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EXAMINING VARIABLES RELATED TO HELP-SEEKING AND VICTIMIZATION
DIFFERENCES AFTER COERCIVE INTERCOURSE

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ABSTRACT

The issue of sexual violence against women has been an area of interest to psychological researchers because of its importance and prevalence in America. A problem that has been attracting more attention recently is sexual coercion against women, especially on college campuses. Researchers have consistently found that over half of college women have been victim to coercive sexual encounters (Struckman-Johnson, Struckman-Johnson, & Anderson, 2003) making this a serious problem in need of greater understanding. Researchers have also found that sexual coercion can cause a variety of problems, yet victims typically do not seek help after these experiences (Fisher, Daigle, Cullen, & Turner, 2003; Siegel, Golding, Stein, Burnam, & Sorenson, 1990). Thus, understanding factors that can encourage sexual coercion victims to seek help is important. Additionally, researchers have reported inconsistent results regarding differences between women who have and have not experienced sexual coercion (Bernard, Bernard, & Bernard, 1985; Faulkner, Kolts, & Hicks, 2008). A clearer understanding of victimization differences would allow for greater insight into sexual coercion. The first purpose of this study was to explore if sexual assertiveness (SA), sexual self-esteem (SSE), and rape myth acceptance (RMA) predicted help-seeking behaviors in college women who had experienced coercive intercourse. A stepwise multiple regression analysis was utilized to determine whether the variables SA, SSE, and RMA predicted a significant proportion of the variance in help-seeking behaviors after a coercive experience. The second aspect of this study was to examine whether the variables of SA, SSE, and RMA differed between women who have

and have not experienced coercive intercourse. This was determined through a multiple analysis of variance (MANOVA). Results indicated no significant relationship between SA, SSE, and RMA and help-seeking behaviors. However, significant differences were found between victims and non-victims of coercive intercourse on SA and SSE.

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CHAPTER 1

INTRODUCTION

Sexual violence against women is a serious problem in American society, as many women are affected by rape and other forms of sexual assault. In fact, Warr (1985) found that women under the age of 35 reported fearing rape more than any other crime. Researchers have suggested that these fears may be due to acts of sexual victimization frequently occurring in places women deem “safe,” such as their homes (i.e., marital rape), on dates (i.e., acquaintance rape) and at social gatherings (i.e., rape through coercion or drugs; Koss, 1993; Logan, Cole, & Capillo, 2007; Mesch, 2000). In addition, one in six women has been sexually victimized and one in four of those women is a college student (National Institute of Justice & Centers for Disease Control & Prevention [NIJCDPC], 1998). This indicates the seriousness of sexual abuse and the need for heightened understanding and corresponding actions against these crimes.

Although there has recently been an increase of awareness and education regarding the sexual victimization of women, before the 1980s law enforcement agencies and the American public were ignorant of the prevalence of sexual crimes against women (P. P. McMahon, 2008). This was mainly due to a lack of empirical research addressing this issue. Government statistics were based on reported cases and gravely underestimated the true scope of sexual assault (Koss, Gidycz, & Wisniewski, 1987). However, even before researchers revealed the true extent of

sexual violence, the Law Enforcement Assistance Administration (1975) roughly estimated that the number of rapes could be as high as 10 times the number actually reported.

Research Addressing Violence Against Women

A breakthrough in understanding the true prevalence of sexual assault was accomplished through a national study at Kent State University conducted by Koss et al. (1987). The structure of this research allowed women who had been sexually victimized to come forth anonymously, permitting participants the opportunity to speak out about their abuse without repercussions. Due to the study's large sample ($n = 2,016$) and national representation, it has been widely cited and can be considered an influential factor in breaking the silence regarding the seriousness of rape and sexual assault, particularly on college campuses (Anderson & Newton, 1997; Benson, Gohm, & Gross, 2007; Crown & Roberts, 2007). In this study, Koss et al. assessed various types of sexual victimization and found that 54% of women reported having been sexually victimized. The researchers also categorized types of sexual victimization. Victimization meeting the legal definition of rape was experienced by 27% of women, 44% were coerced into unwanted sexual contact, 25% were coerced into having intercourse, and 2% were pressured into sexual intercourse based on the perpetrator's authority over them.

More recently, researchers replicated the sampling and methodology of Koss et al. (1987) and found similar results. Fisher, Daigle, Cullen, and Turner (2003) found 55% of respondents reported being sexually victimized, with 47% of the victims reporting being victimized more than once, 12% meeting the legal definition of rape, and 17% reporting having been coerced into intercourse. These findings indicate that sexual violence continues to be a prevalent problem on college campuses, despite the decrease of sexual victimization on a national level (Rape, Abuse, and Incest National Network [RAINN], 2007). Thus, it is not

surprising that much empirical research has been conducted to examine sexual assault within institutions of higher education. These studies also led to heightened awareness of sexual coercion, a type of sexual assault that is believed to be common in this population.

Sexual coercion is a topic that has recently been introduced in the literature on sexual victimization. Beginning with the Koss et al. (1987) study, the issue of sexual coercion has grown as a popular research topic (O'Sullivan, 2005). This specific type of sexual victimization affects both men and women. Researchers have demonstrated that approximately 15% of men and 60% of women reported being coerced into unwanted sexual activity (Baier, Rosenzweig, & Whipple, 1991; Lottes & Weinberg, 1996). Although this is clearly an important issue for both genders, the purpose of this study is to investigate sexual coercion in college women. Thus, discussion will be limited to the problems of sexual coercion of women.

Definition of Sexual Coercion

Sexual coercion has been defined in the literature in several ways. Sexual coercion can be generally explained as a woman engaging in unwanted sex under pressure and duress (Faulkner, Kolts, & Hicks, 2008). Research on sexual coercion in women originated from the sexual victimization literature and has been widely assessed through the Sexual Experiences Survey (SES; Katz & Myhr, 2006; Koss & Oros, 1982; Testa & Derman, 1999; Testa & Livingston, 1999). The original SES assessed sexual coercion through a series of questions about acts ranging in coercive intensity from verbal pressure to threats and physical violence. Some of the situations utilized to define and assess sexual coercion included (a) a woman had sexual intercourse with a man she did not want because the man became so sexually aroused she felt it was useless to stop him, (b) a woman engaged in sexual acts with a man she did not want because he threatened to end their relationship, (c) a woman had sexual intercourse with a man

she did not want because she felt pressured by his continual arguments, (d) a woman had sexual intercourse with a man she did not want because he used some degree of physical force, and (e) a woman found out a man had obtained sexual acts from her by saying things he did not really mean (Koss & Oros, 1982). These structured scenarios indicate basic examples that are often used to explain sexual coercion.

There is controversy throughout the literature regarding the definition of sexual coercion and what makes a sexual situation coercive in nature (O'Sullivan, 2005). Some researchers have argued that definitions of sexual coercion have been ambiguous, as many times various sexual assaults such as rape, attempted rape, and other victimizations are lumped together with sexual coercion (Abbey, Ross, McDuffie, & McAuslan, 1996; Testa & Derman, 1999). However, there are substantial differences in the various types of sexual victimization. Terms such as "unwanted sex," "sexual coercion," and "sexual assault" most likely mean different things based on the context in which they are being used and the individual using the terms. There needs to be a clear definition of these terms and how they are being used in research. This way, more insight can be obtained into the unique contexts and qualitative elements of these circumstances. Thus, how sexual coercion is examined and defined will be explored in order to reduce ambiguity and contribute to the full understanding of this issue.

Unwanted Sex and Sexual Coercion

A wide range of sexual interactions fall between the extremes of consensual sexual intercourse and forcible rape, so it is important to establish an understanding and differentiate sexual interactions on this continuum. An issue that has been raised in the literature is whether a woman can engage in consensual unwanted sex, and if so, how this differs from coercive sexual interactions (O'Sullivan & Allgeier, 1998). Although an important topic, there is a

paucity of research specifically on unwanted consensual sex in which it is differentiated from coercive sex. It appears as though most researchers utilize the words “unwanted” and “coercive” interchangeably (Bay-Cheng & Eliseo-Arras, 2008; Flack et al., 2007; Kimble, Neacsiu, Flack, & Horner, 2008), although one could argue that these are different sexual contexts.

O’Sullivan and Allgeier (1998) examined the topic of unwanted sex and argued that it is entirely possible for women to engage in unwanted or undesired sex with no coercion involved. For example, some women may willingly engage in sex with their spouse or partner or feign sexual desire although they may not especially desire sex. O’Sullivan and Allgeier investigated the prevalence of unwanted sex in a sample of college students. They specifically differentiated between sex that included verbal, psychological, or physical pressure (sexual coercion) and consensual but undesired sex, asking only for answers based on the latter. Within the two-week period of data collection a significant proportion of women reported having engaged in unwanted but consensual sex. Similarly, Morgan, Johnson, and Sigler (2006) surveyed college students on their sexual behaviors and their beliefs regarding unwanted sex, specifically differentiating between women who reportedly engaged in consensual undesired sex and those who were coerced or raped. They reported that 90% of women respondents endorsed engaging in sexual intercourse and 19% of those reported consensual undesired sex.

Based on results of these studies, O’Sullivan and Allgeier (1998) and Morgan et al. (2006) suggest it is possible for some women to engage in unwanted consensual sex. However, many of the reasons women engaged in undesired sex could be seen as coercive, such as wanting to avoid relationship tension, trying to promote intimacy, or because the man had shown the woman a “good time.” Other reasons why the women engaged in undesired sex

included wanting to avoid an argument or because they felt they owed their partner sex (Morgan et al., 2006; O'Sullivan & Allgeier, 1998). All of these reasons suggest that there was coercive pressure, although it may have been covert.

Another issue is whether the participants in sexual experiences research understand what unwanted sex is. Researchers have demonstrated that women sometimes mistake coercive and forced sex for unwanted sex. For example, Bay-Cheng and Eliseo-Arras (2008) interviewed 22 undergraduate women who endorsed having consensual unwanted sex. However, the research was confounded because the experiences described met the criteria for coercive or assaultive experiences. One woman stated that the man she was dating asked her to have sex, and she said no, but he “did it anyway . . . after that he continued to have sex with me whenever he wanted” (Bay-Cheng & Eliseo-Arras, 2008, p. 391). Many of the participants stated that they had “unwanted” sex because once they engaged in consensual sex, they felt like they “had to” in all future encounters. Many reported that saying “no” would make them a “bad girlfriend.” Others vocalized wanting to stop but their boyfriends continued, and some were verbally or physically abused (Bay-Cheng & Eliseo-Arras, 2008). All the women in this study said that these incidents were consensual, albeit unwanted, sexual experiences. However, many of their experiences were coerced and even against their will. The way sexual coercion is identified to participants and defined in research is important when developing hypotheses and assumptions about coercive sex.

Rape and Sexual Coercion

Although some researchers may underestimate the scope of sexual coercion, there are those who may exaggerate the scope of sexually coercive experiences. An instance in which this has been seen in the literature is by researchers defining sexual coercion as rape, attempted

rape, or rape by acquiescence (Basile, 1999; Ogletree, 1991). For example, Struckman-Johnson, Struckman-Johnson, and Anderson (2003) defined sexual coercion in their study as “the act of using pressure, alcohol or drugs, or force to have sexual contact with someone against his or her will” (p. 76). They coined the term “postrefusal sexual persistence” and suggested that all forms of sexual pressure after refusal are coercive, including rape.

Rape is defined as “any act of sexual intercourse that is forced upon a person” (Merriam-Webster, 2009). Although sexual coercion can certainly have elements that appear similar to force, sexual coercion includes acts that are more manipulative or pressuring (O’Sullivan, 2005). Acts of sexual coercion may include using commands or physical insistence but not direct force. Researchers have discussed at length the exact point at which an interaction may become coercive (see O’ Sullivan, 2005 for a review). For example, it may be possible that sexual coercion is not always intended by the perpetrator but is felt by the victim or that a situation starts out consensual and then becomes coercive. It is also quite possible for a situation to begin coercively and end in rape. In addition, although rape is clearly against the law, sexual coercion may or may not be deemed illegal.

Although not rape, sexual coercion should be considered sexual victimization. Current sexual assault laws still have ambiguities that deny victims the ability to seek legal justice (Roberts, 1995). Thus, although sexual coercion may not be prosecuted, these circumstances should still be considered sexual violence against women. The idea that sexual coercion is sexual assault but can be differentiated from rape may partially contribute to the lack of clarity between the two terms. The issue of consent can also be confusing and may be a reason why researchers lump rape and sexual coercion together. In rape, there is a clear line drawn in which consent is not given, but in sexual coercion this becomes a more muddled circumstance. The

woman may consent by eliminating her resistance or even verbally agreeing to the sexual interaction, but she may only do so out of fear. For example, she may be afraid that if she does not consent rape will occur or she will suffer some other ramifications.

Due to the nature of sexual victimization, an agreed upon definition may never be identified for the concepts of unwanted sex, sexual coercion, and rape. As seen in the literature, there are many overlaps within these situations. In addition, individuals' perceptions of the experience may cloud their definition of their sexual victimization, thus creating different experiences for every person. The biggest element in deciding if sexual assault took place should ultimately be how the woman feels. The ultimate marker on which to assess should be whether a woman feels coerced.

In essence, the definition of sexual coercion should exclude full willingness. There needs to be some differentiating between the terms "unwanted" and "coercive." Even though any unwanted sex could be argued as coercive based solely on the power differential between men and women, for purposes of this study, undesired sex in which a woman fully agrees to sex although she may not desire it should not be considered coercive. Based on the many variables that may contribute to coercive elements, unwillingness coupled with some sort of indication of non-desire is warranted. However, this expression should not be limited to only verbal rejection. The woman's ability to assert herself, the situation and state she is in, and how well she knows her partner should be considered when deciding if a coercive situation has occurred. This is because sexual refusal or indication of unwillingness could look different based on the individual and situation.

If a woman was held down and forced into sex against her will or rendered unable to give consent (e.g., she was drugged), this is clearly rape and will not be considered sexual

coercion for the purposes of this study. The term “coercion” implies some sort of compliance, even if it was obtained through menacing or manipulative means. This discussion in no way suggests that one type of assault is “worse” than the other; it is simply an attempt to clarify terminology for the purpose of adding to the literature and for use in this manuscript. Although sexual coercion is best defined on a continuum of felt pressure from the victim, for purposes of this study an original definition will be presented.

Sexual coercion could be best described as psychological, emotional, or physical demands (e.g., persistent touching, kissing, etc.) which a woman verbally (e.g., says “no”, makes remarks about not desiring sex, etc.) or physically (e.g., avoiding sexual advances, pushing away, etc.) resists but eventually complies due to pressure or duress. It is also important to note that this is different from token resistance sex (when a woman says “no” but truly desires and intends to engage in sex, as described in Muehlenhard & Rogers, 2006) in that the woman never wanted to engage in the sexual activities pressed upon her. It is acknowledged that this definition leaves room for gray areas and the degrees of sexual encounters are still broad; however, this definition makes a good distinction between unwanted consensual sex, sexual coercion, and rape.

Sexual Coercion and Help-Seeking Behaviors

Sexual coercion has been shown to have devastating effects, similar to those of rape, as well as unique consequences (Testa & Derman, 1999). In a college or university environment, sexual coercion can affect a woman’s abilities to learn, create social problems, and disrupt general well-being (Ogletree, 1991). As a result, understanding how women respond to these experiences is important. Although it has been documented that women do not typically seek help for sexual coercion (Fisher et al., 2003), more research in this area is needed due to the

negative ramifications sexual coercion has for women.

Understanding why women do not seek help after sexually coercive experiences is perhaps the most important element in remedying this problem. The underlying factors in why women do not ask for help or report sexual coercion may best be explained from a feminist perspective. In general, feminists believe that gender inequality in the United States creates power differentials between men and women that place men in a position of authority over women and women are viewed as the subservient gender (Bay-Cheng & Zucker, 2007). This is primarily due to traditional gender socialization which dictates appropriate roles for men and women in society. Women and men are socialized to possess certain ideals that affect how they interact with themselves and others. While men are socialized to be powerful, strong, and sexually charged, women are socialized to be passive, willing to please, sexually submissive, and chaste. These ideas are internalized by each gender and are generally viewed as the “norm” in society (Ahmed, 2006; Ruth, 1990).

Men who hold these ideals may believe it is their right or role to try to convince or coerce a woman into sex. This is partly due to a traditional sexual script, a factor of gender role socialization, which is often demonstrated in popular media. The sexual script is comprised of romantic and sexual interludes which generally include women playing coy but eventually submitting to men’s sexual advances and preferences (Jenkins, 2000). In the media, these scenes are generally enacted as a type of token resistance; however, the interactions clearly demonstrate a coercive man and a submitting woman as a “normal” sexual interlude. Because aspects of coercion are normalized in sexual interactions, women who have been pressured into sex against their desire may not believe that any wrong doing has occurred. If a woman who has been sexually coerced believes no infraction has been committed, then they are unlikely to

think the situation is serious enough to tell others or seek help. This is most likely the case even if she is struggling with emotional or psychological ramifications.

In addition, due to a legal structure based on patriarchal values there is much pressure by the legal system for women to “prove” their sexual abuse. For example, a woman must be able to demonstrate strong resistance throughout the entire course of being raped or have evidence she was unable to consent for most convictions to be considered (Webster & Dunn, 2005). Even though a woman may have put up strong resistance, said “no” multiple times, and only submitted out of fear, she may feel as though she could be turned away or blamed if she decided to press charges or seek help. If she felt as though she “submitted” to sex, regardless of the context, she may blame herself or not see herself as a victim.

There are other elements in addition to sexual socialization that may influence whether or not a woman seeks help after a sexually coercive situation. These could include personality or attitudinal variables of the woman. Researchers have found that psychological, personality, and attitudinal vulnerability factors do indeed correlate with sexual coercion (Zweig, Barber, & Eccles, 1997), and could possibly affect help-seeking behaviors. For example, Siegel, Golding, Stein, Burnam, and Sorenson (1990) found that women who had been sexually pressured into undesired sex had higher levels of depression than women who had never been coerced into sex. Although it is possible the participants became depressed due to the sexual coercion, the authors of the study assume the personality variables that frequently accompany depression (e.g., passiveness) were the contributing factors. Zweig et al. (1997) conducted similar research and found that women who were victims of sexual coercion reported significant levels of decreased well-being, self-esteem, and increased social isolation. It was suggested these characteristics may act as vulnerability factors for sexual coercion victimization (Zweig et al., 1997). It could

be argued that circumstances that may create vulnerabilities in women within a sexually coercive situation would also hinder them from asking for help.

Variables that Influence Help-Seeking Behaviors

Although there are a variety of elements that could cause a woman to not seek help after a sexually coercive situation, the variables of sexual assertiveness, sexual self-esteem, and rape myth acceptance have intuitive appeal. Researchers have found that women who have more traditional sex role ideologies may be more vulnerable to sexual coercion than women with non-traditional beliefs (Testa & Dermen, 1999). The variables of sexual assertiveness, sexual self-esteem, and rape myth acceptance are attitudes integrated in aspects of gender role ideologies, and can be expected to impact a woman's decision making process after a sexually coercive experience.

Sexual assertiveness is a personality factor that could relate to women seeking help after sexual coercion. Researchers have suggested that high sexual assertiveness is indicative of non-traditional beliefs and low sexual assertiveness is indicative of traditional beliefs in women (Selkin, 1978). In addition, Testa and Dermen (1999) found that women who experienced sexual coercion had significantly lower sexual assertiveness than women who experienced other sexual assaults, such as rape. Since sexual assertiveness has been shown to be a possible vulnerability for sexual coercion, possessing this attribute will likely influence a woman's response after a sexually coercive encounter. Based on the attitudes and beliefs of women with low sexual assertiveness, it is likely this will inhibit a woman asking for help after sexual coercion.

Low sexual self-esteem indicates that a woman may be apprehensive about her sexual

abilities, devalue her personal rights regarding sexuality, struggle with sexual identity, and feel sexually unacceptable (Snell & Papini, 1989; Zeanah & Schwartz, 1996). Traditional gender roles place women in a position in which they have little control over sex, have distinct sexual roles, and are scrutinized more than men in regards to sexual activity. Thus, it is reasonable to assume traditional gender roles subsequently influence low self-esteem in women due to the principles and attitudes held by those with traditional ideologies. A woman with low sexual self-esteem may struggle to identify an encounter as coercive due to not acknowledging her rights over her sexuality or low feelings of sexual worth. It is unlikely a woman who experiences low sexual self-esteem would seek help after a sexually coercive encounter.

Those who hold traditional or sexist beliefs are often accepting of rape myths (Chapleau, Oswald, & Russell, 2007a; Costin & Schwartz, 1987; Newcombe, Van Den Eynde, Hafner, & Jolly, 2008). Burt (1980) hypothesized that traditional gender role socialization and a general acceptance of interpersonal violence in America are two factors that continue to support rape myths. A woman tolerant of rape myths may accept the objectification of women, accept that women should be obedient to men, believe women should be the gatekeepers of sex, and believe men should play the role of the sexual aggressor. Thus, a woman who accepts rape myths may view sexual coercion as an expected interaction, believe it is the woman's position to not place herself in a "sexually compromising" position, and minimize the experience. She would most likely not seek help, as she may not view the interaction as abusive or wrong. Harboring such beliefs may also result in self-blaming for the sexual interaction, producing shame and guilt which will further prohibit her from seeking help.

