostility toward women, egocentricity, an impulsive disregard for sociolegal proscriptions, and childhood emotional abuse). A model of general sexual perpetration that directly contrasted sexually coercive and aggressive men was also developed, and hostility toward women was identified as the only predictor capable of predicting perpetrator group membership. Together, these findings suggest that although sexual coercers and aggressors share some underlying risk factors, the etiological patterns of these behaviors are distinct and necessitate individual attention by researchers and prevention programs.

**Experiences of sexual harassment and sexual assault in the military among OEF/OIF veterans: Implications for health care providers.**

Bell, Margret E., Reardon, Annemarie

Social Work in Health Care, Vol 50(1), Jan, 2011. Special issue: Social work with the military: Current practice challenges and approaches to care. pp. 34-50.

**Abstract:**

Given the frequent occurrence and significant health impact of sexual harassment and sexual assault in the military, it is important that for health care providers working with Veterans to have at least some basic knowledge in this area. Targeting providers addressing mental health and psychosocial issues, but also applicable to clinicians working with survivors in a variety of capacities, this article provides an overview of clinical care with survivors of sexual trauma in the military, particularly those who are OEF/OIF Veterans. We cover basic background information, focusing primarily on the impact of sexual trauma in the military, how survivor's reactions are shaped by various aspects of the military context, and general principles to assist clinicians in working effectively with survivors, whatever their role.

**Posttraumatic sequelae associated with military sexual trauma in female veterans enrolled in VA outpatient mental health clinics.**

Luterek, Jane A., Bittinger, Joyce N., Simpson, Tracy L.

Journal of Trauma & Dissociation, Vol 12(3), May, 2011. pp. 261-274.

**Abstract:**

The purpose of this study was to explore the relationship between military sexual assault (MSA) and posttraumatic stress disorder (PTSD) and other symptoms associated with trauma, referred to as disorders of extreme stress not otherwise specified (DESNOS) or complex PTSD within a Veterans Affairs (VA) Medical Center outpatient mental health treatment–seeking sample. The present results focus on female Veterans only because of the low rates of endorsement of MSA among male Veterans resulting in a sample too small to use in analyses. Compared with those who did not endorse MSA, those who did reported greater frequency of other potentially traumatic events; PTSD symptoms; and symptoms characteristic of DESNOS, such as difficulties with interpersonal relationships, emotion regulation, dissociation, somatization, and self-perception. When childhood and other adulthood interpersonal trauma were both taken into account, MSA continued to contribute unique variance in predicting PTSD and DESNOS symptoms. VA patients reporting MSA may represent notably heterogeneous groups that include more complex posttraumatic reactions. Treatment interventions focused on complex PTSD may be warranted for a subset of female veterans who endorse MSA.

**Prevalence and correlated factors of sexually transmitted diseases—Chlamydia, Neisseria, Cytomegalovirus—in female rape victims.**

Jo, Sion, Shin, Jonghwan, Song, Kyoung Jun, Kim, Jin Joo, Hwang, Kyu Ri, Bhally, Hasan. Journal of Sexual Medicine, Vol 8(8), Aug, 2011. pp. 2317-2326.

**Abstract:**

Introduction: Prevalence of sexually transmitted infections (STIs) was not well known in female rape victims.Aim. To assess the prevalence and correlated factors of STIs—especially Chlamydia trachomatis (CT), Neisseria gonorrhea (NG), and cytomegalovirus (CMV) in female rape victims presenting to a dedicated regional referral center in South Korea after settle down of intergrated service center for sexual abuse in study hospital. Main Outcome Measures: Positive polymerase chain reaction (PCR) result for CT, NG, and CMV. Methods: A retrospective observational analysis was conducted from December 2008 to February 2010. All females, regardless of age and previous sexual history, who were victims of rape, and self presented or referred to the regional center for medical care and couselling were included. Relevant diagnostic tests for STIs—including PCR by cervical swab—were performed. Analysis for virgin (VIR) and nonvirgin (non-VIR) groups was done separately to compare certain clinical characteristics. Results: A total of 316 females were included. Overall STI prevalence was 32.91%; CT in a majority (28.85%) followed by NG (6.27%), CMV(1.37%). In VIR group, prevalence of STI was 26.67%; 20.00% in CT, 4.55% in GN, 2.33% in CMV. A small and non-significant difference in STI was noted in VIR and non-VIR groups (26.67% vs. 34.26%, respectively). STI prevalence was higher in young women 20 to 24 years of age and girls 15 to 19 years of age compared with other age groups. Age (odds ratio [OR]: 0.909, confidence interval [CI]: 0.851–0.971) and pyuria (OR: 3.454, CI: 1.567–7.614) were determined as significant correlated factors after multivariate regression analysis. Conclusions: Prevalence of CT and GN in female rape victims was introduced and it was higher than that in the general population. Even in the VIR group, it was high. CMV prevalence in the female genital tract was reported firstly.