It could be postulated that higher levels of sexual assertiveness, higher levels of sexual self-esteem, and lower levels of rape myth acceptance may allow a woman to stand up for

herself and get her needs met, such as asking for help or processing her experience with a trusted other. In contrast, lower levels of sexual assertiveness and self-esteem, and a greater belief in rape myths may hinder a woman's ability to identify a situation as coercive or affect decisions to seek help afterwards.

Differences Between Victims and Non-Victims

Another important issue to understand is whether women who have been victims of sexual coercion differ from women who have not been victims of sexual coercion. Researchers investigating sex-role ideology and sexual engagement suggest that women with traditional gender beliefs will submit to sex, whether they desire it or not (Foshee & Bauman, 1992; Sadd, 1996; Simonson & Subich, 1999; Wood, 2001). The implication of this finding is that some women may be at greater risk for sexual coercion than others; however, this is not fully understood. Exploring the differences in the traditional attitudinal and personality variables of sexual assertiveness, sexual self-esteem, and rape-myth acceptance between sexual coercion victims and non-victims can provide important insight and understanding. For example, if differences existed it could mean that these variables are protective or vulnerability factors for sexual coercion. This is potentially valuable information for outreach dedicated to prevention and education regarding sexual coercion.

Increasing knowledge about the differences between women who have experienced sexual coercion and those who have not is important. Researchers do not have a complete understanding of this topic. Within the sexual coercion literature researchers are finding inconsistencies regarding differences between women who have and have not experienced sexual coercion. For example, Murnen and Byrne (1991) found traditional gender roles were related to higher sexual coercion victimization rates when compared to women who reported

non-traditional beliefs. Murnen and Byrne also reported that women who held traditional gender roles tended to stay in sexually coercive encounters longer and were less likely to resist coercive attempts than women who held non-traditional ideals. For example, traditional women reported that they felt guilty when they said “no”, blamed themselves for their victimization, and placed the perpetrator’s sexual needs above their own needs. However, other researchers have reported finding no relationship between traditional gender beliefs and responses to sexual coercion or victimization (Faulkner et al., 2008; Himelein, 1995). Interestingly, some researchers have even found the opposite relationship; that nontraditional women act in a less assertive manner than traditional women while in a coercive encounter (Bernard, Bernard, & Bernard, 1985).

In the college setting, sexual violence can lead to a host of problems and negative ramifications such as anxiety, fear, poor grades, and social issues (deVisser, Rissel, Richters, & Smith, 2007; Ogletree, 1991; Testa & Derman, 1999). Thus, there must be greater awareness and insight among administrators, educators, college counselors, residence hall staff, and students about the issues surrounding sexual coercion. If knowledge regarding sexual coercion could be disseminated and understood on a wider level, more students would be encouraged to seek help and better understand this type of victimization. Fenstermaker (1989) suggested that the more awareness there is regarding sexual coercion, the more administrators, student conduct codes, and college support agents can do to prevent it. Understanding the dynamics that may help women come forth with their experiences and receive help from others is vastly important.

Purposes of this Study

The first purpose of this study was to quantitatively examine whether or not sexual self-esteem, sexual assertiveness, and rape myth acceptance predict the help-seeking behaviors of

sexual coercion victims. A second aspect of this study was to compare women who have been sexually coerced and women who have not been sexually coerced on the aforementioned variables. The following hypotheses were tested:

Hypothesis 1

H₀: There is no relationship between the help-seeking behavior of sexual coercion victims and a linear combination of the variables sexual assertiveness, sexual self-esteem, and rape myth acceptance.

H₁: The help-seeking behavior of sexual coercion victims is predicted by a linear combination of the variables sexual assertiveness, sexual self-esteem, and rape myth acceptance.

Sub-hypotheses.

- H₀: There is no relationship between help-seeking behavior of sexual coercion victims and their level of sexual assertiveness.
- H₀: There is no relationship between help-seeking behavior of sexual coercion victims and their level of sexual self-esteem.
- H₀: There is no relationship between help-seeking behavior of sexual coercion victims and their level of rape myth acceptance.

Hypothesis 2

H₀: There are no significant mean differences in personality factors, as measured by a linear combination of sexual assertiveness, sexual self-esteem, and rape myth acceptance, between women who have experienced sexual coercion and women who have not experienced sexual coercion.

H₁: There are significant mean differences in personality factors, as measured by a linear

combination of sexual assertiveness, sexual self-esteem, and rape myth acceptance, between women who have experienced sexual coercion and women who have not experienced sexual coercion.

Sub-hypotheses.

- H₀: There is no significant mean difference in sexual assertiveness between women who have not experienced sexual coercion and those who have experienced sexual coercion.
- H₀: There is no significant mean difference in sexual self-esteem between women who have not experienced sexual coercion and those who have experienced sexual coercion.
- H₀: There is no significant mean difference in rape myth acceptance between women who have not experienced sexual coercion and those who have not experienced sexual coercion.

Need for this Study

There is an overall need for more empirical research in the area of sexual coercion and understanding of the unique factors related to these types of assaults. Sexual coercion statistics have been skewed by the fact that many researchers indicated they are examining sexual coercion, but combine rape and other sexual experiences (Ogletree, 1991; Sadd, 1997; Zweig et al., 1997). This may be due to the frequent use of the Sexual Experiences Survey (SES, Koss & Oros, 1982) which, if used in its entirety, evaluates a variety of acts of sexual victimization which are then lumped together. In addition, many researchers have varying definitions of what constitutes sexual coercion. For example, sexual coercion studies have included definitions that included being tied up, threatened with a weapon, physically restrained, and physically harmed

as coercive tactics (Struckman-Johnson et al., 2003). However, an argument could be made that those behaviors clearly describe forced rape, not sexual coercion.

There is also a paucity of research investigating help-seeking behaviors after a sexually coercive experience. Fisher et al. (2003) evaluated all sexual assaults and help-seeking behavior, and factored out sexual coercion for analysis. Their results demonstrated that only 2% of sexual coercion victims sought support. Biaggio, Brownell, and Watts (1991) interviewed women and men participants who engaged in “sexual acts or intercourse unwillingly” (p. 36). Results indicated that 64% of participants in their sample had sought “help,” which was defined as “use of social support” (p. 36). These studies demonstrated stark discrepancies in the amount of help-seeking behavior indicated. Biaggio et al.’s (1991) looser definition and qualitative data collection may explain reports of higher help-seeking behavior, as it may have broadened the definition, lessened the stigma of the word “help,” and allowed participants to explain and report more experiences. However, none of these authors looked primarily at sexual coercion, indicating a need for specific research in that realm. Furthermore, the vagueness of the definitions and the inclusion of men in one of the studies suggest there is a need for research specifically examining women. Pirog-Good and Stets (1989) found that female sexual assault victims do not tend to seek help, and those who do turn first to a friend who is a woman and rarely to people in authority. However, more research is needed to determine if women typically respond in this way and how help-seeking behaviors occur after sexual coercion.

Along with general information regarding how many individuals seek help after a sexually coercive experience, and from whom they may seek help, understanding attitudes that influence sexual coercion victims to seek help is also limited. Ogletree (1991) examined these

specific issues in her study of personality correlates of sexual coercion and help-seeking behavior. She examined levels of assertiveness, self-esteem, and gender role ideology and evaluated whether they differed significantly among sexual coercion victims who sought help, victims who did not seek help, and nonvictims. Significance was only found in the arena of self-esteem. Victims who sought help had significantly higher self-esteem than those who did not seek help. Although it is an important contribution, this study had definition and methodology limitations that need to be further examined.

One drawback of Ogletree's (1991) study was that she defined sexual coercion as "sexual intercourse subsequent to the use of menacing verbal pressure or misuse of authority or attempted rape or rape" (p. 8). The inclusion of attempted rape and rape makes the study more about sexual assault than sexual coercion. Although Ogletree argued that rape should be considered a severe form of sexual coercion, true insight into how a woman responds to coercion alone cannot be gained. Another limitation was Ogletree's general use of interpersonal variables (e.g., assertiveness and self-esteem), which did not specifically address the nature of what was studied. Constructs such as assertiveness and self-esteem are global in nature and may not be constant in every situation (Green & Navarro, 1998). A woman may have varied elements of assertiveness or self-esteem based on the situation she has encountered. Furthermore, Ogletree used an Analysis of Variance (ANOVA), which does not allow insight into the relationship between these variables and women who seek help after sexual coercion, it also does not allow for the ability to predict how much each variable actually contributes to this process. Thus, research with different methodology is needed to assess this topic.

In addition to exploring help-seeking behaviors, another purpose of this study was to investigate whether attitudinal and personality variables differ between college women who

have experienced sexual coercion and those who have not experienced sexual coercion. Specific differences between coerced and non-coerced women have repeatedly been measured with inconsistent findings. Many researchers studying this phenomenon in various decades have found that traditional gender role acceptance is predictive of sexual coercion in college women (Bay-Cheng & Eliseo-Arras, 2008; Kanin, 1985; Sadd, 1997). However, many other researchers have found no significant relationship between gender role beliefs and sexual coercion victimization in college women (Faulkner et al., 2008; Kalof, 2000). In addition, examination of the differences between women who have been sexually coerced and those who have not been sexually coerced can provide insight into the effects of sexual coercion or potential vulnerabilities to sexual coercion. Thus, a fuller understanding of the differing attitudinal aspects between women who have and have not been victims of sexual coercion is important.

Definition of Terms

The following terms are defined as they will be used in this study.

Gender roles: “A set of socially defined character traits composed of a pattern of behaviors prescribed for individuals” (Ruth, 1990, p. 17).

Gender role acceptance: The amount an individual identifies with reflections of prevailing social judgments that consist of traits and behaviors that are expected of the individual’s particular gender (Ruth, 1990).

Help-seeking behaviors: “Any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress” (Gourash, 1978, p. 413).

Rape myth acceptance: Stereotypes and false beliefs about rape, rape victims, and rapists

that serve to create a hostile climate for rape victims and minimize or condone rape (Burt, 1980).

Sexual assertiveness: The degree to which a woman understands and enforces her rights to sexual autonomy (Morokoff et al., 1997).

Sexual coercion: Psychological, emotional, or physical demands used to obtain sexual acts in which a woman verbally or physically resists but eventually complies due to pressure or duress.

Sexual self-esteem: How a person responds and reacts to subjective appraisals of his or her sexual thoughts, feelings, and behaviors (Zeanah & Schwartz, 1996).

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter presents a review of the literature related to sexual coercion in college women, help-seeking behaviors, and variables related to help-seeking behaviors after sexual coercion. The theoretical bases of the study, gender role socialization and feminist theory, are discussed as they relate to sexual coercion. The chapter is divided into discussions of the following topics (a) prevalence of sexual coercion, (b) effects of sexual coercion, (c) help-seeking behaviors, (d) gender role socialization, (e) traditional gender roles and sexual coercion, (f) sexual assertiveness, (g) sexual self-esteem, (h) rape myth acceptance, and (i) summary.

Prevalence of Sexual Coercion

Since the 1980s, sexual coercion has been demonstrated to be a pervasive problem on college campuses with the majority of cases being between college peers consisting of men sexually coercing women (Johnson, Palileo, & Gray, 1992; Koss, 1993). Researchers have discovered that a majority of college women have experienced sexual victimization through coercion and the rates of victimization continue to stay consistent. Sexual victimization by an acquaintance is the type of sexual assault least likely to be reported (Garrett-Gooding & Senter, 1987). Coercive sexual acts have been normalized in society and are less likely to be discussed (Katz & Myhr, 2006; Murthy, 1991). As a consequence, there is a general lack of understanding about the frequency of and elements related to sexual coercion. Sexual coercion

is defined in various ways in the literature; however, for purposes of this review, the sexual coercion literature will be evaluated in its entirety.

Sexual coercion has been found to have a prevalence rate of as low as one in five women to as high as three in four women. For example, Garrett-Gooding and Senter (1987) used a cluster sampling procedure to investigate rates of sexual coercion at a Midwestern university. Within that sample 75% had experienced some form of sexual coercion since entering college. These sexual experiences included acts such as kissing, fondling, and oral sex as well as intercourse.

In a study of the frequency and types of coercive behavior, Walderner-Haugrud and Magruder (1995) reported that out of the 220 women they surveyed, there were 628 incidents of sexual coercion. The most frequent forms of coercion included persistent touching, intentional intoxication, and use of lies. Himelein (1995) reported that 52% of the college women participants surveyed about sexual activity experienced some form of sexual victimization, and 42% specifically endorsed sexual coercion.

Similarly, Lottes and Weinberg (1996) examined sexual coercion in 278 college women from two different universities. Sixty-nine percent of participants endorsed experiencing a sexually coercive encounter. Of those participants, 54% were pressured with continual arguments, 36% were coerced with lies, and 40% were given alcohol or drugs and coerced into sex. In their sampling of 247 women from a Midwestern University and 134 women from a Southern university, Struckman-Johnson et al. (2003) found that 78% of the participants had been subjected to sexually coercive tactics by male partners since the age of 16. The authors also examined the types of tactics utilized by male perpetrators. As in the Lottes and Weinberg study, the most common elements of sexual coercion reported were emotional manipulation,

lies, and intoxication.

In a study of sexual coercion and sexual agency, Crown and Roberts (2007) assessed a sample of 616 undergraduate women. Sexual coercion was loosely defined as any sexual interactions that participants felt were against their will. The authors purposefully allowed for sexual coercion to be subjectively measured due to the belief that a woman's "sexual agency" can be undermined through various factors such as physical and psychological pressure or a sense of obligation. Results indicated that 33% of the participants reported having experienced unwilling and coercive sexual experiences since their admittance to college. Of the women who reported sexually coercive experiences, 60% reported more than one incident. Interestingly, 56% of seniors experienced sexually coercive encounters during their college career, higher than any other cohort. This suggests that vulnerability and rates of victimization may increase throughout a woman's college experience or that a longer time in college allows for more chances for victimization.

In a more recent study, Faulkner et al. (2008) evaluated 114 undergraduate women at a university in the Northwest and found that 62% of women had been victims of sexual coercion. The authors also assessed frequency of experiences and found that 33% of the participants had been coerced between one and five times, 23% reported being sexually coerced between five and ten times, and 4% reported having experienced more than 10 incidents of sexual coercion. In regard to frequency of perpetrators, 49% indicated being coerced by one perpetrator while 27% had been coerced by multiple persons.

Based on the aforementioned studies, it is reasonable to assume that sexual coercion frequently occurs in over half of the female student population. Some of the varied percentages of coercive experiences could be explained by a number of factors such as how the authors

defined coercion or their use of sampling. Nevertheless, sexual coercion has been shown to be an unfortunately common aspect of sexual victimization against women.

Effects of Sexual Coercion

Due to the prevalence of sexual coercion, it is important to understand its effects on women. However, much of the research on the effects of sexual victimization has focused solely on rape and childhood sexual abuse rather than on the effects of coercive experiences. Within that literature, researchers have concluded that there can be multiple effects that cause serious detriment to victims of rape and childhood sexual abuse (Jumper, 1995; Kilpatrick, Edmunds, & Seymore, 1992; Salmom & Calderbank, 1996). For instance, researchers found that in a sample of 458 women, 58% who experienced rape or childhood sexual abuse developed posttraumatic stress disorder (PTSD) due to the physical, emotional, and psychological trauma of being a victim of this type of crime (Frazier & Burnett, 1994)

Sexual coercion is not as clear-cut as rape and childhood sexual abuse in regard to consequential effects (Crown & Roberts, 2007). This may be due to the large continuum of acts that constitute sexual coercion. For instance, verbal sexual coercion may have different effects than coercion that includes physical influence. Although there is a paucity of research on the effects of sexual coercion outside the scope of rape (see vanBerlo & Ensink, 2000), researchers have demonstrated that women who reported experiences with sexual coercion have had negative repercussions on their sexual, physical, and psychological health (deVisser et al., 2007). For example, Finkelhor and Browne (1985) theorized a model of traumagenic dynamics to explain the effects of sexual coercion. Although this model was originally created to explain the effects of sexual coercion on children, it has been applied to adults as well (deVisser et al., 2007). Finkelhor and Browne argued that sexual coercion damages an individual's emotional

capacities, self-concept, and worldview through the traumatic sexualization, stigmatization, betrayal of trust, and disempowerment she may experience. Attempts to cope with these distortions create the observed behavioral and psychological effects that may be seen after a sexually coercive incident, such as fear, anxiety, sexual maladjustment, depression, and self-destructive behaviors (Browne & Finkelhor, 1986).

Sexual coercion repercussions could also be postulated to differ from other sexual assaults based on the differing contexts. For example, sexual coercion is a type of victimization that may create more shame due to the pseudo-consensual nature of the victimization. In contrast, there is no element of consent in a rape, which allows for more criminalization of the perpetrator. Since alcohol is one of the leading vulnerability factors of sexual coercion (Abbey et al., 1996), victims may feel more responsible for their assault because they were drinking, thus manifesting forms of psychological distress related to guilt. Acts of sexual coercion have also been found to be perpetrated more frequently by individuals that the victim trusts such as a significant other or friend, whereas rape has a higher frequency of unrelated assailants (Testa & Derman, 1999). This may create heightened feelings of betrayal and affect an individual's ability to trust and relate to others. Due to these varying factors, effects of sexual coercion need to be examined outside the scope of more traditional victimization.

In a study of women's responses to sexual coercion Siegel et al. (1990) asked participants to report different ways types of sexual coercion affected their lives and found positive correlations between types of assault and symptoms. Findings indicated that sexual distress was most correlated with women coerced into sexual acts (e.g., oral sex, fondling, kissing, etc.) through psychological threats. Elevated fear and anxiety was most correlated with women who experienced sexual acts that involved physical threats while depression was most

correlated with women who completed sexual acts due to physical threats. However, women who reported sexual coercion leading to intercourse had significantly more sexual distress and depression than those who experienced coercive acts other than intercourse. These results indicate that sexual acts through coercion can have devastating effects. This is especially true for sexual coercion leading to intercourse.

Similarly, Zweig et al. (1997) compared three groups of women (a) women who did not have any experience with sexual assault, (b) women who were pressured or coerced into intercourse, and (c) women who were raped. The women were asked to rate their levels of depression, social anxiety, self-esteem, social isolation, and lack of coping skills. Those who had been pressured or coerced into sex scored significantly higher on all the aforementioned variables and lower on self-esteem (indicating lower well-being) than those who reported no assaultive incidents. Interestingly, women in the coerced intercourse group scored significantly higher on levels of depression and social anxiety than those in the rape group. This indicates that coercive sex can increase certain psychological problems apart from rape.

Testa and Derman (1999) found similar results when they assessed 190 college women who were at-risk for sexual coercion and assault. The authors separated women into groups based on their experiences with verbal sexual coercion, rape, or attempted rape. Results indicated several variables associated with verbal sexual coercion but not with the other types of sexual assault. Women who experienced verbal sexual coercion reported lower self-esteem and assertiveness than those who had no sexual assault history and those who had experienced rape or attempted rape.

In other studies, slight differences in effects due to types of coercion were indicated, but all sexually coercive experiences were found to be detrimental. Cole, Logan, and Shannon

(2005) surveyed women on their experiences with sexual coercion and its effects on their physical health, PTSD, depression, and anxiety. Results indicated significantly higher mean scores on health limitations (body pain, number of days sick in past 30 days, and reproductive health problems) for women who were coerced with threats and force when compared to women who were verbally pressured. However, this was not the case with mental health consequences. Both groups had significantly higher scores on all assessments of mental health variables than non-victimized women but there was no significant difference between the two groups of coerced women. deVisser et al. (2007) also found that any experience of coercive sex negatively affected a woman's psychological, physical, and sexual health. The only difference found between coerced participants was that women who had multiple coercive experiences reported increased psychological distress.

The literature appears to support the belief that sexual coercion is a type of sexual victimization that causes detrimental effects to its victims. Every study indicated that women who had been sexually coerced suffered in areas of physical, emotional, and psychological health. Because this problem does not appear to be decreasing, as seen in the prevalence rates, attitudes surrounding the support and assistance for sexual coercion victims need to be examined.

Help-Seeking Behaviors

Help-seeking behavior refers to communicative behaviors that are intended to obtain support, assistance, or advice regarding a problem. There are various ways individuals can seek help, such as having a general discussion with someone or making a specific request. People can seek help from family, friends, and professional agents (Ogletree, 1991). In general, help-seeking behaviors are scarce in sexual abuse victims when compared to victims of other crimes

(Belknap, Fisher, & Cullen, 1999). Although there were various legal reforms regarding the treatment and support of sexual abuse victims during the late 1970s and 1980s, there are still stigmas attached to reporting rape and seeking help for sexual assault (Bachmen, 1993; Kessler, Mickelson, & Williams, 1999).

Unfortunately, there is even less awareness about sexual coercion. It is virtually unreported and rarely considered a crime (Fisher et al., 2003). In fact, a thorough literature review could not reveal any studies specifically on the help-seeking behaviors of women victims of sexual coercion (i.e., studies focusing specifically on sexual coercion or studies in which sexual coercion was differentiated from rape). Since researchers have found that sexual coercion has detrimental consequences similar to other sexual assaults, help-seeking behaviors should be more closely examined. In this light, suppositions about sexual coercion and help-seeking behavior can be made.

Benefits to Help-Seeking Behavior

Talking about sexual victimization has been demonstrated to be one of the most helpful behaviors in healing the trauma of sexual abuse. Seeking assistance from others can be a cornerstone in healing the adverse effects that come with sexual victimization (Braswell, 1989). Having a strong social support system can aid significantly in readjustment after sexual assault and decrease the effects of fear, depression, and anxiety (Sales, Baum, & Shore, 1984). Likewise, those who searched for direct means of support after sexual victimization had more positive responses and increased support than those who did not seek support (Kessler et al., 1999).

Ullman and Filipas (2001b) had similar findings regarding victimization, help-seeking behavior, and positive outcomes. They surveyed 323 sexual assault victims and analyzed the

victimization on a range of sexual coercion, attempted rape, and completed rape. The assault characteristics were not separated, so conclusions cannot be made specifically about sexual coercion. Participants were asked to complete surveys assessing their social support related to their assault. Results indicated disclosing more (i.e., processing the experience in depth) and telling more individuals about the experience resulted in significantly more positive social reactions and a decrease in PTSD symptoms.

Researchers have also examined which individual a victim goes to first to seek help. Friends who are women are the most likely support systems of sexually assaulted college women (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000; Fraizer & Burnett, 1994; Prospero & Vohra-Gupta, 2008). This makes sense, as having a similar individual to talk with can help relieve the secrecy and stress of the incident. Friends are also the most likely to encourage the victimized woman to report the incident and get professional help (Fraiser & Burnett, 1994). For example, Burgess and Holmstrom (1994) found that 75% of sexual assault victims who reported to the police only did so because someone else, such as a friend, encouraged, supported, or assisted them in filing charges. Thus, the help-seeking behavior of telling friends and supportive others can help a victim take more positive measures to increase her likelihood of getting help and support.

When an individual does not feel as though she has a supportive network of friends, she may seek guidance from a mental health professional. Therapy after sexual assault can be helpful in lessening detrimental ramifications (Drauker, 1992). However, mental health service providers are among the last people women go to after being victimized, with reports demonstrating that only about 16% of college students use mental health services after victimization (Prospero & Vohra-Gupta, 2008). This is unfortunate, since mental health

professionals are often the most qualified to help and treat sexual abuse victims. Consistent with the notion that sexual assault victims do not report the crime against them, researchers have found that approximately only 14% get help from rape crisis centers and only 13% go to police or family (Belknap et al., 1999; Ullman & Filipas, 2001b).

Understanding why sexual abuse victims do not engage in the wide variety of help-seeking behaviors is important, as the benefits to reporting these circumstances are valuable. Non-reporting of sexual abuse not only restricts the services victims can obtain from the criminal justice system, but also affects others' awareness of sexual abuse. If official estimates of sexual abuse were more indicative of the actual amount of victimization, there would be a greater demand on a political level to make positive changes and implement prevention programs. In addition, researchers have suggested that sexual revictimization may be influenced by not seeking help after being assaulted. Livingston, Testa, and VanZile-Tamsen (2007) found that women who experienced childhood sexual abuse (CSA), and did not report the abuse, were more likely than other CSA survivors to endorse sexual victimization from age 14 on, 53% vs. 31%, and to endorse circumstances of sexual victimization over a 2-year follow-up period, 23.5% vs. 15.1%. Thus, understanding the barriers to why women do not report sexual abuse is important in making relevant changes in revictimization rates and providing interventions.

Barriers to Seeking Help

In order to seek help, an individual must believe he or she is in need of help (Staub, 1980). Since only 17% to 28% of sexual victimizations are actually reported to the police (Rennison, 1999; Tjaden & Thoennes, 2000), it appears as though a large majority of sexual abuse victims do not see themselves as being in need of help or that other conditions circumvent

their ability to obtain the help they need. If talking to a friend or a therapist could significantly support a woman through the trauma of sexual assault, it is peculiar that more women do not engage in help-seeking behaviors. There are some elements that appear in the literature as consistent factors to why women do not report sexual victimization.

Help-seeking is often related to contextual factors of the sexual abuse (Finkelhor & Ormrod, 1999). Circumstances such as the victim-perpetrator relationship (i.e., how well the victim knows her assailant), perceived crime seriousness, whether a weapon was involved, alcohol consumption, location of the violation, and physical injury are all factors that influence reporting (Fisher et al., 2003). For example, a woman would be more likely to report an incident of rape or assault if the offender was a stranger, if she was sober, if she sustained an injury, or if the assault occurred off campus. In essence, the more the experience resonated with the “stranger in the bushes” rape myth, the more likely it would be reported. It could be postulated that reporting appears to be characterized by elements that may make the victim more believable.

The issues raised are interesting because few of those factors (i.e., if the victim sustained an injury, was intoxicated, or if the assault took place on campus) can truly reflect how the crime will affect a woman, since each person is different. Also, most of these circumstances are irrelevant because sexual victimization can take place anywhere under a wide variety of situations. Nevertheless, victims tend to base their perception of the seriousness of their assault on these factors. There appears to be psychological reasons that influence the perceptions of significance in the aforementioned reporting criteria. In other words, there seems to be some reason women believe that unless their victimization meets a certain standard, it is not serious or reportable. The introduction of this viewpoint is important because the aforementioned

variables for reporting sexual assaults make the issue of sexual coercion even more complicated based on the perception that it is not as serious as rape or other assaults (Ullman & Filipas, 2001b).

Feminist theorists purport that the reason behind the lack of sexual assault reporting is the patriarchal influence in society (Ruth, 1990). Reasons described above for not reporting are based on the assumption that a woman needs concrete evidence beyond her explanation or report in order to be believed. For example, women are less likely to report sexual assault if they had been consuming alcohol. This suggests that use of substances creates a scenario in which a woman feels she is in some way responsible for her abuse. Or, if the offender was a boyfriend or a date the woman may feel as though she cannot be a victim or that she contributed to her rape.

From a feminist view, this type of victim blaming is due to the continued oppression against women and sexist beliefs that serve to maintain the victimization of women by men (Fisher et al., 2003). Views of sexual assault and coercion can be explained through gender role socialization in which men and women are taught standards for their gender which influences general behavior and sexual interactions.

Gender Role Socialization

There are many theories about how gender roles come to exist and be sanctioned in society (Bussey & Bandura, 1992). As such, there are various ways to explain how men and women perceive sex and abuse. Biologically based theories, such as evolution, state that differences between genders are due to ancestral programming. Gender differences are a result of individuals who demonstrated successful reproductive behavior and essentially created a species with a similar biological inheritance (Buss, 1995). Rape has been explained by

evolutionary theorists as a means for heightened reproductive success and growth of the human species. Because men have strength and advantage over women, they can maintain reproductive interests by controlling a women's sexuality. Forced sex allows them to mate with many women, thus passing on their genetics (Smuts, 1995). In some cases, this concept has been used to excuse or explain away sexual abuse against women (Buss, 1996; Smuts, 1995).

Another theory is that gender roles are learned and adopted through socialization processes (Bussey & Bandura, 1999). Social-cognitive theory suggests that gender roles are learned and sustained through three modes. The first is modeling, which is learning through examples in an individual's environment such as mass media, parents, and peers. The second mode is enactive experience, in which the individual discerns gender-appropriate behavior through the outcome of actions. The third mode is direct tuition, which is learning gender norms through instruction (Bussey & Bandura, 1999). What all three modes have in common is the influence of others and society to dictate appropriate gender roles. Thus, according to social-based theories, outside influences are highly impactful when a child is forming his or her gender identity and beliefs.

The validity of social based theories has been demonstrated by researchers who have provided empirical evidence for the effects of social roles on individuals. One example is the formation of gender ideology in children (Albert & Porter, 1988; Blakemore, 2003; Freeman, 2007). Children have been found to be keenly aware of what roles they should enact for successful integration in society. Gender norm violations are treated strictly by children with others and within themselves. Blakemore (2003) found that children rated gender norm violations such as boys wearing girl's clothes as harshly as they rated stealing. This type of research finding demonstrates the enactive experiences of youngsters, as children learn at quite

a young age about gender-appropriate behavior. Interestingly, some researchers have also found a mismatch between gender beliefs of children and parents. Although parents may rate their influence as gender-neutral or encouraging of cross-gendered behaviors (e.g., boys playing with “girl” toys), children were more likely to stay with gender norms and did not believe their parents would feel comfortable with deviations. This suggests that messages from peers and society may be more influential than egalitarian parenting, or that parents are more unconscious of their traditional gender role influences (Freeman, 2007). This idea has been supported in research in which sociocultural factors have been named as the most influential variable in children’s gender role socialization (Mischel, 1970).

Traditional and Nontraditional Roles

If societal norms dictate gender role development, it is important to understand how this development impacts people. Researchers have shown that individuals begin to internalize ideas about appropriate gender roles at an early age and continue to do so well into adulthood (Aronson & Bucholz, 2001; Pipher, 1994). However, the internalization of appropriate attitudes, beliefs, and behaviors is most influential during adolescence and young adulthood, as this has been identified as a crucial time for an individual’s self-development (Pipher, 1994; Roosmalen, 2000). While younger children receive messages of ideal behavior, it is not until adolescence and young adulthood that the pressure to conform and be liked is seen as extremely important. Traditional gender role socialization has been identified as a major influence in dictating appropriate standards for girls and women, thus shaping young women’s beliefs about themselves and the world (Ruth, 1990).

Traditional gender roles can be viewed as stereotypical behaviors and appearances that define men and women and are typically seen as ideal within mainstream society. Certain

general aspects emerge consistently in the literature on traditional gender role characteristics (Ruth 1990). Sadd (1996) clearly defines what constitutes the constructs of traditional gender orientation by specifically categorizing characteristics into four categories: marriage and family views, cultural standards of beauty, interpersonal manner, and cultural prohibitions. For women, examples of ideal adherence may include being a homemaker, looking thin and pretty, possessing feminine personality traits such as being compliant and pleasing towards others, being a submissive partner in relationships, appearing chaste yet sexually available, and being sexually non-aggressive. It is important to note that none of these characteristics are considered inherently negative. Gender roles for women can be seen on a continuum of beliefs, behaviors, and attitudes based on a woman's acceptance or rejection of societal ideals.

Men are traditionally socialized as well; however, their ideal roles are typically opposite those of women. Traditional views tend to influence men to be aggressive, the breadwinner in relationships, sexually assertive, dominant, muscular, and have interests and work that are traditionally masculine. Although this is certainly difficult for men who wish to diverge from these roles, many of these attributes have served to keep men in positions of power.

Additionally, researchers have demonstrated that men who identify with traditional gender role socialization are more likely to perpetrate sexual violence against women (O'Byrne, Hansen, & Rapley, 2008). For example, Hill and Fisher (2001) found that higher gender role traditionality in men significantly correlated with higher levels of sexual entitlement, rape myth acceptance, and a likelihood of raping if they believed they would not get caught as assessed by a date rape vignette.

Unlike women, men are not generally socialized to fear rape or sexual assault. They are the gender that is most in control of the legal and political policies regarding rape and sexual

assault, as well as the ones who do the majority of victimizing. Although women's rights have progressed toward more egalitarian models of behavior, there are still overt elements of sexism and power differentials in society. This is most significant in the context of sexual assault. Feminist researchers have hypothesized that through circumstances such as the lax legal ramifications for sexual assault, the revictimizing of women through the legal system, and the continued increase in sexual crimes, men have kept women in a position of fear and powerlessness. One postulated reason why it is difficult to make changes in the power hierarchy of men and women is due to the traditional gender socialization process that fosters these ideals in individuals (Costin & Schwartz, 1987).

Traditional Gender Roles and Sexual Coercion

Traditional gender role socialization places men in a position of power over women which can induce problems in the realm of sexual activity. Many traditional "masculine" traits groom men to believe that it is their role to initiate sexual activity, as well as obtain sexual intercourse once engaged in sex play. Various societal and legal factors also serve to free men from responsibility of pushing unwanted sex upon a woman. This combination of influences may create dangerous circumstances for a woman who is in a sexual situation she does not want. Many men may believe it is their right or position to try to convince or coerce a woman into sex. In some types of encounters the traditional sexual script requires women to be coy but eventually engage in consensual and desired sex. Even if a woman desires sex she may feel the need to say "no" or act shy in order to not appear promiscuous. Such acts are also labeled token resistance (Muehlenhard & Rogers, 2006). However, if a woman says "no" and means "no," sexual coercion can become a serious issue. If a man continues to coerce a woman who has refused his advances she may eventually comply out of duress due to the pressure placed upon

her. Because of male privilege, women may be scared to push their resistance. The end result is that the woman has sex pressed upon her without her desire, which can lead to emotional, psychological, and sometimes physical consequences. Since sexual coercion is viewed as a less serious form of assault when compared to rape and is even viewed as normal sexual behavior by some, the act of sexual coercion may be greatly influenced by the beliefs and attitudes resulting from traditional gender role socialization.

Since gender role values are highly integrated in individuals, traditional sexual socialization can frequently be seen in the dynamics of sexual coercion. Fisher et al. (2003) found that in a sample of 211 women victims 98% of coercive or unwanted sexual contacts went unreported because the women were not sure a crime was committed against them. This finding demonstrates the belief that a vast majority of college students do not see coercive sexual encounters as sexual assault. Based on traditional gender role socialization and sexual victimization myths, women may not be able to conceptualize their experiences as assaultive or feel helpless to do anything about victimization that is not clearly rape.

Mouzon, Battle, Clark, Coleman, and Ogletree (2005) found that college students complied with traditional sexual socialization behaviors such as normalizing men's sexual aggression and women's passivity toward sexual assault when they qualitatively studied attitudes toward sexual coercion on a college campus. Men described coercing women into sex as "playing the game." One man explained, "a man's sex drive is, you know, working a lot faster than a woman's, so we are, you know, constantly try to coerce." Women acknowledged that sexual coercion happens frequently and expressed shame and minimization of the situation when discussing possibly seeking help from a friend. One woman stated:

Because, you know, the situations are embarrassing for them . . . They're not

going to come down [to the lounge] saying, “Yeah, John forced me to have sex with him. They’re not going to come out and say it . . . they might say “Yeah, me and John did something last night or whatever.” They’re not going to come out and say “He forced me, threatened me or whatever.” (Mouzan et al., 2005, p. 19)

Through these interviews with college students, it appeared as though sexual coercion was seen as acceptable and normal for men. Victims did not feel comfortable labeling the situation as coercive and went as far as to indicate their coercive experience was consensual. The acceptance of traditional gender norms has the potential to cause this type of confusion in women. Girls begin learning through traditional gender role socialization that it is inappropriate for them to stand up for themselves or to contradict others. There is also much influence directed at young women to be pleasing to men in order to be loved and accepted (Jackson & Cram, 2003), a woman who espouses inappropriate sexual behavior may fear setting herself up to be socially punished or marginalized. This influence could cause significant dissonance for somebody who has experienced a sexually coercive situation.

Traditional gender role acceptance may be a prominent reason for the lack of reporting or help-seeking behavior in victims of sexual coercion. Women may feel that seeking help will be met with negative attitudes due to beliefs society has about those who report sexual crimes. Traditional gender roles may also influence a woman not to seek help because she does not want to upset the perpetrator, has not accurately defined her situation as assaultive, or thinks she will appear promiscuous. How traditional gender role socialization influences the help-seeking behaviors of sexual coercion victims is important to fully understand. There are three areas that are integrated into traditional gender role expectations for women that are of particular interest to this study. These include (a) sexual assertiveness, (b) sexual self-esteem, and (c) rape-myth

acceptance.

Sexual Assertiveness

Assertiveness refers to a personality component that relates to the ability to identify and confidently express oneself in areas such as opinions, personal rights, and feelings (Norris, Masters, & Zawacki, 2004). Assertiveness has been identified as a factor that correlates with a woman's abilities to effectively communicate her needs (Kotulak, 1997). Researchers have found that consistent assertive communication was significantly effective in thwarting unwanted situations that affect women such as harassment or sexual advances. Women who demonstrated clear and concise assertiveness responses felt they were more readily responded to in a manner that was perceived as respectful and appropriate (Yagil, Karnieli-Miller, Eisikovits, & Enosh, 2006). Being comfortable with getting one's needs met and being reacted to with desired responses are important elements both when seeking help and in a sexually coercive situation. Thus, assertiveness would appear to be an important variable to assess when examining psychological correlates to help-seeking behavior as well as vulnerabilities to sexual coercion.

Researchers have examined assertiveness in women in relation to asking for help and vocalizing sexual limitations and desires (Ogletree, 1991). Traditional gender role socialization has been shown to play a role with these elements. Some researchers believe that traditional ideology inhibits a woman's ability to assert herself in a variety of arenas (Selkin, 1978). This makes sense due to socialization factors that dictate that an ideal woman should be passive, compliant, and appeasing. This has been further validated by research that demonstrates that victims of sexual coercion have lower scores on assertiveness scales than rape victims (Livingston et al., 2007; Testa & Dermen, 1999). An individual who struggles with asserting her demands may have fewer protective communication factors when in a sexually coercive

situation. However, this would not apply in a rape situation, in which communication and assertiveness hold no bearing (Testa & Dermen, 1999).

Research on assertiveness and sexual communication has had some divergence. Ogletree (1991) conducted research on women's traditionality, victimization, and likelihood to seek help after sexual victimization, sexual coercion, and rape. College women were surveyed and assessed on their assertiveness levels and help-seeking behaviors. Ogletree's analysis revealed no assertiveness differences between traditionality, victimization, and help-seeking behaviors. These results differ greatly from those indicating significant correlates between assertiveness and sexual abuse (Selkin, 1978). Selkin (1978) suggested that passive personality styles may increase a woman's vulnerability. These differences in research results may be a result of the use of a global concept of assertiveness to understand a sexual situation.

Greene and Navarro (1998) discussed the need to connect global assertiveness to more specific assertiveness elements based on the situation being examined. Thus, when examining sexual communication it would be more appropriate to investigate sexual assertiveness versus global assertiveness. They argue that it should not be assumed that general assertiveness transfers to sexual situations. For example, it may be easier for a woman to show assertiveness when with friends or at work; however, when in a sexual situation with the opposite gender she may be less likely to assert herself. Within this sexual scenario, a woman may feel heightened power differentials or pressures that influence her behavior. Similarly, when seeking help after sexual victimization, a woman's ability to communicate about her sexual experience may be more influenced by her sexual confidence than general assertiveness. Hutson (1988) suggested this is especially true in adolescent and college-age women, who tend to deeply internalize the need to be willingly compliant.

Sexual assertiveness has been examined much less than general assertiveness.

Researchers examining sexual assertiveness have mostly explored this trait in safe-sex practices such as demanding condom use (Morokoff et al., 1997; Noar, 2003) and sexual victimization (Greene & Navarro, 1998; Livingston et al., 2007). Although findings on sexual behavior and assertiveness have been mixed when global assertiveness has been measured, the results pertaining to sexual assertiveness and assault are clearer (e.g., Rickert, Sanghvi, & Wiemann, 2002). Sexual assertiveness has been shown to be significantly lower in participants who have experienced sexual victimization and revictimization outside of forcible sex (Testa & Dermen, 1999). Likewise, Greene and Navarro (1998) found that lower sexual assertiveness negatively correlated with sexual assault and was the highest predictor of sexual assault when compared to a large variety of other predictors. They suggest a variety of reasons for their findings, including that perpetrators may pick out apparently sexually unassertive women or that sexually unassertive women are less likely to have protective measures available to them when in an assaultive situation.

Due to the aforementioned findings, researchers have postulated that low sexual assertiveness is linked with sexual coercion victimization (Testa & Dermen, 1999). This makes sense because society indicates that coercive behaviors in men are normal, so women may be confused as to why they need to demonstrate assertiveness during a seemingly “normal” situation. In a coercive situation, being sexually assertive can be important to communicate sexual disinterest when being bullied to have sex. Low sexual assertiveness could be a factor related to sexual assault and coercion. Thus, sexual assertiveness may also influence women when considering whether to seek help for sexual victimization.

Building on Greene and Navarro’s (1998) suggestions, it could be postulated that

sexually unassertive women may be less likely to protect themselves after sexual coercion by seeking help from others or reporting victimization. Women who have high sexual assertiveness may be more likely to seek help after a sexually coercive situation. In addition, being sexually assertive means dismissing traditional gender roles which state that women should be passive and compliant with men's expectations. Diverging from these roles may increase a woman's likelihood of standing up for herself, labeling an experience coercive, and caring for her needs afterwards.

Sexual Self-Esteem

Self-esteem can be generally described as an individual's self-image or view of herself. High self-esteem in individuals generally leads to feelings of value and having a good opinion of themselves, while low self-esteem leads to the opposite types of feelings (Perera, 2007). Self-esteem has been evaluated within a multitude of realms and is a popular topic among psychological researchers.

Self-esteem has been viewed as a significant component for positive and adaptive adjustment (Wylie, 1974). Moran (2010) conducted a study with women aged 20 – 25 years on the effects of positive self-esteem and self-image. She found that those with high self-esteem were able to overcome adversity, recover from conflict, and make visible progress in academic and social endeavors better than those with low self-esteem. This demonstrates that a high regard for oneself can result in resiliency and positive outcomes. Self-esteem can also dictate how individuals understand themselves and how they will behave (Staub, 1980). All of these are important aspects when evaluating help-seeking behaviors and sexual issues.

Researchers have associated help-seeking behaviors with self-esteem and have found that higher self-esteem was linked to more positive attitudes and behaviors about seeking help.

Clegg, Bradley, and Smith (2006) qualitatively addressed this issue in college students and found that high self-esteem attributes such as feeling confident in standing up for themselves, independence, and trust in others were related to more help-seeking behaviors. Fearing rejection, being prideful, and generally low feelings of self-worth were factors that kept students from asking for help.