**Barriers to reporting sexual victimization: Prevalence and correlates among undergraduate women.**

Zinzow, Heidi, Thompson, Martie,

Journal of Aggression, Maltreatment & Trauma, Vol 20(7), Oct, 2011. pp. 711-725.

**Abstract:**

This study examined the frequency and correlates of barriers to reporting sexual victimization to law enforcement. Participants were 127 female undergraduate sexual assault victims who completed self-report surveys. The most frequently reported barriers were “I handled it myself” and “I didn't think it was serious enough.” Factor analysis of the reported barriers items revealed two factors: shame/not wanting others involved and did not acknowledge the event as a crime/handled it myself. Shame/not wanting others involved was positively associated with physical injury, being victimized by a relative, and self-blame. Acknowledgment/handled it myself was negatively associated with being victimized by a relative. Findings suggest that intervention efforts should focus on increasing acknowledgment, decreasing negative reactions to disclosure, and decreasing victims' self-blame

**To whom do college women confide following sexual assault? A prospective study of predictors of sexual assault disclosure and social reactions.**

Orchowski, Lindsay M., Gidycz, Christine A.,

Violence Against Women, Vol 18(3), Mar, 2012. pp. 264-288.

**Abstract:**

A prospective methodology was used to explore predictors of sexual assault disclosure among college women, identify who women tell about sexual victimization, and examine the responses of informal support providers (N = 374). Women most often confided in a female peer. Increased coping via seeking emotional support, strong attachments, and high tendency to disclose stressful information predicted adolescent sexual assault disclosure and disclosure over the 7-month interim. Less acquaintance with the perpetrator predicted disclosure over the follow-up, including experiences of revictimization. Victim and perpetrator alcohol use at the time of the assault also predicted disclosure over the follow-up. Implications are presented.

**Expressed sexual assault legal context and victim culpability attributions.**

Miller, Audrey K., Markman, Keith D., Amacker, Amanda M., Menaker, Tasha A.

Journal of Interpersonal Violence, Vol 27(6), Apr, 2012. pp. 1023-1039.

**Abstract:**

Legal scholars have argued that laws have an expressive function, specifically that sexual assault laws may convey social-level messages that victims are culpable for crimes against them. In a university sample, we conducted the first experimental test of legal scholars’ proposal, hypothesizing that legal messages—specifically their clarity and effectiveness in conveying that sexual assault is a crime—affect victim culpability attributions. Results demonstrated that greater culpability was attributed to a victim of sexual assault within a context expressing unclear and ineffective sexual assault law than within a context clearly and effectively expressing that sexual assault is a crime. We also garnered empirical support for a mediation model, that is, negative affective reactions to a victim statistically accounted for the relationship between expressed legal context and victim culpability attributions. Implications for future psycholegal research and potential legal reforms are discussed.

**Reactions to a survey among those who were and were not sexually assaulted while serving in the military.**

Sandberg, Alicia A., Murdoch, Maureen, Polusny, Melissa A., Grill, Joe

Psychological Reports, Vol 110(2), Apr, 2012. pp. 461-468.

**Abstract:**

Surveys are among the most common methods for evaluating military sexual assault experiences among members of the U.S. military; however, little research has examined how receiving surveys about such sexual assaults might affect recipients In the present sample of 530 active duty and veteran military personnel, just 10% reported unexpected upset, 11% reported regretting participation in the survey, and 22%, reported benefit ting from that participation overall. A minority of respondents with a history of sexual assault while in the military reported unexpected upset, although the prevalence was three times higher than that of participants without such history (24% vs 8"'o). There were no statistically significant differences in perceived regret and benefit of participation in the survey between those with and without a history of sexual assault while in the military. Although limited in number, male military sexual assault survivors (n = 8) were significantly more likely than female survivors to report being more upset by the survey than they had anticipated. Implications for future research are discussed.

**Trajectories of PTSD symptoms following sexual assault: Is resilience the modal outcome?**

Steenkamp, Maria M., Dickstein, Benjamin D., Salters‐Pedneault, Kristalyn. Hofmann, Stefan G., Litz, Brett T.

Journal of Traumatic Stress, Vol 25(4), Aug, 2012. pp. 469-474.

**Abstract:**

Theoretical frameworks positing qualitatively distinct trajectories of posttrauma outcome have received initial empirical support, but have not been investigated in cases of severe interpersonal trauma. To address this limitation, we conducted latent class growth analysis with longitudinal data collected from 119 female sexual assault survivors at 1-, 2-, 3-, and 4-months postassault. Participants’ mean age was 33 years; 63% were White. We hypothesized that given the severity of exposure associated with sexual assault, resilience would not be the modal course of adaptation. Four distinct PTSD growth trajectories, representing unique latent classes of participants, best fit the data: a high chronic trajectory, a moderate chronic trajectory, a moderate recovery trajectory, and a marked recovery trajectory. Contrary to previous studies and recent theoretical models, resilience and resistance trajectories were not observed, as high levels of distress were evident in nearly all participants at 1-month postassault. These results suggest that theoretical models of posttrauma response positing resilience as the modal outcome may not generalize to cases of sexual assault.

**Police interviews of sexual assault reporters: Do attitudes matter?**

Rich, Karen, Seffrin, Patrick

Violence and Victims, Vol 27(2), 2012. pp. 263-279.

**Abstract:**

Sexual assault is underreported in the United States. Survivors are often reluctant to make police reports for various reasons; one is fear of revictimization by criminal justice professionals. Conversely, police officers often lack skills for interviewing crime victims. Posttraumatic stress reactions among victims can exacerbate the problem. Although some victims prefer female interviewers, it is not known whether they are more skilled. A sample of 429 police officers completed a written survey testing their rape myth acceptance and knowledge of how to interview rape reporters. A significant relationship between rape myth acceptance and interviewing skill was discovered. Although officer gender was related to interviewing skill, the effect was mediated by rape myth acceptance. Specific officer behaviors related to high rape myth acceptance were identified. Implications for selection of police to conduct victim interviews were discussed.

**College students' social reactions to the victim in a hypothetical sexual assault scenario: The role of victim and perpetrator alcohol use.**

Untied, Amy S., Orchowski, Lindsay M., Mastroleo, Nadine, Gidycz, Christine A.

Violence and Victims, Vol 27(6), 2012. pp. 957-972.

**Abstract:**

College students' responses to a hypothetical sexual assault scenario involving alcohol use by the victim and/or perpetrator were examined (N = 295). Participants reported on victim/ perpetrator responsibility, the extent to which the scenario would be considered rape, and their likelihood of providing positive or negative responses to the victim. Compared to women, men indicated that they would provide more negative and less positive social reactions to the victim, were less likely to identify the scenario as rape, and endorsed less perpetrator responsibility. When the victim was drinking, participants endorsed greater victim responsibility and lower perpetrator responsibility for the assault. Participants indicated that they would provide the victim with less emotional support when only the perpetrator was drinking, compared to when both the individuals were drinking.

**Mock juror sensitivity to forensic evidence in drug facilitated sexual assaults.**

Schuller, Regina A., Ryan, Alison, Krauss, Daniel, Jenkins, Gwen

International Journal of Law and Psychiatry, Vol 36(2), Mar-Apr, 2013. pp. 121-128.