Self-esteem has also been examined in relation to dating violence, Deal and Wampler (1986) specifically examined how low self-esteem in women interplays with sexual assault. Deal and Wampler reported that self-esteem mediated occurrences of sexual violence, and would most likely affect a victim's ability to report or seek help for the situation. However, self-esteem does not necessarily assess sexual self-perception and may not accurately reflect how an individual would feel or behave in a sexual situation.

Like assertiveness, self-esteem could be considered a global estimate of how a person feels about herself and may not translate to specific situations. For example, a woman may feel positive about her intellect, but may not hold the same positive esteem regarding her body or sexuality. There have been marked discrepancies in the literature when sexuality and general self-esteem have been measured (Hornick, 1978; Stratton & Spitzer, 1967). In some research, low self-esteem in women has been found to be linked to sexual risk and sexually permissive attitudes (Greig & Young, 1988; Hornick, 1978). However, other researchers have found that sexual activity was not at all related to self-esteem (Stratton & Spitzer, 1967) and that self-esteem and sexual adequacy and frequency were only associated with participants who were men (Stimson, Stimson, & Dougherty, 1980). Additionally, Ingersoll, Wilbrant, Brack, and Orr (1999) found that increased sexual activity was linked to low self-esteem for women, but not for men, which directly contradicts the Stimson et al. (1980) findings.

These divergent results could be based on the use of a global concept of self-esteem for assessing sexual circumstances. Rosenthal, Moore, and Flynn (1991) argue that sexual decision making and self-worth cannot be assessed by utilizing global measures of self-esteem. Instead, it is necessary to measure self-esteem in a way that focuses precisely on an individual's sexual world. Research results have supported this idea. Oattes and Offman (2007) examined global self-esteem and sexual self-esteem in relation to sexual communication. Sexual self-esteem was found to be a unique predictor of the ability to communicate sexual desires, limits, and behaviors above the contribution of general self-esteem.

In contrast to global self-esteem, sexual self-esteem is a relatively new idea and has not been widely examined. It has been suggested that the lack of research is due to the newness of the concept and its ambiguity. There are few instruments to measure this construct, and many individuals lack understanding of the specific differences between sexual self-esteem and global self-esteem (Kelly & Erikson, 2007). Sexual self-esteem is generally referred to as how individuals feel about themselves as sexual beings. This can include sexual identity and sexual acceptability (Snell & Papini, 1989; Zeanah & Schwartz, 1996). Due to the paucity of research and general lack of understanding, this is an important avenue of research to expand upon.

Thus far, sexual self-esteem has been examined in relation to only a few topics. For example, research in intimate partner violence found that men who were more abusive had lower sexual self-esteem than nonabusive men (Hurlbert & Apt, 1999), and men who felt less confident sexually had lower sexual self-esteem (Thurman & Silver, 1998). Gender differences have been noted as well. Men have been shown to have higher sexual self-esteem than women, such as in the ability to communicate their sexual desires (Kelly & Erickson, 2007; Rosenthal et al., 1991). This is not surprising, as traditional gender socialization allows men to be more

confident and assured about sexuality.

In addition, relationships between sexual self-esteem and sexual activity have been reported. Zeanah and Schwartz (1996) found that heightened sexual activity and low sexual self-esteem were found to be correlated when sex occurred in non-committed relationships, but not when sex occurred in committed relationships. Likewise, Shapiro and Schwartz (1997) found a significant main effect of low self-esteem in women who had been sexually assaulted when compared to women who had not been victims of sexual violence. The authors suggested that women who had been targets for sexual victimization had lower sexual self-esteem particularly in areas such as sexual moral judgment, control, and adaptiveness (Shapiro & Schwartz, 1997). These findings indicate that women who have low sexual self-esteem may experience more sexually coercive experiences. Thus, sexual self-esteem is an important topic in regard to understanding the help-seeking behaviors of victims.

Sexual communication has also been positively correlated with sexual self-esteem, indicating that sexual self-esteem is an estimate of whether a woman communicates about her sexual experiences. Research results have indicated that individuals with higher sexual self-esteem are better able to process their sexual experiences and desires (Oattes & Offman, 2007). Researchers have also found that low sexual self-esteem correlates with consequential effects of traditional gender roles for women, such as body objectification (Calogero & Thompson, 2009), and the ability to stand up for herself in regard to communicating with others about sexuality. For example, Greene and Faulkner (2005) found a significant inverse relationship between assertive communication and traditional gender roles, suggesting that less assertive women are likely to adhere to traditional gender roles. The issue of sexual self-esteem, traditional gender roles, and sexual communication is important in order to understand whether an individual will

seek help after a sexually coercive experience. If a woman lacks the fortitude to communicate to others about her sexual experiences, this most likely would reduce her probability of seeking help after victimization.

Rape Myth Acceptance

Rape myth acceptance has been described as “prejudicial, stereotyped or false beliefs about rape, rape victims, and rapists in creating a climate hostile for rape victims” (Burt, 1980, p. 217). For decades, rape myths, influenced through a traditional gender hierarchy, served to increase victim blaming and excuse perpetrators. Some of these myths include the beliefs that women secretly want to be raped, invite rape by what they wear, and “cry rape” because they change their mind after sex. Other rape myths incorporate beliefs that the motive for rape is sexual, that only “bad” girls are raped, and that rape is frequently an interracial act. There was, and still is, a large stigma placed on a woman for being raped (Webster & Dunn, 2005). Although sexual assault awareness has become more prevalent, traditional gender roles that rigidly assign sexual scripts and behaviors to individuals have served to uphold myths about sexual violence (Burt, 1980).

Patriarchy has been speculated to promote intergender violence such as sexual assault as a result of aggressive sexuality being seen as masculine and women being treated as possessions (Sanday, 1997). Traditional gender roles have been identified as one of the most prominent social forces that maintain sexual violence against women (Sheffield, 1987). Researchers have found that traditional gender roles for men and women support and excuse sexual assault. For example, Caron and Carter (1997) found that women who scored high on measures of femininity and men who scored high on measures of masculinity were more tolerant of rape and more apt to agree with cultural myths about rape. This suggests that rape is seen as an

extension of socially ordered behavior and not as a deviant act (Newcombe et al., 2008).

Rape myth acceptance has produced increased problems for victims and perpetuates sexual violence against women (Chapleau, Oswald, & Russell, 2007b). Being in contact with those who endorse victim blaming rape myths has been found to magnify the psychological distress of sexual assault victims, increase guilt and shame, and decrease responsiveness to treatment (Moore, 2007). Many women deny they were raped in order to avoid the stigma and blame that is often placed on victims. Women may also deny rape because of the narrow definition of rape perpetuated by myths (e.g., if a woman does not have bruises or marks on her body she cannot say she was raped; Payne, Lonsway, & Fitzgerald, 1999).

Peterson and Muehlenhard (2004) conducted research on unacknowledged rape. This refers to women who experienced the legal definition of rape but deny their experience was rape. It was discovered that often times the denied incidents were less likely, according to rape myths, to hold the characteristics of “real rape.” Incidents that were not excessively violent, committed by a friend or boyfriend, or involved alcohol or drugs are examples that may not be considered rape. In addition, participants endorsed many reasons as to why their “nonconsensual sexual experience” was not rape. Some viewed the rape as a “positive sexual experience” (perhaps they believed it taught them a lesson) or defined it as “unwanted sex.” Another reason that rape went unacknowledged by participants was because of the fears associated with being a victim of rape (Peterson & Muehlenhard, 2004). Gavey (1999) suggests that being acknowledged as a sexual assault victim may increase an individual’s feelings of helplessness and passivity. It may also reinforce fears that others may think that she is trying to obtain “special favors” by “playing” a victim role. If a woman convinces herself that she was not raped, she is more likely to ignore and ineffectively process the effects that come along with

this sexual victimization.

Rape myths are an important factor to consider in regard to help-seeking behaviors after sexual coercion. Due to the understanding that rape myth acceptance is positively correlated with traditional gender roles (Caron & Carter, 1997), and women with traditional beliefs may be more vulnerable to sexually coercive experiences (Testa & Dermen, 1999), it is probable that sexually coerced women may be more likely to dismiss their experiences, make excuses for the perpetrator, and not want to be labeled a “victim” as seen in the unacknowledged rape literature. This rationale is especially true because sexual coercion is considered by many to be a “lesser form” of sexual assault (Fisher et al., 2003). Thus, women who are more accepting of rape myths may have a difficult time acknowledging they have been violated and not seek assistance, even if they experience distressing ramifications.

Summary

There is much evidence that the traditional gender socialization process of men and women serves to perpetuate sexual victimization. Men and women receive different messages as to what constitutes appropriate intimacy and how each gender plays a role in sexual relationships. Traditional gender role expectations place women in a position of submission to men, which greatly influences how men treat women sexually. The issue of sexual coercion is one facet of sexual victimization that has been shown to be heavily influenced by traditional sexual scripts (e.g., men being the aggressor and the women being a passive recipient). Strict adherence to traditional gender role messages not only appears to perpetuate sexual victimization against women, but may also serve to keep women from seeking help after a sexually coercive experience.

There is a large body of evidence that sexual coercion is common on college campuses.

Researchers have also demonstrated that the mental, psychological, and physical ramifications of sexual coercion are wide-ranging. What is lacking is research on personality and interpersonal factors of the victim that predict seeking help when she has been sexually coerced. Because sexual coercion can be such a devastating event in a woman's life, it is important that she seek help after such an event takes place. Understanding what may increase her ability to seek help is important.

CHAPTER 3

METHODS

This two-part study used an exploratory correlational research design to investigate whether levels of sexual assertiveness, sexual self-esteem, and rape myth acceptance predict help-seeking behavior in college women who have been victims of sexually coercive intercourse. In addition, a between-groups design was used to evaluate whether there are significant differences between women who have experienced sexual coercion and those who have not experienced sexual coercion on the aforementioned factors. In this chapter the following topics are discussed: (a) participant selection, (b) instrumentation, (c) procedures, and (d) data analysis.

Participants

The participants for this study were selected from a sample of heterosexual or bisexual women, 18 years of age or older, from a Midwestern university. Although sexual coercion in same-sex relationships is an important topic, it was outside the scope of this study. Thus, only women who have had prior sexual experiences with men were included. This university was chosen due to a large traditional college-aged student body. The women who attend this university are primarily within the age range of 18 to 28 years old. Because sexual coercion has been demonstrated to be most prevalent in college students of this age (NIJCDPC, 1998), these participants were highly representative of the population under investigation. When the study

was performed, the population of this college consisted of approximately 10,487 students, with approximately 5,653 being women. A power analysis was conducted before data collection to determine the minimum number of participants needed for this study, as suggested by Keppel (1991). The A-priori power analysis included the following information to determine an appropriate sample size: alpha level = .05, number of predictors = 3, anticipated effect size (f^2) = .15, and desired statistical power level = .90. Due to the power analysis calculation, obtaining at least 150 participants was the goal for this study. Students were offered an incentive of entering a drawing for a \$50.00 gift-card to Wal-Mart for their participation.

Of the 5,653 students invited to participate 687 students responded to the survey. Of these the respondents 270 participants were excluded due to skipping more than a quarter of an assessment. Five participants were excluded for indicating they had never had sexual interactions with a man. Four participants were excluded due to unstable data (e.g., they endorsed the same number on every question or alternated between only two numbers for all their answers). Four hundred eight respondents were included in the analyses.

Participant Characteristics from the Regression Analysis

Two hundred and four respondents endorsed questions that placed them in the category of sexual coercion victim. This means they indicated at least one experience of coercive intercourse. Of the victimization sample, the majority of the women were 24 years old or older. In regard to ethnic and religious identity, a large majority of women identified as White and Christian (non-Catholic). Most of the women were Seniors and Juniors.

Eighty-seven sexually coerced women did not seek any help while 117 women sought some degree of help. The amount of help women sought after a sexually coercive event is as follows: 99 sought a minimal amount of help, 13 sought a moderate amount of help, and 5

sought a significant amount of help. Demographic comparisons of the victims and the amount of help they sought are represented in Table 1.

Women who endorsed help-seeking behaviors indicated sources from which they specifically sought help. Participants were able to choose multiple sources if that had been their experience. Of the women who engaged in help-seeking behavior a majority sought help from a female friend. Seeking help from a male friend, a family member, a trusted adult (non-family member), and a mental health professional were less popular choices. Only five sought help from the police and four sought help from a resident assistant at their college, making these sources the least reported choices. These data are displayed in Table 2.

Participant Characteristics from the MANOVA Analysis

The data from all 408 participants were used in analyses for the second part of this study. Data from these participants included a wide variety of age ranges. Sixty six participants were 18 years old (16.2%), 80 were 19 years old (19.6%), 46 were 20 years old (11.3%), 58 were 21 years old (14.2%), 35 were 22 years old (8.6%), 26 were 23 years old (6.4%), and 97 were 24 years old or older (23.8%). Of this sample, 348 (85.3%) identified as White, 4 (1.0%) as Asia American, 4 (1.0%) as Hispanic, 40 (9.8%) as African American or Black, and 11 (2.7%) as Multiracial or “other.” Responses to the question about religious orientation revealed that 239 (58.6%) were Christian (non-Catholic), 64 (15.7%) were Catholic, 2 (0.5%) were Muslim, 2 (0.5%) were Buddhist, 1 (0.2%) was Wiccan/Neo Pagan, 5 (1.2%) were New Age/Cosmic Humanism, 22 (5.4%) identified as “other,” and 73 (17.9%) reported “none.” No participants identified as Agnostic or Atheist. Responses to the class standing question indicated that 90 (22.1%) were Freshmen, 73 (17.9%) were Sophomores, 72 (17.6%) were Juniors, 94 (23.0%) were Seniors, and 79 (19.4%) were graduate students.

Table 1

Characteristics of Victims and the Amount of Help Sought

Characteristic	Victim		Minimal Help		Moderate Help		Significant Help	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Total	204	100	99	48.5	13	6.3	5	2.4
Age								
18	22	10.8	13	6.3	0	0.0	0	0.0
19	40	19.6	18	8.8	4	1.9	2	0.9
20	28	13.7	13	6.3	1	0.4	0	0.0
21	36	17.6	19	9.3	4	1.9	1	0.4
22	12	5.9	8	3.9	0	0.0	0	0.0
23	11	5.4	6	2.9	1	0.4	0	0.0
24+	55	27.0	22	10.7	3	1.4	2	0.9
Ethnicity								
White	170	83.3	86	42.1	9	4.4	4	1.9
Asian	3	1.5	1	0.4	1	0.4	0	0.0
Hispanic	4	2.0	1	0.4	1	0.4	0	0.0
Black	20	9.8	10	4.9	2	0.9	1	0.4
Other	7	3.4	4	1.8	0	0.0	0	0.0
Religion								
Christian	116	56.9	57	27.9	8	3.9	5	2.4
Catholic	36	17.6	24	11.7	1	0.4	0	0.0
Muslim	2	1.0	0	0.0	0	0.0	0	0.0
Buddhist	1	0.5	0	0.0	0	0.0	0	0.0
Neo-Pagan	0	0.0	1	0.4	0	0.0	0	0.0
New Age	1	0.5	2	0.9	0	0.0	0	0.0
Other	2	1.0	3	1.4	3	1.4	0	0.0
None	46	22.5	12	5.8	1	0.4	0	0.0
Class Standing								
Freshman	40	19.6	23	11.2	1	0.4	1	0.4
Sophomore	33	16.2	14	6.8	3	1.4	1	0.4
Junior	42	20.6	16	7.8	4	1.9	1	0.4
Senior	49	24.0	25	12.2	5	2.4	1	0.4
Graduate	40	19.6	21	10.2	0	0.0	1	0.4

Table 2

Source of Help Sought

Source	Frequency	Percent
Family Member	38	18.6
Female Friend	112	54.9
Male Friend	42	20.6
Non-Family Adult	19	9.3
Resident Assistant	4	2.0
Therapist	25	12.3
Police	5	2.5
Other	0	0.0

Participant Comparisons

Based on data analysis 204 (50%) of participants reported they had encountered a coercive intercourse experience and 204 (50%) of the women indicated they had not had a coercive intercourse experience. Of the sexually coerced sample 87 victims did not seek help and 117 did seek help. In order to more easily distinguish group differences, Table 3 displays demographic variables for each sexual coercion victimization classification. The classifications include non-victims, victims who did not seek help, and victims who did seek help. For each demographic variable, the number and percentage of participants within a victimization category is noted.

Table 3

Sample Characteristics by Victimization Status

Variable	Non-Victim		Victim No Help		Victim Help	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Total	204	50	87	21.3	117	28.6
Age						
18	44	21.5	9	10.3	13	11.1
19	40	19.5	16	18.4	24	20.5
20	18	8.8	14	16.1	14	11.9
21	22	10.7	13	14.9	24	20.5
22	23	11.2	4	4.5	8	6.8
23	15	7.3	4	4.5	7	5.9
24+	42	20.5	27	31.0	27	23.0
Ethnicity						
White	178	87.2	71	81.6	99	84.6
Asian	1	0.4	1	1.1	2	1.7
Hispanic	0	0.0	1	1.1	3	2.5
Black	20	9.8	10	11.4	10	8.5
Other	4	1.6	4	4.5	3	2.5
Religion						
Christian	123	60.2	47	54.0	70	59.8
Catholic	28	13.7	11	12.6	25	21.3
Muslim	0	0.0	2	2.3	0	0.0
Buddhist	1	0.4	1	1.1	0	0.0
Neo-Pagan	0	0.0	0	0.0	1	0.8
New Age	3	1.4	0	0.0	2	1.7
Other	11	5.3	5	5.7	6	5.1
None	38	18.6	21	24.1	13	11.1
Grade						
Freshman	50	24.5	15	17.2	25	21.3
Sophomore	40	19.6	15	17.2	18	15.3
Junior	30	14.7	16	18.3	21	17.9
Senior	45	22.0	25	28.8	31	26.4
Graduate	39	19.1	18	20.7	22	18.8

Instrumentation

The five instruments used in this study were chosen based on their high validity and reliability, use in other studies measuring similar constructs, and perceived comfort level for participants. Informed consent was provided by participants after they read an email announcement about the study. Participants agreed to participate by clicking on a url address provided in the email. When a student agreed to participate she was asked to read an informed consent statement, provide demographic information, and answer the assessment questions. The Sexual Self-Esteem Inventory for Women (Zeanah & Schwartz, 1996) was used to assess levels of sexual self-esteem. The Sexual Assertiveness Scale for Women (Walker, 2006) was used to assess sexual assertiveness. The Illinois Rape Myth Acceptance Scale-Short Version (Payne et al., 1999) was used to assess acceptance of rape myths. A modified Sexual Experiences Survey (Koss & Oros, 1982) was used to assess a participant's experience with sexual coercion. Help-seeking behavior was assessed by asking participants to respond to questions at the end of the sexual experiences questionnaire.

Informed Consent

Due to the sensitive nature of this study, measures to protect participant confidentiality were put into place. This included not being able to identify any of the participants who completed the research instruments. Thus, informed consent did not require a signature. Participants navigated to the informed consent page (see Appendix A) by clicking on a link provided in the email announcement. This page described the nature of the study, potential risks, sample questions, information about the participant's ability to stop participation at any time, information regarding the incentive, and limits of confidentiality. Participants were told their consent was provided if they choose to click on the "Next" button at the bottom of the

informed consent page. By clicking on the “Next” button they acknowledged being a voluntary participant, at least 18 years old, and agreed to the risks outlined in the informed consent page. It was suggested that participants print out the informed consent for their records. In addition, due to the sensitive nature of this study, lists of references to nearby counseling centers were provided to participants.

Demographic Questionnaire

The demographic questionnaire was comprised of 6 questions aimed at obtaining information regarding participant characteristics (see Appendix B). The questionnaire included questions related to the following items: age, ethnicity, year in school, religious orientation, and previous sexual activity. The questionnaire asked for minimal information in order to protect confidentiality and not unduly burden the participants. All information gained from the demographic questionnaire was used for descriptive purposes only.

Participants were asked their age in order to determine if age has any bearing on help-seeking behaviors and sexually coercive experiences. It could be postulated that older women may feel more comfortable seeking help than younger women; or sexual coercion may be experienced more frequently by one particular age group than another. It was also important to know the mean age of participants for generalizability of results.

Participant ethnicity was secured to examine cultural differences regarding coercive experiences and subsequent help-seeking behavior. Year in school was also assessed. Women’s experience with sexual coercion could possibly increase or decrease based on their level of schooling. It is important to identify which groups of women are most vulnerable. Religious and spiritual orientation was assessed in order to examine whether these cultural dynamics influenced participant responses. Some researchers have suggested that women who

identify with certain religious groups are often more traditional (Edgell & Docka, 2007). Thus, women with particular religious or spiritual affiliations may be less apt to seek help. However, it could be argued that religion or spirituality could possibly encourage help or serve as a protective factor against sexual coercion. This demographic information can help gain clarity on help-seeking behaviors of women with certain religious or spiritual beliefs.

The last question: “Have you ever engaged in any sexual interactions with a man (e.g., kissing, fondling, intercourse, etc.)?” was designed to assess whether an individual had sexual relationships with a member of the opposite sex. If a participant answered “no” to this question she was forwarded to the end of the survey because the remaining questions would not be applicable to her experiences.