**Abstract:**

Mock jurors' reactions to variations in the quality of toxicological evidence regarding the presence of drugs in a sexual assault trial were examined. In Study 1, participants received a trial summary in which a negative test result, a negative test result plus expert testimony, or no test result was presented. The time taken by the complainant to report the alleged sexual assault was manipulated. The negative test result influenced participants' judgments, but this effect was minimized by the presence of expert testimony. The complainant's delay in reporting had little impact on judgments. In Study 2, complainant time to report was again manipulated along with the outcome of the test result (negative finding and no result). Results revealed that men were less conviction prone when the negative test result was obtained early as opposed to late. In contrast, when the test result was unavailable, men were more conviction prone when the complainant reported late as oppose to early.

**The effects of receiving a rape disclosure: College friends’ stories.**

Branch, Kathryn A., Richards, Tara N.,

Violence Against Women, Vol 19(5), May, 2013. pp. 658-670.

**Abstract:**

Research suggests that college women are at greater risk for rape and sexual assault than women in the general population or in a comparable age group. College women, away from home and family, may turn to friends for support. Friends may experience emotional reactions that affect their own functioning and may not feel they have anywhere to turn. In this study, we interviewed male and female college students who had received a rape disclosure from a friend. Their unique stories provide insight into the secondary effects of rape disclosure on friends. Implications of these findings for college campuses are discussed.

**What is the typical response to sexual assault? Reply to Bonanno (2013).**

Steenkamp, Maria M., Litz, Brett T., Dickstein, Benjamin D., Salters‐Pedneault, Kristalyn, Hofmann, Stefan G.,

Journal of Traumatic Stress, Vol 26(3), Jun, 2013. pp. 394-396.

**Abstract:**

Reply by the current author to the comments made by George A. Bonanno (see record 2013-20001-012) on the original article (see record 2012-21102-017). We respond to Bonanno’s (2013) comment on our longitudinal evaluation of sexual assault survivors. Bonanno posits that minor disruption in functioning is the modal response to any stressor or trauma, yet most women we studied had marked initial symptoms in the immediate months following assault, which gradually improved over time. We argue that sexual violence is one example of intentional and malicious victimization, which differs from other experiences studied by Bonanno, such as spinal cord injury. Our study also differed from most previous studies in that it specifically examined the acute reactions period, which is the only period that can distinguish between resilience and recovery: Both trajectories ultimately involve good adaptation, but are distinguished by the degree of initial postevent disruption. We address Bonanno’s contention that our results should be dismissed on methodological and statistical grounds. Our findings suggest that prior research about the frequency of resilience may in part be confounded by the degree and type of stress exposure

**Assimilation, accommodation, and overaccommodation: An examination of information processing styles in female victims of adolescent and adult sexual assault.**

Varkovitzky, Ruth Luba

Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 74(2-B)(E), 2013.

**Abstract:**

Social-cognitive information processing theorists posit that the way in which adolescent and adult sexual assault (ASA) victims categorize information about ASA in the context of their previous experiences can influence posttraumatic symptoms. Cognitive processing theorists have proposed that three information processes describe the integration of traumatic memories into preexisting schemas: assimilation, accommodation, and overaccommodation. The purpose of the present study was to validate a measure capturing assimilation, accommodation, and overaccommodation (the Personal Beliefs and Reactions Scale - Revised; PBRS-R) and to generate data bearing on the validity of the PBRS-R subscales by testing hypotheses regarding relationships between each information processing style and related posttraumatic outcomes (specifically, posttraumatic stress symptoms, coping styles, perceived control over recovery, and self-blame). Study 1 addressed measure development issues. Seventeen expert raters categorized items on the PBRS-R as representing accommodation, assimilation, overaccommodation, or neither information processing style. It was hypothesized that expert raters would exhibit at least 70% consistency in identifying PBRS-R items. Results produced two possible scale sets, one representing 80% agreement and the other representing 70% agreement among the expert raters. The two Study 1 PBRS-R item sets were used in Study 2 to examine information processing styles in a sample of college females (N = 387). Of the initial sample, 181 (46.8%) reported ASA. It was hypothesized that the subscales identified by expert raters would be confirmed in responses provided by ASA victims. Confirmatory factor analysis indicated that scales created based on 70% expert rater agreement evidenced the best model fit. Study 2 included specific hypotheses about potential associations between information processing styles, posttraumatic stress symptoms, coping styles, and posttraumatic cognitions as reported by ASA victims. **Results indicated that overaccommodation was associated with increased posttraumatic stress symptoms, avoidant coping, and self-blame and decreased perception of control over recovery.** Assimilation was associated with increased avoidant coping and self-blame. Accommodation was not significantly associated with any of the outcome variables. Implications for understanding information processing among ASA victims are discussed.

**Rape trauma syndrome.**

Tannura, Tammi A.,

American Journal of Sexuality Education, Vol 9(2), Apr, 2014. pp. 247-256.

**Abstract:**

When the topic of sexual assault is presented in high school and college health courses, it is mostly from a prevention perspective. Rarely do such courses include the mental and emotional health issues suffered by the rape survivor. Knowledge about rape trauma syndrome helps significant people in the victim's life understand the full range of reactions to the traumatic experience of rape. This lesson describes survivors’ behaviors and reactions after a rape, otherwise known as rape trauma syndrome. Included in this lesson is the federal definition of rape, a summary of rape trauma syndrome, lyrics to a song with relevant applications to the phases of rape trauma syndrome, and a rubric for grading a reaction paper related to the lesson. Three National Health Education Standards are addressed via the lesson as well.

**Peritraumatic tonic immobility in a large representative sample of the general population: Association with posttraumatic stress disorder and female gender.**

Kalaf, Juliana., Vilete, Liliane Maria Pereira., Volchan, Eliane., Fiszman, Adriana., Coutinho, Evandro Silva Freire., Andreoli, Sergio Baxter., Quintana, Maria Inês., de Jesus Mari, Jair., Figueira, Ivan

Comprehensive Psychiatry, Apr 9, 2015.

**Abstract:**

BACKGROUND: Tonic immobility is an involuntary response to inescapable life-threatening events. Peritraumatic tonic immobility has been reported in convenience samples of female victims of sexual assault and in mixed-gender victims of different types of trauma. This study evaluated peritraumatic tonic immobility in a representative general population sample and its association with posttraumatic stress disorder (PTSD) and gender. METHODS: 3231 victims of traumatic events aged 15–75 years responded to the Tonic Immobility Scale. PTSD and traumatic events were assessed using the Composite International Diagnostic Interview (CIDI 2.1). We calculated the means and the standard deviations of Tonic Immobility Scale scores stratified by PTSD and gender. The association between tonic immobility scores and gender was explored controlling for potential confounders through a multiple linear regression model. RESULTS: Tonic immobility scores were more than double in those who met criteria for PTSD and were almost four points higher in women. Gender differences remained statistically significant even after adjustment for confounding variables. LIMITATIONS: The cross-sectional and retrospective design may have given rise to recall bias. Results presented here may not apply to small and medium rural areas and the CIDI 2.1 can lead to a certain degree of misclassification. CONCLUSIONS: We have expanded the scope of previous investigations on peritraumatic tonic immobility which were based on convenience samples only, showing its occurrence in victims of traumatic events using a large representative sample of the general population. Furthermore, we confirmed in an unbiased sample the association between peritraumatic tonic immobility and PTSD and female gender.

**Predictors of delayed disclosure of rape in female adolescents and young adults.**

Bicanic, Iva A. E.., Hehenkamp, Lieve M., van de Putte, Elise M., van Wijk, Arjen J., de Jongh, Ad.

European Journal of Psychotraumatology, Vol 6, May 11, 2015. ArtID: 25883

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

**Avoidance symptoms and delayed verbal memory are associated with post-traumatic stress symptoms in female victims of sexual violence.**

Shin, Kyoung Min., Chang, Hyoung Yoon., Cho, Sun-Mi., Kim, Nam Hee., Chung, Young Ki.

Journal of Affective Disorders, Vol 184, Sep 15, 2015. pp. 145-148.