Sexual Self-Esteem Inventory for Women (SSEI-W)

Sexual self-esteem was assessed by participant’s scores on the SSEI-W (Zeanah & Schwartz, 1996). The SSEI-W is an 81-item inventory that assesses a woman’s self-perception and affective reactions to her sexual thoughts, feelings, and behaviors. The SSEI-W encompasses five subscales which have been shown to be important domains of sexual self-esteem: (a) skill and experience, (b) attractiveness, (c) control, (d) moral judgment, and (e) adaptiveness. These domains are assessed by a six-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Higher scores indicate higher levels of sexual self-esteem and lower scores indicate poor sexual self-esteem. The SSEI-W is internally consistent with alpha coefficients ranging from .93 for skill/experience, .94 for attractiveness, .88 for control, .85 for moral judgment, and .90 for adaptiveness. Good internal consistency was found for overall sexual self-esteem scores (.96). There is also evidence of construct and discriminate validity which was assessed using sexual and global self-esteem measures (Zeanah & Schwartz, 1996).

Sexual Assertiveness Questionnaire for Women (SAQ-W)

A shortened version of the SAQ-W (Walker, 2006) was used to obtain participants' levels of sexual assertiveness. The SAQ-W is a 73-item assessment that includes questions related to assertive interactions in relationships and sexual situations. Questions are answered by using a five-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores represent low or impaired sexual assertiveness while low scores represent high or strong sexual assertiveness.

The SAQ-W is made up of four subscales. The subscales and their corresponding internal consistency are: (a) relational sexual assertiveness (.93), (b) sexual confidence and communication (.88), (c) commitment focus (.81), and (d) sex-related negative affect (.74). For the purposes of this study, only the subscales relational sexual assertiveness and sexual confidence and communication were utilized. Walker (2006) stated that for research related to sexual coercion the subscale relational sexual assertiveness is more applicable than the other subscales. Walker also demonstrated that this subscale was most associated with and predictive of sexual assertiveness. He suggested that future sexual assertiveness measures or modifications utilize this construct. Thus, relational sexual assertiveness is an applicable and important subscale for use in this study. The subscale sexual confidence and communication was included because this scale directly asks participants about reporting and processing sexual issues. This is an important subscale for assessing help-seeking behaviors after a coercive situation. In his discussion regarding the SAQ-W, Walker suggested that the other two subscales, commitment focus and sex-related negative affect be withdrawn from the measure because they were found to be the least related to the construct of sexual assertiveness. In addition to not strongly predicting sexual assertiveness, these subscales do not include questions

directly relevant to the current study.

In the construction of the SAQ-W, a confirmatory factor analysis was performed using a principle components analysis, which is a specific data reduction method common in factor analysis. Each factor (subscale) was compared with similar constructs and assessed for internal reliability. Based on this analysis, it can be argued that using specific subscales of this measure can be appropriate. Similarly, Walker (2006) examined patterns of sexually coercive experiences with individual subscales of the SAQ-W. For example, he used the sexual confidence and communication subscale to predict occurrences of verbally coerced oral sex. His use of an individual subscale, separate from the measure as a whole, adds to the legitimacy of this approach to assessment. Additionally, due to the large number of questions in the SAQ-W limiting the measure to only the questions needed reduces participant stress and time demands.

Illinois Rape Myth Acceptance Scale – Short Form (IRMA-SF)

A short form of the IRMA Scale (Payne et al., 1999) was used to assess the degree to which participants adhere to rape myths. The original IRMA Scale is a 45-item scale with seven subscales that assess the following beliefs about rape: (a) she asked for it, (b) it wasn't really rape, (c) he didn't mean to, (d) she wanted it, (e) she lied, (f) rape is a trivial event, and (g) rape is a deviant event. The 20 item IRMA-SF (Payne et al., 1999) includes 17 questions to assess rape myth and three filler items that are not included in the scoring but are used to control response sets, thus making the scored assessment 17 questions in length. Questions in this measure use a seven-point Likert scale ranging from 1 (*not at all agree*) to 7 (*very much agree*). Scores can range from 17 - 119, with higher scores indicating greater rape myth acceptance.

Payne et al. (1999) created the IRMA-SF to reduce the length of the IRMA. The authors

stated that a shortened version would expand the use of the IRMA by reducing the amount of time it would take for participants to complete the measure. Since its conception, the IRMA-SF has become a popular measure used in sexual assault studies (e.g., Chapleau et al., 2007b; Norton & Grant, 2008). Its length, applicability, and use in similar research are the reasons it was chosen for use in this study. The IRMA-SF was created by taking out half, or just below half, of the questions of the seven subscales from the original measure. Questions were chosen due to their ability to optimize statistical and content-related properties. The IRMA-SF has been demonstrated to have adequate reliability and construct validity. The uncorrected correlation between the full IRMA and the IRMA-SF is $r(602) = .97, p < .001$, indicating that the IRMA-SF is a sufficient substitute for the IRMA. The IRMA-SF has been found to have a reliability alpha of .87 and moderate to strong correlations with measures of sex-role stereotyping ($r = .60$), adversarial sex beliefs ($r = .72$), hostility towards women ($r = .56$), and attitudes towards violence ($r = .67$) indicating that the scale adequately measures similar constructs (Payne et al., 1999).

Modified Sexual Experiences Survey

The purpose of a sexual coercion experience questionnaire was to determine whether participants have or have not had sexually coercive intercourse experiences. In this way, participant data could be categorized for appropriate use in the study. If participants indicated they have had sexually coercive intercourse experiences they were then assessed on their help-seeking behaviors. If they have not had this experience, their data was only used for the second portion of this study; examining the differences between women who have and have not been sexually coerced. Specific sexual coercion questions were used to identify if participants have had a particular experience. No numerical value was given if they answered “yes” or “no” to

questions about specific coercive events. Any “yes” response to the sexual coercion questions automatically identified them as part of this group. Participants were then asked how many times their specific experience had occurred and a Likert scale was provided that gave a range of numerical options (1 to 5 or more).

Currently, there is no validated measure that only assesses sexually coercive experiences. In order to identify women who experienced sexual coercion, a modified version of the Sexual Experiences Survey (SES; Koss & Oros, 1982) was used. The original SES is a 10 item self-report measure of various degrees of sexual assault. The four facets of sexual assault include rape, attempted rape, sexual coercion, and unwanted sexual contact. The SES is widely used and is specifically designed for non-clinical populations who have had experiences with sexual aggression. After each question on the SES participants are asked to rate the frequency of their victimization (e.g., “how many times has it happened from age 14 on”); the scale ranges from 1 to 5 or more. The SES has two parts, one for female victims and one for male perpetrators. The two parts correspond to each other but for purposes of this study only the one for women will be used.

The reliability and validity of the SES has been assessed on a large variety of college populations. Internal consistency has been demonstrated to be .74 for women and the SES has a test-retest reliability (with a two week interval) coefficient of .93 (Koss & Gidycz, 1985). A Pearson correlation coefficient of .73 was found when interviewers asked women about their levels of sexual victimization and compared their answers to their self-reported SES data (Koss, Dinero, Seibel, & Cox, 1988). This supports the criterion-related validity of the scale.

Although it is a popular measure, there have been some complaints regarding the SES. One criticism is that some of the wording (e.g., “sex play”) is outdated (Koss et al., 2007). The

SES also appears to lack sensitive wording, which is an important element when asking questions about sexual assault. Most importantly (for purposes of this study) its overall objective is not to specifically assess sexual coercion. Although questions related to sexual coercion are included within the measure, only two questions specifically assess coercion leading to intercourse. Despite these limitations the SES is still the most frequently used measure to assess sexual coercion (e.g., Benson et al., 2007; Broach & Petretic, 2006; Katz & Myhr, 2006; Ogletree, 1991).

Many researchers have modified the SES to make it more applicable to their studies. Some modifications have included adding additional questions about specific victimizations or changing the frequency scoring for victimizations (e.g., Messman-Moore & Long, 2000; Walker, 2006). For example, in their research using the SES to assess sexual victimization on college campuses, Kimble et al. (2008) added several questions about attempted unwanted sexual experiences, updated the language, and asked about frequency of victimization based on major events in the academic calendar. Some researchers also use the SES modifications of others when applicable to their research. This has been particularly true in sexual coercion studies. For example, Bohner, Jarvis, Eyssel, and Siebler (2005) used the modified SES measure of Lisak and Roth (1988) to investigate participant involvement in manipulative and coercive sexual behaviors.

The popularity of modifications may be due to the underlying intent of the SES which is to assess a wide range of sexual victimizations, certain experiences (e.g., rape), circumstances without crime related or socially stigmatizing terminology, and unacknowledged sexual abuse such as acquaintance rape (Gyls & McNamara, 1996). Adding to this structure may serve to increase the applicability of the SES. This modification also serves to increase understanding of

participant experiences. Some may argue that modifications muddle the internal consistency of the measure. Koss et al. (2007) stated that some indexes of reliability, such as internal consistency, are inappropriate for this measure because the SES is not based on a latent variable model. In addition, Koss et al. reviewed many of the modifications throughout the last two decades of literature and reported that “these modifications do not seem to have undermined the usefulness or reliability of the measure” (p. 358).

Due to the appropriateness of SES modifications in sexual coercion research a similar approach was used for purposes of this study. Three questions from Broach and Petretic’s (2006) modified SES, two original SES items, and one additional question were utilized to make up the instrument that assessed sexually coercive intercourse experiences. In their 2006 study, Broach and Petretic modified three of the SES questions in order to pose questions in a more modern tone, denote greater sensitivity, and specifically assess coercive intercourse outside other forms of assault. The fourth question in their survey was one of the original questions from the SES. Their modification was titled Coerced Sexual Intercourse Criteria (CSIC). In addition to the reasons cited by Broach and Petretic, their modified version was chosen for use in the current study because it is based on a theory of gender role socialization which aligns with the theoretical basis of this study. Also, the focus of the questions in their modified SES measure specifically addressed sexual coercion leading to intercourse, which is the purpose of this research. The two questions that relate to sexually coercive intercourse on the SES were also used.

Due to the purpose of the current study to assess women’s experiences with all coercive incidents leading to intercourse, one question was added to the measure. Adding questions to obtain information about specific sexual encounters is a common practice for researchers who

use the SES (Koss et al., 2007). The original SES and Broach and Petretic's (2006) modified SES ask applicable questions; however, there are a multitude of alternative scenarios in which a woman could have been coerced. It is important that a participant who was coerced into intercourse, in a way not assessed by the SES and CSIC, be able to fully report her experiences. For this reason, one additional item was included at the end of the questionnaire. This question asks participants: "Have you ever been in a situation (not already listed above) where you had sexual intercourse with a man even though you didn't really want to because you felt some degree of pressure or duress, but he did not use physical force?" This question allows for an assessment of all sexually coercive experiences because it does not imply a specific situation or reason (e.g., because the man was an authority figure, because of continual arguments, etc.). For consistency, this question was written in the same language as Broach and Petretic's modified measure and the original SES: "Have you ever had sexual intercourse with a man even though you didn't really want to because . . .". Due to this question being more open than the other questions, it was written to specifically exclude rape experiences by adding: ". . . but he did not use any physical force," an important distinction for this study.

The modified Sexual Experiences Survey used in the current study includes six questions directly assessing coercive intercourse experiences. These include items 1 – 3 from the CSIS, items 6 and 7 from the original SES, and the item developed for use in this current study, "Have you ever been in a situation (not already listed above) where you had sexual intercourse with a man even though you didn't really want to because you felt some degree of pressure or duress, but he did not use physical force?" A "yes" response to any of the six questions indicates the participant was a victim of sexual coercion. Consistent with the original SES after each question participants were asked how many times they experienced that

particular incident of sexual coercion. A Likert scale was provided that gives a range of numerical options (1 to 5 or more).

Help-Seeking Behavior Questionnaire

There is not a standardized measure to assess help-seeking behavior in sexually victimized women, so participants were asked direct questions (see Appendix C). Based on a review of the literature, direct questioning is typically how help-seeking behaviors are assessed (e.g., Bachman, 1993; Day & Livingstone, 2003; Ullman & Filipas, 2001a). For instance, Ogletree (1991) assessed help-seeking behavior after sexual victimization by asking three questions at the end of the SES. This approach to assessing help-seeking was replicated in the current study. Two of Ogletree's questions were modified for this study (discussed below). The third question, "How soon after the incident did you seek help?" was not applicable to this study and was not used.

Ogletree's (1991) questions have some limitations. For example, Ogletree asked the participants if they sought help through the question, "Did you seek any type of help from someone?" This question may not elicit accurate answers because it may not capture the true intent of what is being asked. "Help" is a very broad word, and participants may think of help as being limited to professional services or actions that ended with resolution. However, help can include any sort of communication and any actions to obtain support, advice, or assistance. Thus, the questions used in this study more broadly defined "help."

In order to assess help-seeking behaviors, participants were asked two questions which were located after the last question on the modified sexual experiences survey. In order to effectively examine correlations between help-seeking behavior and scores on the other assessments, help-seeking questions were asked on a Likert scale from 1 (*no help was sought*)

to 5 (*significant amount of help was sought*). The first question stated, “Please indicate by the ratings below the amount of help, advice, or support you sought related to your experience(s). For example, a minimal amount of support may be talking to your best friend, moderate may be talking to a therapist, and a significant amount may be reporting the experience to the police.” There was an option for participants to click on “none” indicating that they did not seek any help.

The second question was used for descriptive purposes: “If you did seek some form of help, advice, or support who provided the assistance? Please click on all that apply. If you indicate a source of assistance, please specify how useful you perceived the help you sought from your source on the corresponding rating scale.” After this question, there were seven options for the participant to choose. The choices included: (a) female friend, (b) male friend, (c) resident assistant, (d) family member, (e) a non-family trusted adult, (f) social worker or mental health counselor, and (g) police or legal official. The participant clicked the “yes” button underneath each option from which they sought help. After the last option, participants were given an opportunity to write in any additional sources of help they received that were not listed in the choices. Underneath each source of support option was a Likert scale for the participant to rate the usefulness of the assistance. The scale ranged from 1 (*not at all*) to 5 (*significantly*).

Procedures

Survey Software

Data was collected through a web-based survey tool called SurveyMonkey. Due to the potential for internet surveys being less secure than other methods of data collection, this software was specifically chosen to enhance the confidentiality of participant data.

SurveyMonkey specializes in internet-based research and minimizes many of the risks associated with such data collection. The type of account purchased through SurveyMonkey (“professional plan”) allows for “anonymous” data to be collected. Once collection is established, the software does not link any data to specific email addresses or other avenues that could possibly identify the respondent. SurveyMonkey offers SSL encryption for survey links, survey pages, and exports during participant use. This technology is often used for sites that transmit secure information (e.g., banks) and is compliant with HIPPA regulations (SurveyMonkey, 2010). IP addresses are also masked from the survey author and the data are password protected. SurveyMonkey provides data confidentiality and has physical and environmental controls in place to protect data. The person holding the account is the owner of the data, not the company. Thus, they do not interfere with data or data collection.

Once participants finished their assessments, the data were automatically saved and stored on the SurveyMonkey server which is password protected and secure. Results were reported in a variety of ways in this system. However, SurveyMonkey does not conduct advanced statistical analysis. Participant responses were manually transferred to the Statistical Package for the Social Sciences (SPSS) for further analysis.

Respondent Procedures

Participants received an announcement via their university email account informing them about the survey (see Appendix D). Assistance from the director of Communication and Marketing and the Dean of Student Affairs was sought in order to obtain permission to send the announcement. All women students from the university where data was collected were eligible to participate in the study. When participants received the announcement, they were informed of the purpose of the study, how long the study would take, and invited to participate.

Participants were told that the survey instruments should take no longer than 20 minutes to complete. The 20-minute time frame was obtained by the PI and faculty advisor after both individuals took the survey. For each person, the survey took approximately 15 minutes. An extra five minutes was added because participants were not familiar with the survey and may have needed more time to complete it. Participants were informed that clicking on a link at the bottom of the email announcement would take them to a secure site where they would be told more information about the study and asked for their consent to participate.

Participants were directed to click on a secure link at the bottom of the announcement if interested in taking the survey. When a student clicked the link at the bottom of the email, they were directed to a secure server in which they were able to provide informed consent. The informed consent page provided additional information and helped the participant navigate through the assessments. This page also explained how the participant could take part in the drawing for a \$50 Wal-Mart gift card.

In order to allow participants to skip questions that they chose not to answer, the “Required Answer” feature was disabled on the survey software; this allowed participants to move freely through the survey without penalty of skipping questions. However, an answer choice limit was enacted. Because most questions were on a Likert scale, participants were only able to provide one answer choice per question in order to protect the integrity of the assessment. Respondents could go back and change their answers throughout the survey in case they changed their mind about answering specific questions. Once the survey was completed they could not go back and alter the survey.

The first assessment in the survey was the demographic questionnaire. For participants who answered “no” to the question “Have you ever engaged in any sexual interactions with a

man (e.g., kissing, fondling, intercourse, etc.)?” on the demographic page, their survey was completed. “Skip logic” was utilized for women who answered “no” to this question. Skip logic is an instrument provided by the software that directs respondents to certain areas of the survey based on how they answer a question. Thus, as soon as a respondent entered “no” to this logic question and hit “Next” at the bottom of the page they were forwarded to the “Thank you” page. They then had the option to participate in the Wal-Mart drawing. For the remainder of the participants the demographic questions were followed by the personality and attitude assessments. After participants completed a page of questions, they hit a “Next” button on the bottom of the page to continue the survey until completion.

The first assessment provided was the SSEI-W followed by the SAQ-W. The SSEI-W and the SAQ-W were similar due to both assessments examining participant’s personal beliefs about their sexual self-esteem and assertiveness. The IRMA-SF assessed specific beliefs about rape. The change from answering questions about oneself to beliefs about sexual assault may be easier and more comfortable if not broken up (e.g., completing the IRMA-SF in between the SSEI-W and SAQ-W). Thus, the IRMA-SF was given after the SAQ-W.

The sexual experiences and help-seeking behavior questionnaires were presented after the IRMA-SF. Placing the attitudinal and personality assessments before the sexual coercion and help-seeking measures was done to reduce priming effects. For example, answering questions about past sexually coercive experiences could influence a participant’s thoughts about how they “should” respond to these circumstances or how they wished they had responded instead of how they actually responded. This could have influenced subsequent answers on the other assessments which assessed specific opinions and attitudes related to sexual interactions. If a participant regretted how she responded to her sexually coercive

experience she may try to answer questions in a way she deemed more appropriate or socially acceptable. To reduce this problem the sexual coercion experiences and help-seeking measures were presented last in the survey.

Another issue related to the position of the measures are order effects. These would occur if the personality and attitudinal measures were to impact, and possibly confound, the help-seeking behavior measure. After careful consideration, the author believed it is unlikely that questions concerning a participant's beliefs about themselves would have much impact on their response to whether or not they sought help after a coercive experience. While the personality and attitudinal measures assessed personal views, the help-seeking behavior questions asked for recall of actual events. A person's opinion about a circumstance cannot change how they acted in the past, and was unlikely to influence their responses on the help-seeking measure.

At the end of the sexual coercion questions participants were asked "Did you answer 'yes' to any of the previous 6 questions asking about your specific sexual interactions with men? If no, please click "No" and then click on "Next" (the Next button is at the bottom of the page). If a participant clicked "No" and then "Next," skip logic was initiated and she was brought to the end of the survey. If participants had not had any sexually coercive experiences, they were not asked any of the help-seeking questions. If a participant clicked "yes" to any of the sexual coercion questions, she moved onto the second half of the questionnaire about help-seeking behaviors.

When the assessments were completed all participants ended on the same page. They clicked a "Done" button to indicate they were finished taking the survey. They were also told once they hit "Done" they could not go back and change their answers. Once participants

completed the survey and hit “Done” they were directed to a “Thank you” page. This page thanked participants and allowed them to click on a link that took them to another secure site where they could enter into a drawing for a \$50 gift certificate to Wal-Mart. Participant responses could not be traced to the information they provided for the drawing. If they did not wish to enter the drawing, their participation was complete and their data stored.

The second server that entered participants into the drawing had its own “collector.” This means all information collected through the second link was completely separated from the first survey. This was accomplished by initially creating two surveys, the first one being the research questions and the second being participant information for admittance into the drawing. A “link” was then created that tied them together and a redirect feature was added to separate the data. When participants hit “Done” to complete their survey, the data were saved and integrated with the other data. The link then redirected them to a second site completely separate from their data and the original survey. This second site had one open ended question. Participants were asked to provide an email address where they could be reached. Once a participant completed the survey, it was immediately downloaded to SurveyMonkey’s secure data storage. The data were manually transferred to an excel worksheet, put in statistical software (SPSS), and saved on a jump drive which will be stored for three years. The jump drive is kept in a locked filing cabinet. After three years, the jump drive will be cleared.

In regard to the drawing, participants’ email addresses were saved as separate data. This information was password protected. The data for the drawing was accessed when the proper number of participants had been reached. In order to select a winner, all email addresses were numbered and a computerized random generator (random.org) was utilized to select a number. At random.org you simply put in two numbers (e.g., 0, 687) and the computer randomly picks a

number in-between the two numbers. The number generated was 211. The email address that correlated with the number was offered the prize. The winner received an email within 24 hours indicating she won the \$50 Wal-Mart gift certificate and asked her preferred method of receiving the gift. Due to not having the participants name, the email was copied to the faculty advisor associated with this research for verification that the prize was allocated. The participant was informed of this and asked to hit “reply” (not “reply all”) to provide her preferred method of delivery (so she did not have to give additional information to more than one person). Two delivery options were suggested (a) the gift certificate could be mailed to an address of her choice or (b) the gift certificate could be left with an office assistant in the administrative office in the Education building and the participant could pick up the gift card during university business hours. The participant responded within two days and asked the gift card be mailed to a residential address. After the gift was sent the participant’s information was deleted to protect her anonymity. All participant email addresses entered in the drawing were deleted.

Data Analysis

Missing Data

Due to the sensitive nature of the survey, participants had the ability to skip questions they did not wish to answer. Because of this there were respondents with missing data. Ways to handle the missing data were carefully considered. Proper procedures were identified through consultation with committee members and information obtained from literature regarding missing data. Data were first examined to determine if unanswered questions were random or if a pattern existed among the unanswered questions and a particular variable. According to Howell (2004) the data for this study met the classification criteria for data

missing at random (MAR). A majority of the missing data was within sets where participants were missing one or more of the personality and attitudinal assessments and did not finish the survey (approximately 70% to 90% of the questions were unanswered). These participants appeared to skip to the part of the survey where they could enter their name for the Wal-Mart gift card drawing. It is postulated that these participants either did not want to take the survey but desired to participate in the drawing or began the survey and then changed their mind about participating. Due to the vast amounts of missing data in this particular group of participants, it can be concluded the missing data appeared to be intentional but unlikely related to any patterns based on participant reactions to certain variables.

Additionally, some participants skipped sections of questions, but not entire measures. Surveys in which more than a quarter of an assessment was missing were considered incomplete. This criterion was used on all three measures for consistency. If a participant skipped more than 20 questions on the SSEI-W, 5 questions on the SAQ-W, or 4 questions on the IRMA-SF their data were considered unfinished. This decision was based on Zeanah and Schwartz's (1996) assertion that if a quarter of the SSEI-W is skipped, the results are not valid. For consistency and structure this guideline was implemented for all scales.

Listwise deletion, a method that excludes an entire data set from analysis if values are missing, was used on incomplete data sets. This is the most common approach for handling cases with missing data (Raghunathan, 2004) and is preferable to pairwise deletion, which only removes the specific missing values from analysis. This is particularly true for larger sample sizes, as listwise deletion can decrease sample size (Howell, 2004). However, due to the large number of respondents the remaining sample size, after the deletion of data sets, still exceeded the participants needed as calculated by the power analysis.

Data sets were excluded if participants demonstrated a pattern of unstable answering (e.g., answering all questions with the same number) or did not answer any of the help-seeking questions when they indicated experiences with sexual coercion. The purpose for excluding these data was the assumption that the participants who made these errors may not have paid enough attention to the measures or just randomly responded. Lastly, participants were excluded who indicated they had never had sexual interactions with a male.

Data sets that had missing data and did not meet the criteria for exclusion (e.g., did not have more than a quarter of the data set missing) also appeared to have random response patterns. A visual scan of the data after incomplete data sets were extracted validated that the missing data was scattered and mixed. There were no questions that were consistently unanswered and skipped questions were not specific to any particular assessment. As suggested by Mertler and Vannatta, (2005), Zeanah and Schwartz (1996), and Walker (2006) missing data in this case was replaced by the scale mean. The mean score of each scale (e.g., SSEI-W, SAQ-W, and IRMA-SF) was calculated to the hundredth place and entered for missing data in the corresponding scale. This is the most conservative approach to address missing data. The mean score of a scale is the best estimate of the participant's actual score and does not include any guessing on the part of the researcher (Mertler & Vannatta, 2005). Lastly, none of the data included in analysis had missing responses to the questions regarding types or number of coercive sexual experiences.

Regression Analysis

The regression analysis explored the relationship between sexual assertiveness, sexual self-esteem, and rape myth acceptance on help-seeking behaviors. The hypotheses were as follows:

H_0 : There is no relationship between the help-seeking behavior of sexual coercion victims and a linear combination of the variables sexual assertiveness, sexual self-esteem, and rape myth acceptance.

Sub-hypotheses.

- H_0 : There is no relationship between help-seeking behavior of sexual coercion victims and their level of sexual assertiveness.
- H_0 : There is no relationship between help-seeking behavior of sexual coercion victims and their level of sexual self-esteem.
- H_0 : There is no relationship between help-seeking behavior of sexual coercion victims and their level of rape myth acceptance

Description of Analysis

A stepwise multiple regression analysis was employed to predict the dependent variable help-seeking behavior from a weighted linear combination of the variables sexual assertiveness (SA), sexual self-esteem (SSE), and rape myth acceptance (RMA). Essentially this type of regression facilitates all variables being examined as a linear combination. However, each variable can also be checked for its specific amount of prediction of the dependent variable. For this study backward deletion, a type of stepwise multiple regression, was utilized. Backward deletion first computes an equation with all predictors included. A significance test (a partial F test) is then conducted for every predictor. The score's partial F is compared to a preselected “ F to remove” value (which indicates the variable's significance on the dependent variable). That predictor is then removed and a new equation with the remaining variables is computed. A new test is conducted and evaluated against the “ F to remove” value. This continues until only significant predictors remain in the equation. Backward stepwise regression has been reported

to be the preferred method of exploratory stepwise regression exploratory analyses (Trexler & Travis, 1993).

Because research has not yet been conducted on how sexual self-esteem, sexual assertiveness, and rape myth acceptance might predict help-seeking behavior, the weight of each predictor variable could only be hypothesized. Each variable had a strong theoretical foundation in assuming its ability to predict help-seeking behavior and it was difficult to suppose which one had more weight than another. Thus, another purpose of using a stepwise multiple regression model, versus a hierarchical multiple regression, was to determine which specific predictor variables made the most meaningful contributions in predicting help-seeking behavior through statistical analysis.

Scores from the SSEI-W, SAQ-W, and IRMA-SF were used to predict scores on the help-seeking measure. Each variable was entered into SPSS and the significance of each variable on the criterion variable was examined. The alpha level was set at .05.

MANOVA Analysis

The MANOVA analysis explored the differences between victims and non-victims of coercive intercourse on the variables of sexual assertiveness, sexual self-esteem, and rape myth acceptance. The hypotheses were as follows:

H₀: There are no significant mean differences in personality factors, as measured by a linear combination of sexual assertiveness, sexual self-esteem, and rape myth acceptance, between women who have experienced sexual coercion and women who have not experienced sexual coercion.

Sub- hypotheses.

- H₀: There is no significant mean difference in sexual assertiveness between women

who have not experienced sexual coercion and those who have experienced sexual coercion.

- H_0 : There is no significant mean difference in sexual self-esteem between women who have not experienced sexual coercion and those who have experienced sexual coercion.
- H_0 : There is no significant mean difference in rape myth acceptance between women who have not experienced sexual coercion and those who have not experienced sexual coercion.

Description of Analysis

A multivariate analysis of variance (MANOVA) was utilized to determine whether SSE, SA, and RMA differed between groups of college women who had been sexually coerced into intercourse and those who had not been sexually coerced into intercourse. A MANOVA was designed to test the significance of group differences with three dependent variables. The independent variable was sexual coercion which included two levels: experiences with sexually coercive intercourse and no experiences with sexually coercive intercourse. The dependent variables were SSE, SA, and RMA. Alpha level for the MANOVA was set at .05. The calculated anticipated effect size was .15.

CHAPTER 4

RESULTS

In the current study two primary hypotheses were examined. In the first part of the study, a step-wise multiple regression analysis was used to determine whether a relationship existed between the help-seeking behavior of sexual coercion victims and a linear combination of sexual assertiveness (SA), sexual self-esteem (SSE), and rape myth acceptance (RMA). In the second component of the study a multivariate analysis of variance (MANOVA) was used to examine whether there were significant mean differences in personality factors, as measured by a linear combination of SA, SSE, and RMA between women who have experienced sexual coercion and women who have not experienced sexual coercion. This chapter presents the results of the data analyses.

Results of Regression Analysis

A stepwise multiple regression analysis allowed the linear combination of independent variables (SE, SSE, and RMA) to be assessed on their ability to predict help-seeking behavior. Due to the possibility that variables entered into the model in a certain order may lose predictive validity when others are entered (such as with forward selection) backward deletion was utilized. This allowed weaker variables to be removed and the remaining variables to be examined. Ultimately, if variables did not significantly contribute to the prediction of help seeking behavior they were removed and a new equation with the remaining variables was

computed.

Testing Assumptions of Regression Analysis

An important issue to discuss in multiple regression analyses is multicollinearity. This arises when there is too much intercorrelation among predictor variables. Problems that can occur include: a reduced multiple correlation coefficient (R) size, overlapping information which confounds individual effects, and increased variances of regression coefficients resulting in unstable predictions. Multicollinearity was addressed in the current research by choosing a good set of predictor variables supported by research as theoretically appropriate for this study. Statistical analysis was conducted to assess the statistical tolerance of each variable. Statistical tolerance is an assessment of multicollinearity which provides a number ranging 0 - 1, with values close to 0 being an indication of multicollinearity. The variance inflation factor (VIF) for each predictor was also examined. VIF indicates if there is a strong linear association between a variable and other predictors. Having variables with too strong a relationship also increases chances of multicollinearity. Typically, a VIF greater than 10 is a cause for concern (Mertler & Vannatta, 2005).

Due to the importance of detecting multicollinearity, collinearity statistics were reviewed. The tolerance scores for SA, SSE, and RMA were 0.47, 0.47, and 0.93 respectively. Although it appears that the SA and SSE scores shared some variability the scores were not below .20. This assures there is not too much multicollinearity. The reciprocal of tolerance, the VIF, was smaller than 10 for SA scores (2.10), SSE scores (2.11), and RMA scores (1.07). This further indicates that the variables do not demonstrate high degrees of multicollinearity.

Another important issue in multiple regression is the achievement of a parsimonious solution. This occurs when variables are selected that will provide an efficient regression

equation. Mertler and Vannatta (2005) suggest this is best addressed by the researcher's knowledge about the population and the ability to obtain a set of variables that have strong predictive power. Mertler and Vannatta also recommend that the ratio of subjects to independent variables be at least 15 to 1. Keeping the number of predictors low and having a large sample size increases the strength of the analysis. With such a large ratio of subjects (204) to predictors (3) and a thoughtful approach to choosing variables, as discussed in chapter 3, it can be assumed that a parsimonious and robust regression equation was constructed.

Normality of the regression variables was assessed through Shapiro-Wilk statistics. Shapiro-Wilk was used because it is a strong measure, more robust than the Kolmogorov-Smirnov normality assessment, and is commonly used in research (Reference Answers, 2011). Shapiro-Wilk results allow researchers to compare sample values with the statistics from a specified distribution. A significant Shapiro-Wilk's test ($p < .05$) implies a non-normal distribution. Results indicated that the variable SSE was normally distributed ($W = .987, p = .067$); however, SAQ ($W = .946, p = .001$) and RMA ($W = .887, p = .001$) were not normally distributed.

Mertler and Vannatta (2005) stated that if a sample size is large, as is the case with the current study, moderate violations to normality "can be ignored . . . since there are no adverse effects to the analyses" (p. 174). Mertler and Vannatta further reported that a decision to move forward with research analysis when non-normality is indicated is based on the researcher's judgment. This is because "there are no rules to explicitly define that which constitutes a 'moderate' violation" (p. 174). Because of the normality of SSE and the common occurrence of deviations from normality due to sampling fluctuation, the results of this study are not considered hindered by the significant Shapiro-Wilk findings.

Scatter plot matrices were examined to detect any violations to linearity. The scatter plot matrices provided information on the relationships between predictor (SA, SSE, or RMA) variables and the dependant variable (help-seeking behavior). The scatter plot matrices were checked to ensure each graph within the matrices had an elliptical shape. If a graph is curved and not elliptical, this indicates a problem with the linearity of the variable.

None of the predictor variables, individually or compared against each other, were a curve shape. They were elliptical and represented a linear relationship. However, when the SA, SSE, and RMA variables were compared against the help-seeking behavior variable there were slight deviations from the ideal elliptical shape. Mertler and Vannetta (2005) suggested that moderate deviations of linearity may weaken the regression model but do not invalidate the model. Because the graphs that compared SA, SSE, and RMA to help-seeking behavior showed only slight deviations, linearity can be assumed.

Lastly, the residual plots of all variables were assed for homoscedasticity. Violations of homoscedasticity manifest as differential clusters, such as curved patterns or large groupings of residuals, on the residual plot graph. All variables had a relatively straight line relationship along the points on the plot, meeting the assumption of homoscedasticity. Due to the regression model having no outliers, a parsimonious solution, large sample size, no evidence of multicollinearity, and no severe violations of normality, linearity, or homoscedasticity the data was interpreted without reservation.

Results of Data Analysis

The step-wise multiple regression analysis conducted in this study employed backwards deletion to input the predictor variables (SA, SSE, and RMA) into the regression equation. In backwards deletion, variables are subjected to a significance test (a partial F test) to determine

the level of contribution to the overall prediction. Each variable is then assessed against the criterion “ F to remove” which is set at .10, the standard level in regression analysis, and the setting used in this research (Keppel, 1991).

The linear combination of variables (SSE, SA, and RMA) was evaluated against the dependent variable help-seeking behavior. Then each variable, beginning with the variable with the smallest partial F , was assessed against the significance criteria of the “ F to remove” (.10). If the variable was not significant it was removed and a new equation with the remaining variables was assessed for significance. SA had the smallest partial F and was removed first. The new equation was constructed with SSE and RMA. SSE was then removed due to having less predictive power than RMA. Lastly, RMA was assessed and removed. None of the variables appeared to bear enough weight to predict help-seeking behavior.

Table 4 shows the summary of the completed regression model for the null hypothesis. This hypothesis stated that there would be no relationship between the help-seeking behavior of sexual coercion victims and the linear combination of the variables SA, SSE, and RMA. The model summary and ANOVA summary indicated that the linear combination of variables did not significantly predict help seeking behaviors, $R = .12$, $R^2 = .02$, $F(3, 200) = 1.01$, $p = .39$ (see Table 5). The personality and attitudinal variables did not have a relationship with help-seeking behavior. The researcher failed to reject the main null hypothesis; therefore, the sub-hypotheses were not relevant.

Results of MANOVA

In the second part of the study a MANOVA was conducted to test whether differences existed between coerced and non-coerced women based on the personality and attitudinal factors of SSE, SA, and RMA. The following null hypothesis was assessed: There are no

significant mean differences in personality factors, as measured by the linear combination of SSE, SA, and RMA between women who have experienced sexually coercive intercourse and women who have not experienced sexually coercive intercourse.

Table 4

Model Summary for Help-Seeking Behaviors

Predictors (Constant)	<i>R</i>	<i>R</i> ²	<i>R</i> ² adj.	ΔR^2	<i>F</i> chg	<i>df</i> ₁	<i>df</i> ₂
RMA, SA, and SSE	.122 ^a	.015	.000	.015	1.01	3	200
SSE and RMA	.102 ^b	.010	.001	-.005	0.91	1	200
RMA	.065 ^c	.004	-.001	-.006	1.26	1	201

Table 5

ANOVA Summary for Help-Seeking Behaviors

Model	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	<i>p</i>
1 Regression	1.49	3	.49	1.01	.39
Residual	98.42	200	.49		
Total	99.92	203			
2 Regression	1.04	2	.52	1.06	.35
Residual	98.87	201	.49		
Total	99.92	203			
3 Regression	0.42	1	.41	0.85	.36
Residual	99.50	202	.49		
Total	99.92	203			

Testing Assumptions of MANOVA

The assumption of normality is met when data are distributed around a bell shaped curve. The Normal Q-Q Plots and histograms were examined for normality of each dependant variable. The variable SA and SSE showed a normally distributed histogram and the values plotted on the line of the Q-Q plot stayed straight without any deviations from the plot line. The RMA variable had a positively skewed distribution and veered off of the Q-Q plot line.

MANOVA is robust to moderate violations of normality provided the violations are created by skewness and not by outliers. Results demonstrated that no outliers existed, and kurtosis and skewness statistics were evaluated.

Results demonstrated that no outliers existed. Normal distributions produce a skewness and kurtosis statistic of “about” zero. A score below zero is usually due to a chance fluctuation and not a concern. As the skewness and kurtosis statistic departs further from zero, a positive value indicates the possibility of a positively skewed distribution. A negative value indicates the possibility of a negatively skewed distribution (Brown, 1997). Kurtosis and skewness values are presented in Table 6.

The above statistics validate the other normality assessments, with SA and SSE scores closer to 0 and RMA departing from zero and indicating a positive skew. After viewing the data it appeared that both victim and non-victim participants, in general, scored very low on the RMA measure. Women who do not agree with rape myths score very low on this scale which demonstrates that the women in this study tended to have lower rape myth acceptance. Thus, there was not an even distribution of scores to create a normal distribution because the scores clustered to one side of the normality distribution.

Table 6

Kurtosis and Skewness Statistics

Variable	Victim Status	Skewness Statistic	Skewness Std. Error	Kurtosis Statistic	Kurtosis Std. Error
SA Score	Non Victims	0.88	0.17	0.51	0.34
	Victims	0.39	0.17	-0.97	0.34
SSE Score	Non Victims	0.02	0.17	-0.60	0.34
	Victims	0.25	0.17	-0.44	0.34
RMA Score	Non Victims	1.25	0.17	1.11	0.34
	Victims	1.33	0.17	2.09	0.34

The overall data was checked for possible violations to homoscedasticity, an assumption that the variability of scores for one continuous variable is roughly the same for all continuous variables. Homoscedasticity was assessed through Box's Test for Equality of Covariance Matrices. This test examines the dependent variables for similar patterns of variability across cells or, in other words, covariance matrix equality (Weiner, Schinka, & Velicer, 2003). When Box's Test is not significant, the hypothesis that the groups are equal can be assumed. Due to Box's Test being significant, $F(6, 1194283) = 8.837, p < .001$, homogeneity cannot be guaranteed based on this test. However, violations of this test are not "fatal to an analysis" (Mertler & Vannatta, p. 124). Also, Box's Test is highly sensitive to violations of normality and is often "too strict" with large sample sizes (Mertler & Vannatta, 2005). Since the sample sizes are large and equal among groups the strength of the analysis is increased. When the

assumption of homogeneity is in question, which can occur when Box's Test is significant, it is more judicious to use Pillai's Trace test statistics versus Wilk's Lambda. Pillai's Trace is a more prudent and powerful multivariate test statistic and was used to increase the robustness of the results of this study.

Levene's Test of Equality assesses the hypothesis that the error variance of the dependent variables are equal across all levels of the independent variable, giving insight into whether the assumption of equal variances is valid. Levene's Test demonstrated that the dependent variable SA did not meet this assumption, $F(1, 406) = 50.48, p < .001$, RMA and SSE were both non-significant, meeting this assumption. When SA was examined further, the standard deviation of mean scores between victims and non-victims was 12 and 18, respectively. Due to the large and equal sample sizes it is believed that this does not notably affect the overall accuracy of the study's results. In addition, MANOVA is highly robust to violations of assumptions which further the argument that the results can be appropriately interpreted. However, the variability of standard deviation between victims and non-victims affects variance and will be further assessed in the limitations section.

Results

A total of 408 women were included in the MANOVA analysis, with 204 indicating at least one sexually coercive experience and 204 denying a sexually coercive experience. Descriptive statistics were examined on victimization status and the three personality and attitudinal variables of SSE, SA, and RMA. Standard deviations and group and sample means are displayed in Table 7.

MANOVA results are displayed in Table 8. The MANOVA revealed a significant multivariate effect of sexual coercion victimization (victim, non-victim) on the linear

combination of personality variables, Pillai's Trace = .133, $F(3, 404) = 20.74$, $p < .001$, $\eta^2 = .133$ at the .05 alpha level. This indicates significant differences between coercion victims and non-victims on the personality and attitudinal variables being measured (e.g., SSE, SA, and RMA).

Table 7

Descriptive Statistics of Dependent Variables by Victimization Status

Victimization Status	<i>M</i>	<i>SD</i>	<i>N</i>
SSE Non-Victims	299.28	36.05	204
Victims	282.53	36.03	204
Total	290.91	36.96	408
SA Non-Victims	36.51	12.25	204
Victims	48.81	18.77	204
Total	42.66	16.99	408
RMA Non-Victims	29.64	12.14	204
Victims	32.12	13.21	204
Total	30.88	12.73	408

The effect size, partial eta squared, is the amount of strength in the relationship between the two variables. This statistic gives insight into the potency of a significant finding. The effect size of the MANOVA was .133 which indicates a small to moderate relationship between victimization status and the dependent variables.

Due to multivariate significance, three univariate analyses were run in order to more fully understand how victimization status impacts the dependent variables of SSE, SA, and

RMA. In order to counteract inflated error rate due to conducting multiple ANOVA's, univariate ANOVA results were performed using a more conservative alpha level ($p = .016$). This Bonferroni-type adjustment involves setting a more stringent alpha level for the test of each dependent variable in the linear combination so that the entire set of the dependent variables do not exceed the critical value of .05. It is suggested that the critical value for testing each variable should be the overall alpha level for the analysis (e.g., .05) divided by the number of dependent variables (e.g., 3; Keppel, 1991; Mertler & Vannatta, 2005). With an alpha level set at .016, the results of univariate analyses are reported in Table 9.