**Abstract:**

Background: Victimization by sexual violence is strongly associated with the development of posttraumatic stress disorder (PTSD). While several psychological and cognitive factors are known to be associated with PTSD prognosis, multivariable analysis is scarce. This study examined factors affecting the severity of PTSD symptoms in early stage of traumatic experience of sexual violence, including initial post-traumatic symptoms and cognitive characteristics. Methods: Participants were recruited from the center for women and children victims of violence in a university hospital. Thirty-four sexual assault victims were assessed at the baseline and the second visit one to five months after the baseline. At the baseline, an array of posttraumatic symptoms and cognitive functions were measured: at follow-up, PTSD symptoms were determined by Clinician Administered PTSD Scale. Results: Stepwise multiple regression showed that avoidance symptoms (β = 0.551, *P* < 0.01) and delayed verbal memory (β = −0.331, *P* < 0.05) at early stage of trauma predicted the severity of PTSD symptoms one to five month later. The regression model, factoring in avoidance and delayed verbal memory, showed a 34.9% explanatory power regarding the PTSD symptom severity. Conclusion: This study suggests that avoidance symptoms and verbal memory at the early stage of trauma are associated with later PTSD symptoms. It is also suggested that early intervention targeting avoidance symptoms may be beneficial in decreasing PTSD symptoms

**Don’t tell: Military culture and male rape.**

O'Brien, Carol., Keith, Jessica., Shoemaker, Lisa.

Psychological Services, Vol 12(4), Nov, 2015. Special Issue: Military **Sexual** Trauma. pp. 357-365.

**Abstract:**

The issue of **sexual assault** that occurs during military service has been a focus of attention over the past several years. Although approximately 50% of survivors of military **sexual assault** are men, virtually all of the literature focuses on the **assault** of female service members. Research has demonstrated that cultural variables are robust correlates of the **sexual assault** of women. This paper proposes that cultural variables are equally important when examining the rape of men, especially when this **assault** occurs in military contexts. We discuss male rape myths and related constructs as they are expressed within military culture. The results of data analysis from a treatment sample of veterans with military **sexual** trauma (MST)-related posttraumatic **stress** disorder (PTSD) and clinical case examples are presented to further explore the concepts. We conclude that male rape myths and related beliefs that arise from cultural norms and are further amplified and modified by military culture impact male MST survivors and delay or obstruct their recovery. Suggestions for clinical application and future research are offered to encourage further efforts in this important area of practice.

**Risk factors for PTSD and depression in female survivors of rape.**

Mgoqi-Mbalo, Nolwandle., Zhang, Muyu., Ntuli, Sam.

Psychological Trauma: Theory, Research, Practice, and Policy, Vol 9(3), May, 2017. **Sexual Assault** in South Africa. pp. 301-308.

**Abstract:**

Objective: To investigate association of the sociodemographic factors, characteristics of rape and social support to the development of depression and posttraumatic **stress** disorder at 6 months after the rape. Method: A cross-sectional survey with female survivors of rape was carried out in 3 provinces of South Africa 6 months after the rape. Results: One hundred female survivors s of **sexual assault** were interviewed. More than half (53%) were from Limpopo, 25% from Western Cape, and 22% from KwaZulu-Natal (KZN). 87% reported high levels of PTSD and 51% moderate to severe depression **post**-rape. The major risk factors for PTSD and depression were the unmarried survivors of rape and those living in KZN. The female survivors of rape in KZN province were 7 times more likely to experience symptoms of depression compared to other provinces, while married/cohabiting female rape survivors were 6 times less likely to report symptoms of depression compared to the unmarried female rape survivors. Conclusion: These findings add support to existing literature on PTSD and depression as common mental health consequence of rape and also provide evidence that survivors’ socio- demographics—marital status, employment status—are significant contributors to the development of symptoms of depression and PTSD after rape. The results have research and clinical practice relevance for ensuring that PTSD and trauma treatment focuses on an in-depth understanding of the various aspects of the sociodemographic factors and rape characteristics that contribute to survivors’ mental state and how these compound **stress** and depression symptoms over time **post**-rape victimization.