Table 8

MANOVA Summary

Effect		Value	<i>F</i>	Hypothesis <i>df</i>	Error <i>df</i>	<i>p</i>	η^2
Victim							
Status	Pillai's Trace	.133	20.74	3.00	404.00	.000	.133
	Wilks' Lambda	.867	20.74	3.00	404.00	.000	.133
	Hotelling's Trace	.154	20.74	3.00	404.00	.000	.133
	Roy's Largest Root	.154	20.74	3.00	404.00	.000	.133

The first ANOVA was conducted with victimization status (victims and non-victim) as the independent variable and SSE as the dependent variable. The results were significant, $F(1, 406) = 22.02, p < .001, \eta^2 = .051$. The effect size of .051 indicated a small difference between victimization status and SSE. Although significant, only a small proportion of variance is accounted for by the effects of victimization status on SSE. Most of the variance could be

attributed to error. The second ANOVA was conducted with victimization status as the independent variable and SA as the dependent variable. This was also significant, $F(1, 406) = 61.432, p < .001, \eta^2 = .131$ and the effect size represents a small to medium relationship. The third ANOVA was conducted with victimization status as the independent variable and RMA as the dependent variable. This did not yield significant results, $F(1, 406) = 3.907, p = .049, \eta^2 = .010$.

The mean differences between groups of women on levels of SSE were examined and results indicated that victims had lower levels of SSE than non-victims. Because lower scores on the Sexual Assertiveness Questionnaire - Women (SAQ-W) indicated heightened SA and higher scores indicated impaired SA, mean results demonstrated that victims had significantly lower SA than non-victims. The mean differences between variables are displayed in Table 7.

The two significant variables (SSE and SA) also had sufficient power (power above .80) to detect these effects, validating these findings. RMA did not appear to have enough power to detect significant effects, if they existed. Because the sample size was large enough to detect significant findings, as evidenced by the significance of SSE and SA variables, it is possible that the decreased alpha level created room for a Type II error to occur. This is also plausible given the low statistical power. However, the stringent alpha level for the three ANOVAs was important in order to avoid a Type 1 error. In addition, the alpha level was appropriately adjusted as suggested by other researchers knowledgeable in multiple univariate ANOVA research (Brown, 1997; Keppel, 1991; Mertler & Vannatta, 2005). Due to inconsistencies in the sexual coercion literature regarding variables related to victims and non-victims, it appeared important to not cloud the literature with more discrepancies. This would certainly be the case if reporting false significance. Erring on the side of caution and decreasing the rejection region

appeared to be the most prudent decision. Being stringent with the alpha level also increases confidence in the results related to SSE and SA.

Table 9

ANOVA for Victimization Status and SSE, SA, and RMA

Source	<i>df</i>	<i>F</i>	<i>p</i>	<i>n</i> ²	Power
SSE	1	22.02	.000	.051	0.99
SA	1	61.43	.000	.131	1.00
RMA	1	3.91	.049	.010	0.33

Summary of Results

Participants included 408 women, 204 who experienced at least one sexually coercive intercourse encounter and 204 women who had never experienced coercive intercourse. The first part of the study utilized a step-wise multiple regression analysis to determine if SSE, SA, and RMA predicted help-seeking behaviors in victimizations of sexual coercion. Results indicated that none of these variables evaluated as a linear combination significantly predicted help-seeking behavior. The second aspect of this study investigated whether victims and non-victims of sexual coercion significantly differed when compared on levels of SSE, SA, and RMA. The overall linear combination of the variables indicated significant mean differences between the two groups of women. The MANOVA yielded a medium effect size at the .05 alpha level. Three follow-up univariate ANOVAs were conducted, each at the .016 alpha level. A significant difference and small effect size was found for the variable SSE. SA was also significant and produced a medium effect size. Examination of mean differences indicated that non-victims had higher mean scores on SSE and SA than victims. RMA was not found to

significantly differ between the two groups of women.

CHAPTER 5

DISCUSSION

Overview of Findings

The goal of this study was twofold. The first objective was to examine whether the personality and attitudinal variables of sexual self-esteem (SSE), sexual assertiveness (SA), and rape myth acceptance (RMA) predicted whether a woman sought help after being coerced into intercourse. The second objective was to investigate whether women who had and had not experienced sexual coercion differed in regards to their SSE, SA, and RMA. Results indicated that SSE, SA, and RMA could not predict help-seeking behaviors after sexual coercion. In addition, victims and non-victims of coercive sex differed significantly on the variables of SSE and SA. Mean differences indicated that non-victims had significantly higher levels of SSE and SA than victims.

An important finding that emerged from this study was the high number of women who reported having been coerced into intercourse. Descriptive statistic results showed that 50% of participants reported having this experience. This indicates that sexual coercion has not decreased in college women and continues to be a problem. In fact, this percentage has increased since the first study on sexual coercion in 1987. Researchers in the 1980s found that 25% of college women reported having been coerced into intercourse (Koss et al., 1987). Current researchers have reported that between 33% and 75% of women experience some type

of sexual coercion (Katz & Myhr, 2006; Lottes & Weinberg, 1996; Struckman-Johnson et al., 2003).

The increase in women reporting sexual coercive experiences may be the result of raised awareness of sexual coercion as a type of victimization. Although there is a lack of knowledge regarding sexual coercion compared to other victimizations, research emphasis within the last 10 years may have provided heightened awareness of this topic. If women are provided with more education about coercive intercourse (a plausible outcome of research conducted on college campuses) this allows women to more readily identify their experiences.

The current sexualized college culture has also been empirically explored as a possible predictor of sexual coercion. Researchers have found that by the time women enter college they have been exposed to more risky sexual situations than in previous decades (Littleton, Tabernik, Canales, & Backstrom, 2009). If women are more frequently in sexual situations, this increases the chances for men coercing them into sex. Drug and alcohol abuse of women has also steadily increased over time and has been found to correlate to sexual coercion (Davis et al., 2010; Griffin, Umstattd, & Usdan, 2010). It is possible that young women's increased exposure to more sexual encounters and drug and alcohol use on college campuses has escalated sexually coercive experiences. The findings of the current study indicate that sexually coercive incidents continue to be a problem for college-aged women.

In this study, coercion leading to intercourse was specifically examined. In general, researchers have not differentiated coercive intercourse from other coercive sexual acts. Researchers have historically lumped rape, unwanted sex, and sexual coercion together. This may be due to the primary use of the Sexual Experiences Survey (SES; Koss & Oros, 1982), which asks participants about unwanted sexual acts and rape in addition to coercion. Thus,

these findings provide novel information in this area and more precise statistics regarding coercive intercourse.

Another important finding was the number of women who reported seeking help after coercive intercourse. Help-seeking behaviors were reported by 57.3% of the victims. The fact that the majority of women who experienced sexual coercion sought some type of help is a unique finding. There is little research on help-seeking behaviors after sexual coercion and no quantitative studies of coercive intercourse, apart from other victimizations, in college women. The relatively high percentage of participants in this study who sought help is inconsistent with the findings of other sexual assault studies that victims typically do not ask for help (Fisher et al., 2003; Ogeltree, 1991). In a qualitative study, Biaggio et al. (1991) reported that 64% of men and women sought social “support.” Similarly, questions from the current study used the terms “support” and “advice” as part of the definition of help-seeking whereas other researchers have only asked participants if they sought “help” (Fisher et al., 2003; Ogeltree, 1991). The term “support” may have elicited broader experiences for individuals and allowed them to indicate higher levels of help-seeking.

Ninety-nine out of the 117 women who reported seeking help indicated they only sought a “minimal” amount of help which equated to “talking with a friend.” One hundred and twelve participants indicated that they went to a “female friend” for help. This is consistent with other findings that victims, in general, turn first to a friend who is a woman (Pirog-Good & Stets, 1989). These are valuable findings for enriching the literature on coercive intercourse as well as important information for individuals who assist college women.

The research hypothesis that SA, SSE, and RMA would have a meaningful relationship with help-seeking behavior was not supported. This implies that SSE, SA, and RMA cannot

predict whether a woman seeks help after victimization. As there were no studies found with these particular variables as they relate to help-seeking, this is an important finding. Ogletree (1991) conducted a study to investigate whether sexually coerced women who sought help differed from women who did not seek help on variables of self-esteem, assertiveness, and gender role ideology. Findings indicated significant differences in self-esteem; specifically, participants who had higher self-esteem sought help. This suggests that self-esteem may contribute to help-seeking behaviors. However, in the current study SSE does not appear to have a direct relationship with help-seeking after coercive intercourse when examined as a linear relationship.

There are qualitative differences between self-esteem and sexual self-esteem. Sexual self-esteem may have more intuitive appeal as a predictor of help-seeking after a coercive encounter because it affects a woman's ability to see herself as a strong and competent sexual being. However, there may be more potent or all-encompassing factors regarding general self-esteem that affect the probability of seeking support after sexual coercion. A woman may need a stronger general sense of self versus a heightened sexual sense of self to influence help-seeking. Sexual assertiveness and sexual self-esteem are both similar and specific personality constructs. Thus, the concept that general assertiveness may have more of a relationship than sexual assertiveness with help-seeking may also be true.

Findings from the current study indicated that women who have and have not experienced coercive intercourse significantly differed on levels of SSE and SA. Victims had lower levels of SSE and SA than non-victims. RMA did not differ between victims and non-victims. However, an important finding regarding RMA was the overall trend of low scores on the Illinois Rape Myth Acceptance Scale – Short Form. In fact, 48% of the 408 respondents,

regardless of their victimization status, answered “not at all” on all questions assessing how much they agreed with rape myths. This indicates that even though there may have been small differences between the two groups, the overall level of RMA was extremely low.

In the past, researchers have found rape myth acceptance to be highly prevalent. For example, Lonsway and Fitzgerald (1994) reported that between 25% and 35% of their research respondents agreed with the majority of rape myths. Sinclair and Bourne (1998) found that 53% of women who participated in their study adhered to rape myths. In addition, 83% of women participants agreed with a non-guilty verdict after reading a vignette of a man being on trial for completed rape.

However, recent researchers have found a decline in rape myth acceptance in women when compared to researchers in the 1990's (Fisher et al., 2003). S. McMahon (2010) conducted a study investigating rape myth acceptance in college women. She utilized the Illinois Rape Myth Acceptance Scale – SF, the same measure used in this current study. She obtained a larger sample size ($n = 2,500$) and the research was conducted at a northeastern public university. However, she had similar participant ethnicity and class standings as the current study. S. McMahon concluded that the college students in her study “moderately supported rape myths . . . although they were still skewed towards lower rape myth acceptance” when compared to other studies (p. 9). The difference between the participants' level of rape myth acceptance in this study ($M = 30.88$) when compared to S. McMahon's study ($M = 42.68$) is interesting. Although S. McMahon found her results to indicate a low degree of rape myth acceptance, the results of this current study found even smaller incidence of rape myth acceptance. This has important implications, especially for future research.

Implications

This study is unique in its focus on coercive intercourse and help-seeking behaviors apart from other coercive encounters and assaults. There is a lack of studies investigating these elements; and due to the scarcity of research this topic warrants exploration. In addition, the combination of the variables of SSE, SA, and RMA had not yet been examined when investigating differences between victims and non-victims of sexual coercion. Because coercive intercourse has distinct ramifications when compared to other types of coercion and assaults (e.g., increased sexual distress, depression, and social anxiety) as well as high prevalence rates, examination of this issue is important (Siegal et al., 1990; Zweig et al., 1997). The results of this study carry implications that will add to the literature on sexual coercion.

Understanding why women do not seek help after coercive intercourse is perhaps the most important element in remedying the problem of the lack of support sought by coercion victims. Increased awareness regarding sexual coercion can be achieved if more women reported these circumstances. The results of this study indicate that help-seeking behaviors cannot be predicted by a woman's level of SA, SSE, or RMA. This result can be interpreted both positively and negatively. It is discouraging that the results of this research cannot help pinpoint exact variables to predict help-seeking behaviors, as doing so would greatly increase insight into coercion and how to help women. However, the results do encourage examination of alternative answers and avenues that may be important when considering why women avoid seeking support after coercion.

Implications for Theory

The idea that variables linked to gender role ideology may predict help-seeking behavior was grounded in the theory that gender role socialization heavily impacts coercive encounters

and, presumably, responses to coercion. Although this study did not find a predictive relationship between SA, SSE, and RMA and help-seeking, I do not believe this was due to weakness of the underlying theory of gender role socialization. Other researchers have found strong correlations between traditional gender roles and sexual coercion. For example, researchers have found that women who held more traditional beliefs were more likely to have had a coercive encounter and are more accepting of sexual victimization (Chapleau et al., 2007a; Newcombe et al., 2008; Testa & Derman, 1999).

This previous research implies that other variables should be examined as they relate to help-seeking behaviors. For the current study, it was theorized that in order for an individual to seek help after sexual coercion, she must believe she needs help. There is an overall lack of reporting of sexual victimization which is a direct result of traditional attitudes and behaviors (Costin & Schwartz, 1987; Snell & Papini, 1989). Thus, holding these values may serve to make women unsure of the seriousness of coercion which will discourage them from seeking help. The opposite effect would hold true for women who hold non-traditional values. This implies that although the specific elements of SSE, RMA, and SA could not predict whether a woman would look for assistance, there are still many other elements that may impact women based on socialization factors that may be more correlated to help-seeking behaviors. For example, using a sex-role assessment to examine traditional gender roles as a whole may provide valuable information. Or, examining other elements of traditional roles such as traditional ideas of beauty, sex-roles in society, or other beliefs and their impact on help-seeking behavior may have produced different results. In this regard, the gender role socialization theory could be more thoroughly assessed, as there are many elements that define traditional roles other than SSE, SA, and RMA.

Aspects of gender role socialization theory appear to be validated when victims and non-victims were examined for group differences; in particular, non-victims indicated more non-traditional views and victims endorsed more traditional beliefs. Thus, it is unclear exactly why a relationship was not found between SE, SSE, and RMA and help-seeking behavior. However, many women indicated that a minimal amount of help was obtained. There may be an independent action component that comes into play in regard to help-seeking behaviors. During a coercive encounter there is strong, immediate, and relational pressure. The effects of traditional socialization may be more present in this type of situation. This makes sense because men have historically been oppressive to women. Being a woman in this type of encounter is a clear and present repetition of this dynamic. There are also elements such as fear or distress that may create increased vulnerability for women to react in a submissive manner. Outside a coercive encounter a woman may feel more empowered and inclined to seek support or help, which some women did, although this was not related to any particular variable. This also assumes that an individual acknowledges she has been victimized to some degree.

The theory that women may feel more liberty when they are not in the immediate presence of a man also gives insight into why participants more frequently endorsed seeking help from a friend who is a woman rather than a man. Although able to process their coercive encounter as a stressful incident, a large majority of participants indicated only seeking a “minimal” amount of help which equated to talking to a friend. It appears there are still circumstances that inhibit the freedom to seek a moderate or a large amount of help or to take more serious action such as talking to the police or a therapist. Thus, a woman may feel upset but not believe her situation is serious enough to warrant additional support or aid or that she is somehow responsible or at fault for the situation. This attitude could be a result of the position

women have in society in relation to the oppression and dominance of men. Although it is possible that the women in this study did not have strong negative effects from their coercive experience, thus not needing a moderate or significant amount of help, this seems unlikely given the amount of research indicating the significant distress that occurs after coercive intercourse (e.g., Cole et al., 2005; deVisser et al., 2007; Finkelhor & Browne, 1985; Siegal et al., 1990; Zweig et al., 1997).

As in the literature regarding unacknowledged rape (Marx & Soler-Baillo, 2005; McMullin & White, 2006), there could be many factors that prevent victims from identifying their coercive experience as significant. In this study, women were not asked if they believed that their coercive event was distressing or victimizing in any way. However, only 18 out of 204 participants asked for more than minimal help, and many did not seek help at all. Due to the stigma and other issues related to being a sexual assault victim, women may disregard coercion as an abusive event. This is further validated by researchers who have found that many women see coercion as part of the dating “game” or a normal sexual interlude in our society (Bay-Cheng & Eliseo-Arras, 2008).

There may also be alternative theories that could explain help-seeking responses or illuminate why victims do not request assistance other than the support of a friend. Based on prior research, some factors that could affect support behaviors after sexual coercion may include past sexual trauma and relationship to the perpetrator. Faulkner et al. (2008) found that the length of time victims knew a perpetrator and past sexual trauma increased a woman’s vulnerability to being sexually coerced. It was postulated that familiarity with the perpetrator and past victimization may have decreased the belief that the coercion experienced was assaultive in nature (Faulkner et al., 2008). There are many reasons to support a woman’s

familiarity with the perpetrator as a viable explanation for increased or decreased help-seeking behaviors. If a woman has been in a long-term relationship with the perpetrator she may be less likely to identify the situation as coercive. However, a stranger or acquaintance may be seen as more threatening and increase perceptions of victimization. A woman may be more likely to seek help or report the situation to a person in authority if she views herself as being victimized, which is more likely if she is coerced by a man with whom she is not familiar. This was not assessed in this study but may have played a role in the experiences that women reported.

In the literature on revictimization, women who have encountered a sexually abusive situation appear to have a diminished “threat response” (Kaysen, Morris, Rizvi, & Resick, 2005). Depending on a woman’s abuse history, coercive intercourse may not appear as violent as past experiences, leading a woman to be less likely to report the situation. Furthermore, the effects of past abuse could lessen the likelihood of help-seeking behavior after coercive intercourse, as seen in the sexual assault literature (Littleton, Axsom, & Grills-Taquechel, 2009). These speculations were not assessed in the current study, but any of these circumstances may have influenced why participants did not seek a moderate, significant, or any amount of help.

The findings of this study also have implications for how sexual coercion is viewed. In accordance with the research hypothesis, SSE and SA were found to differ in victims and non-victims of coercive intercourse. Due to the design of the study it is unclear whether the participants possessed these personality characteristics before they experienced sexual coercion or if they developed as a result of sexual coercion. Results of this study can only indicate differences and which group had higher or lower levels of SA and SSE. However, this finding could provide additional validation for past researchers who have conducted similar studies and

explained that victims' personality characteristics may be vulnerability factors to sexual coercion.

Most researchers have postulated that women who have traditional gender role ideologies are more vulnerable to sexual coercion. For example, Testa and Derman (1999) found that women who experienced sexual coercion had lower levels of assertiveness than non-victims and women who experienced rape. They suggested that these women's inability to assertively vocalize resistance made them more vulnerable to sexual coercion. However, these implications should be understood with caution. There is a possibility that victims could be blamed if these results are misunderstood, as "blaming the victim" can be an unfortunate bias within our society. Thus, it is important that these results are not interpreted as fault on the part of the victim. Assertiveness may be a protective factor against coercion, but a woman's socialization influences may render her unable to wield a certain amount of assertiveness in a coercive situation. A man who coerces a woman into sex should be considered a perpetrator of sexual violence regardless of the assertiveness level of the woman involved.

It is possible that although researchers have found a correlation between traditional attitudes and sexual coercion, there are also other viable explanations. For example, it is possible that the impact of coercion could have resulted in lower levels of SSE and SA as a result of the trauma of coercive intercourse. Some of the ramifications of sexual coercion, such as lower self-esteem, mimic the vulnerability factors found by researchers (Zweig et al., 1997).

Future Research

Because sexual coercion is an ambiguous term (Abbey et al., 1996; O'Sullivan, 2005), a goal of this study was to contribute a more distinct and robust definition to the literature. A universal definition is specifically pertinent to the literature on coercive intercourse, as opposed

to research on coercive sexual acts (e.g., coercion leading to kissing or fondling). The boundaries between coercive intercourse and other types of intercourse (e.g., consensual sex and rape) seem to become blurred by researchers. A thorough review of the literature revealed that many researchers utilized the terms “unwanted sex,” “sexual coercion,” and “sexual assault” interchangeably (e.g., Bay-Cheng & Eliseo-Arras, 2008; Flack et al., 2007; Kimble et al., 2008). As a result, there are few studies that uniquely qualify the experience of coercive sex apart from other assaults. This is important because there are qualitative differences between sexual coercion, unwanted consensual sex, and rape. In order to understand sexual coercion it must be differentiated from other types of encounters. In this way researchers can draw better conclusions on the unique construct of sexual coercion.

In the current study, I provided a definition of sexual coercion as “psychological, emotional, or physical demands (e.g., persistent touching, kissing, etc.) which a woman verbally (e.g., says “no”, makes remarks about not desiring sex, etc.) or physically (e.g., avoids sexual advances, pushes away, etc.) resists but eventually complies due to pressure or duress.” This original definition leaves room for gray areas, and the degrees of sexual encounters are still broad; however, this description makes a good distinction between unwanted consensual sex, sexual coercion, and rape. It is hoped that this description can be utilized, or modified, to provide a specific definition in the literature which offers distinction between unwanted sex, rape, and coercion. If an agreed-upon definition is available, researchers can design studies to investigate the specific issue of coercion aside from other types of assaults.

This new and specific definition, as well as the need to assess coercive intercourse outside of other encounters, drove the reasoning behind the sexual coercion instrument used in this study. No measure was found that evaluates coercive intercourse. The use of the Sexual

Experiences Survey in its entirety continues to lump rape, assault, and coercion together and perpetuates the limitation of not examining coercive sex outside of these other experiences. Examining the validity and reliability of the modified Sexual Experiences Survey used in this study as a sexual coercion measure can be a further contribution to the field. Alternatively, an important area for future research could be the original construction and validation of an instrument to assess coercive intercourse.

In this study, the tactics used to coerce victims were not explored. For example, there may be differences in help-seeking based on the type of coercion involved in a coercive situation. Researchers have identified that the most common elements of sexual coercion reported were emotional manipulation, lies, and intoxication (Lottes & Weinberg, 1996). However, there are other elements such as physical persistence (Struckman-Johnson et al., 2003). A woman who experienced more physical elements to her coercion (e.g., persistent touching) as opposed to verbal pressure may have been more fearful and less likely to seek help, or she may have viewed this behavior as more victimizing and have been more likely to seek help. This is an important element in understanding coercive intercourse and should be further examined.

More research is needed on help-seeking behaviors after sexual coercion in general. Although it can be assumed from the current findings that sexual assertiveness, sexual self-esteem, and rape myth acceptance may not predict help-seeking behavior, we still do not know what does support these behaviors. Relationship to the perpetrator, length of knowing the perpetrator, trauma history, and general or other gender role ideologies are all aspects of coercive experiences that should be explored. Openness to help-seeking could be another factor which influenced participants' willingness to obtain support. Help-seeking was an essential

construct in this current study and should be further explored. Investigating help-seeking is important due to the small amount of research on help-seeking and coercive intercourse. Utilizing measures such as the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scale (Fischer & Farina, 1995) could provide insight into whether women are open to help in the form of counseling. Exploring why women may or may not go to counseling after sexual coercion is especially important given the ramifications of sexual coercion.

The findings of the current study, that victims and non-victims differ in their level of traditional beliefs and behaviors, could validate previous suggestions that these characteristics are vulnerability factors for coercion. However, it is very important that more research be conducted in this area before it is assumed that traditional beliefs are determined to be vulnerability factors. Because there are similarities between possible vulnerability factors and ramifications of sexual coercion, clarifying which constructs are specific vulnerability factors and which are ramifications is important. In the current study, 50% of women identified having a coercive intercourse experience. This mirrors previous findings in which large numbers of college women endorsed sexually coercive experiences. It can be assumed that many sexually coercive encounters occurred while the women were in college. Due to the unfortunate likelihood of women experiencing sexual coercion during college, longitudinal research could be conducted on separating vulnerability factors and effects of sexual coercion. For example, it could be beneficial to sample freshman women on characteristics considered to be vulnerability factors or effects of sexual coercion then assess for sexually coercive experiences and characteristics later in the participants' college career.

There were a large number of women who indicated seeking some degree of help in this current study. This warrants further investigation as to why women seek help after sexual

coercion. Utilizing qualitative research to investigate the question of why women seek help after coercive intercourse could shed light onto this important topic. Researchers who conduct qualitative studies regarding sexual coercion can specifically ask participants what prompted them to seek help, who they sought help from, and other questions that would provide insight into help-seeking behaviors. Likewise, qualitative researchers could discover barriers to help-seeking behaviors after sexual coercion by specifically asking participants about their experience.

Another topic in need of additional research is rape myth acceptance. Although rape myth acceptance did not differ for coerced and non-coerced women in the current study, participants' levels of rape myth acceptance were lower than those reported by previous researchers (Fisher et al., 2003; S. McMahon, 2010). The low number of participants who endorsed rape myths in the current sample is good news. Whether or not women believe rape myths is an important issue. Researchers who can validate the current findings of generally low rape myth acceptance among college students, or contribute alternative findings, will greatly enhance the literature. This is important due to the ramifications of accepting rape myths. Researchers have found that women who internalized rape myths were more likely to place themselves in dangerous situations and misinterpret situations that were likely to become sexually risky (Norris, Nurius, & Dimeff, 1996). In addition, rape myths serve to obscure the vulnerability of all women and perpetuate the blaming of women by suggesting that only certain women are raped. This distortion of reality can influence perceptions which can affect public priorities and legislative agendas (Lonsway & Fitzgerald, 1994).

Implications for Practice

The results of this study also have implications for practice. The women in this study

were more open to seeking support than participants in the Fisher et al. (2003) study. This is positive news. Although the primary source of support was most often identified as a friend who is a woman, this finding still has implications for mental health professionals. If sexual coercion continues to be a problem, which is likely given the prevalence of this circumstance, counselors may see more clients struggling with this issue. It is important that those in the mental health profession are knowledgeable about the pervasiveness of coercive encounters as well as their distinct effects and dynamics. Competency in providing appropriate help and services is imperative. More information needs to be disseminated through workshops, conferences, and counseling programs for those in the psychological field. For example, researchers interested in interpersonal violence could incorporate sexual coercion as an essential aspect of their discussions. As evidenced by the limited amount of research and general knowledge about sexual coercion (O'Sullivan, 2005), this topic is not as popular as other types of assault such as rape or domestic violence. However, sexual coercion is also an assault. Wider dissemination of information will help professionals acknowledge the importance of coercion and incorporate this topic in discussions regarding violence against women, resulting in greater awareness about this issue.

Psychological professionals should also begin thinking about treatment approaches that would best help victims of sexual coercion. Therapies that are best practice for rape, attempted rape, and other assaults may not be as effective in cases of sexual coercion. Furthermore, some unique elements of coercion are important to address in practice, especially the pseudo-consensual nature of the incident which may leave victims with feelings of guilt and shame that may need to be handled differently than those of other victims of assault. The ramifications of sexual coercion also differ from those of other types of assault. For example, Browne and

Finkelhor (1986) specifically discuss how sexual coercion damages an individual's emotional capacities, self-concept, and worldview through the traumatic sexualization, stigmatization, betrayal of trust, and disempowerment victims may experience. Thus, measures to effectively treat these problems are necessary.

The results of this study also hold implications for college and university personnel. The information that victims tend to first seek out women for support is important. Student Services and other college departments can provide outreach and information to students who are women about sexual coercion and how to help a friend in need. Furthermore, the presumption of the present results as well as the results of other researchers that aspects of assertiveness and self-esteem may be a protective factor against sexual coercion highlights the existence of more personal avenues for outreach to help students. For example, Brecklin and Ullman (2005) conducted research on the effectiveness of self-defense and assertiveness training for women and found that women who had this training felt more self-assured about their abilities to defend themselves during or stop a sexual attack or coercive encounter. These are types of activities college employees should evaluate as topics for workshops for their students.

College campus administrators and organizations can also help to combat the socialization process that puts men in the position of the sexual aggressor and women as the gatekeepers of sex. A more widespread implementation of the anti-rape and coercion movement "Get a 'yes' every time" campaign as opposed to the more well-known "no means no" campaign should be taken into consideration. One particular poster produced by the East Hampshire police department in the United Kingdom, that has been approved and displayed in college towns in the United States, depicts a young man sleeping in a jail cell with a cell mate

and features the slogan “If you do not get a ‘yes,’ who will you sleep with next?” (The News, 2008). This promotes the message that not obtaining consent is not just the violation of an individual, but a crime. In contrast, “no means no” assumes that women need to continue to be the gatekeepers of sex and men should have “free reign” unless explicitly rejected with an assertive “no.” The “get a yes” ideal also helps protect women from socialization standards that allow men to feel they can coerce women into sexual activity and reinforces the concept that women can refuse sex in other ways than verbally saying “no.”

Limitations

Sample

The findings of this current study should be considered with certain limitations in mind. One limitation of this research is the ability to generalize the results. This study’s sample was limited to college students who attended a large, public, Midwest university and was representative of the primarily White, Christian, student population on its campus. This sample does not represent women of diversity, thus results are not reflective of how women from diverse racial or ethnic backgrounds may think or feel. Women who identify with other ethnicities or religious orientations may differ in their experiences and responses. For example, African American women, whose family and culture have been generally described as matriarchal (Sue & Sue, 2008), may not indicate as many coercive experiences or may report higher levels of sexual self-esteem and sexual assertiveness.

The women who responded to the survey questions were not randomly sampled. The survey was sent to all students who were women at a particular university through their university email account. Responses were taken until a large enough sample size had been obtained. The survey was sent out over the summer, thus students in summer school were most

likely the majority of candidates. There could be salient differences between women in summer school and the population of women attending college during the regular school year.

The total number of respondents was 687 students. Of this sample, only 408 individuals completed enough of the survey to be included in the analysis. This poses a limitation, as there could be distinct differences between women who complied fully with the survey and those who skipped through most of the measures. Interestingly, all participants placed their names in the Wal-Mart gift card drawing, indicating that this was a desirable incentive. It is possible that those who began the study and then skipped to the drawing section may have only participated for a chance at the prize. There may be personality or attitudinal differences between women who complied with the survey instructions and those who entered the survey for the incentive. If this is true, this current sample may not have been the strongest representation of college women.

A way this could be altered for future research would be to eliminate the incentive; or, send out surveys at different time periods to collect more data. For example, the survey in this study was sent out during summer session. Sending out another survey during the fall semester would provide a mixture of participants. If the surveys were sent out to randomly selected individuals at various times in the school year, this could also reduce the limitation of random sampling.

Help-Seeking Measure

The question related to help-seeking behaviors was resourceful in obtaining information about how much help each woman sought. However, the way this question was asked may not have captured each participant's subjective view of what they considered a minimal, moderate, and significant amount of help. Thus, this indicator of help-seeking may be a potential

limitation.

Participants were asked to indicate, on a Likert scale which ranged from “none” to “significant,” the amount of help or support they sought. Due to the potential for individuals to be confused as to what a minimal, moderate, or significant amount of help may be, examples were provided. I believe it was useful for the women to have a framework for understanding help-seeking levels and for the interpretation of the results. The examples were stated as followed: “a minimal amount of support may be talking to your best friend, moderate may be talking to a therapist, and a significant amount may be reporting the experience to the police.” What a person considers a minimal, moderate, or significant amount of help, however, may differ from the examples provided. For example, frequent talks with a friend may feel like a significant amount of help. This may be true if the verbal processing occurred on multiple occasions and the individual felt that the talks were beneficial in coping with her assault. On the other hand, a police report may seem more serious, but feel less helpful. The examples may have been too limited and may not have coincided with the participants’ experiences. If a woman viewed the help she received from her best friend as significant, she may have still checked “minimal” on the survey due to the example. Thus, answers to this question may not have accurately reflected how all victims viewed the degree of help they received. It is suggested that future researchers include a qualitative question to more accurately describe the amount and type of help women sought.

Levene’s Test of Equality

A problem that was apparent in the results of the study was that Levene’s Test of Equality was significant in regard to the sexual assertiveness (SA) variable. Levene’s test of Equality assesses the assumption that error variance is equal across groups. This assumption

was not met for the SA variable. If variances are not equal the obtained differences may not have occurred at random, but by some other means that could potentially confound the study. Although MANOVA can be considered to be robust to this violation, error variance in sexual assertiveness scores was not the same for victims and non-victims.

The variance and standard deviation describe the dispersion of values across the mean. The standard deviations between sexual coercion victims and non-victims on SA were not homogeneous. This can occur when one group's answers deviate more from the mean than another group's answers. In regard to SA, victims appeared to deviate more from the mean than non-victims, yielding a standard deviation score of 18 (victims) and 12 (non-victims). Because non-victims' responses clustered more around the mean, indicating more average response patterns, it appears that victims may have had a wider range of responses. This could be explained by examining how victims interpreted and answered the sexual assertiveness questionnaire.

It could be postulated that the wider range of responses may indicate more variability in behaviors and feelings regarding sexual activity. It is likely that sexual coercion victims may have stronger reactions to SA questions than non-victims. Since low assertiveness has been found to correlate with sexual coercion (Testa & Derman, 1999) it makes sense that many women who experienced coercive intercourse would indicate struggles with SA. However, after this type of assault, women may be likely to move to either extreme. Perhaps after a coercive intercourse experience women may be either less likely to engage in sexual activity due to the trauma of the encounter or likely to avoid any sexual encounters, which would entail heightening her assertive behaviors around sexual activity. The dichotomy of these two answering patterns likely caused moderate differences in standard deviation scores between

victims and non-victims.

Conclusions

The attitudinal and personality variables of sexual self-esteem, sexual assertiveness, and rape myth acceptance cannot predict the help-seeking behaviors of college women who experienced coercive intercourse. When victimization status of those who experienced coercive sex (victim, non-victim) was examined in relation to these variables, sexual self-esteem and sexual assertiveness were shown to differ between the two groups. Victims were shown to have lower sexual self-esteem and sexual assertiveness than non-victims. The non-significant finding regarding predictors of help-seeking behavior indicates that more research should be conducted on help-seeking behaviors after sexual coercion, particularly on alternative reasons as to why women do and do not seek help. For example, relationship to the perpetrator, prior victimization, adherence to the traditional sexual script, and traditional gender role beliefs are all potential topics.

Results from this study appear to validate previous suggestions that victims may possess more traditional ideology than non-victims as evidenced by their lower levels of SA and SSE. Due to the inconsistency of these findings in the literature (Faulkner et al., 2008; Foshee & Bauman, 1992; Sadd, 1996; Simonson & Subich, 1999; Wood, 2001) more research should be conducted to determine the soundness of this assumption. Additional research, such as longitudinal and qualitative studies, should also be generated to determine differences between vulnerability factors of sexual coercion and effects of sexual coercion.

The results of the current study indicate that sexual coercion continues to be a frequent occurrence for women, and there is a lack of knowledge regarding this topic. Since researchers began empirically examining sexual coercion they have consistently reported that at least half of

women on numerous college campuses are exposed to this type of assault. Administrators, educators, and counselors in higher education need to be more aware of these circumstances. If knowledge regarding sexual coercion were disseminated and understood more widely, more students would be encouraged to seek help and better understand this type of victimization. It is vital to understand the dynamics that may discourage coercive behavior and allow victims to receive help from others.

Sexual coercion also needs to be acknowledged and understood on a societal level. Sexual coercion is developed and perpetuated by collective norms such as the traditional sexual script. Adherence to the traditional sexual script encourages the paradigm that men should coerce reluctant women into sex. This is problematic when women do not want sex but are taught that a “normal” sexual encounter concludes with a woman having sex. It is important that the general message of the current research, preventing sexual coercion and increasing help-seeking behaviors, be encompassed on a large scale. Activism informed by research can bring issues, such as sexual coercion, into the public arena. It is hoped that the results of this study will encourage others to attend more carefully to the differences in how people view and respond to sexual coercion.

There are many ways individuals can be involved in disseminating information about and reduce the occurrence of sexual coercion. Media that highlights healthy sexual boundaries is important. This is especially true regarding programs that target adolescents, because individuals in this age group are at a unique sexual and developmental stage. Information about sexual coercion, ways young women can respond to these circumstances, knowledge that coercion is victimizing, ramifications of coercive sex, and prevalence rates are critical to publicize. Additionally, widespread information for men is important. Men appear to have

internalized the message that sexual coercion is an appropriate interaction. The belief that pressuring women into sexual activity is part of the “dating game” is an unfortunate cultural norm. Sexual coercion is a type of victimization, and if this message were more widespread there may be fewer occurrences.

Sexual coercion should not only be combated through the media, but also through educational curricula. When children take sex education is an ideal time to discuss healthy sexual boundaries and appropriate sexual behaviors. The “get a ‘yes’” campaign sends the message that consent is needed during any sexual encounter. It would be helpful to teach adolescents about “get a ‘yes’” because it specifically addresses the responsibility men have in obtaining consent, the ability for women to refuse sex, and the importance of clear communication about sexual activity. Additional measures people can take in order for sexual coercion to be eliminated include reducing victimization biases, publishing more literature on sexual coercion, and supporting victims so they feel safe to speak out against sexual coercion. Overall, increased knowledge, insight, and understanding are needed to help protect potential victims, target perpetrators, and reduce the incidence of sexual coercion.

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APPENDIX A: INFORMED CONSENT FORM

Title: Responses to Sexual Coercion

You are being invited to participate in a research study. Please read the information below before you begin the study. Your participation is voluntary. Once you start the survey you may stop at any time. You are free to decline to answer any particular question you do not wish to answer. Do not place your name anywhere on the survey. You can print this form if you would like a copy.

The purpose of this study is to investigate sexual coercion in college women. Sexual coercion is when a woman is pressured into having sex she does not desire. Through your participation a greater understanding of how women respond to sexual coercion and the attitudes and behaviors that influence their responses will be obtained. A goal of this project is to increase knowledge about sexual coercion so those who work with college women are better informed.

The survey takes about 15-20 minutes to complete. You will be asked to read and respond honestly to questions that ask about past sexual experiences, actions you may have taken after certain experiences, and your beliefs about yourself, relationships, and sex. You will be asked to rate most of your answers by how much you agree or disagree with certain statements.

Risks, discomforts, or inconveniences are expected to be minor and not likely to happen. However, there may be some emotional upset when discussing personal experiences and beliefs. For example, some questions will ask you how much you agree or disagree with the following statements: (a) “some of the things I do in sexual situations are morally wrong”, and (b) “many women secretly desire to be raped.” Because this survey may evoke emotional responses, at the end of the survey you will find the contact numbers of agencies and people who can help you deal with any reactions you may be experiencing.

Due to answering questions online, anonymity cannot be guaranteed. However, measures have been put in place to protect your confidentiality through masking email addresses or other identifying information and keeping all data password protected. You are also encouraged to delete the ISU announcement about this survey from your in-box and use a public computer if possible. Should the data be published, no individual information will be disclosed.

If you are interested in being placed in the drawing to win a \$50 gift card to Wal-Mart, you will be able to enter at the end of the study. Your answers cannot be linked to the information provided for the drawing. The only identifying information will be what you choose to provide, and you will only be asked for your email address. You will be contacted through email only if

you win. If you do not win you will not be contacted. The drawing will take place after 150 individuals complete the survey.

For any questions or concerns related to your rights as a participant or if you feel you have been placed at risk you may contact the ISU Institutional Review Board by email at irb@indstate.edu or by phone at (812) 237-8217. If you have any other questions or concerns related to this study you may contact the primary researcher, Ginger Faulkner, M.S. at gfaulkner2@indstate.edu or the faculty adviser, Debra Leggett, Ph.D. at debra.leggett@indstate.edu or by phone at (812) 237-7762.

Your participation in this study is voluntary. You must be 18 years of age to participate in this survey. You may only take the survey once. If you agree to voluntarily participate in this research project as described above please begin the survey by clicking on the "Next" tab below. By clicking on the "Next" tab you are agreeing to the aforementioned risks, acknowledging you are at least 18 years of age, and giving your informed consent to participate in this study. If you do not agree, please exit the survey.

Thank you,

Ginger Faulkner, M.S.
Doctoral Candidate
Indiana State University

APPENDIX B: DEMOGRAPHIC QUESTIONNAIRE

What is your age?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 18 years old | <input type="checkbox"/> 22 years old |
| <input type="checkbox"/> 19 years old | <input type="checkbox"/> 23 years old |
| <input type="checkbox"/> 20 years old | <input type="checkbox"/> 24 or older |
| <input type="checkbox"/> 21 years old | |

What is your year in college?

- Freshman
 Sophomore
 Junior
 Senior
 Graduate student

What is the ethnicity with which you identify?

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> African American or Black |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multiracial/Other |

What is your religious or spiritual affiliation?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Wiccan/Neo-pagan |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> New Age/Cosmic Humanism |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> None |
| <input type="checkbox"/> Hindu | |

Have you ever engaged in any sexual interactions with a man (e.g., kissing, fondling, intercourse, etc)?

- Yes
 No

APPENDIX C: HELP-SEEKING BEHAVIOR QUESTIONNAIRE

Did you answer "yes" to any of the previous 6 questions asking about your specific sexual interactions with men? If no, please click on "No" and then click on "Next."

Yes No

If yes, please indicate by the ratings below the overall amount of help, advice, or support you sought related to your experience(s). For example, a minimal amount of support may be talking to your best friend, moderate may be talking to a therapist, and a significant amount of help may be reporting the experience to the police.

If you did not seek any help, click "None"

None Minimal Moderate Significant

If you did seek some form of help, advice, or support indicate who provided the assistance. Please click "yes" for all that apply. If you indicate a source of assistance, please specify how useful you perceived the help.

Female friend

Yes

How useful did you perceive this help to be?

Not at All Minimally Moderately Significantly

Male friend

Yes

How useful did you perceive this help to be?

Not at All Minimally Moderately Significantly

Resident assistant

Yes

How useful did you perceive this help to be?

Not at All Minimally Moderately Significantly

Family member

Yes

How useful did you perceive this help to be?

Not at All Minimally Moderately Significantly

A non-family trusted adult

Yes

How useful did you perceive this help to be?

Not at All Minimally Moderately Significantly

A social worker, therapist, or counselor

Yes

How useful did you perceive this help to be?

Not at All Minimally Moderately Significantly

Police or legal official

Yes

How useful did you perceive this help to be?

Not at All Minimally Moderately Significantly

Other _____ (please type in the source)

How useful did you perceive this help to be?

Not at All Minimally Moderately Significantly

APPENDIX D: SURVEY ANNOUNCEMENT

Subject line/Headline: Win a \$50 gift card! Female participants needed!

Dear ISU Student,

I am a Counseling Psychology doctoral student in the CDCSEP Department in the College of Education. Under the direction of Dr. Debra Leggett, my faculty adviser, I am asking for female students to take a quick online survey to aid in data collection for my dissertation. I am conducting research on the occurrence of sexual coercion of college women.

For your participation you will have an opportunity to enter a drawing for a \$50 gift certificate to Wal-Mart. If you would like to take the survey, please click on the link below. You will be taken to a secure site where you will be given additional information about the study and asked for your consent to participate. You will be able to answer the questions anonymously. At the end of the survey you will be able to enter the Wal-Mart gift card drawing.

Your participation is greatly appreciated. This survey should take approximately 20 minutes. If you have any questions, you may contact me at the email address below.

Survey link:

<https://www.surveymonkey.com/s/RP9LHZD>

Thank you for your time,

Ginger Faulkner, MS, gfaulkner2@indstate.edu
Doctoral Candidate, Indiana State University