

CLOSE QUARTERS: COLLEGE WOMEN'S EXPERIENCES
OF CAMPUS SEXUAL VIOLENCE

by

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DISSERTATION ABSTRACT

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Title: Close Quarters: College Women's Experiences of Campus Sexual Violence

College women face high rates of sexual violence and rarely report their experiences to school officials. Even when victims do report, their cases infrequently result in the expulsion of their perpetrators. As such, many college women continue to attend school with their perpetrators in the months and years following their assaults. No academic research has explored the experiences of these women coexisting with the person who harmed them. Furthermore, previous research on how perpetrators behave after acts of violence suggests the possibility that individuals who commit sexual assault on campus may try influence their victims after the assault by denying the assault, attacking the victim verbally, and reversing the victim and offender roles (a pattern referred to as DARVO).

The current study explores the experiences of 113 women who were sexually assaulted during college, with attention to the impact of any ongoing contact they had with their perpetrators after their assault. This study also examined participants' responses to two different kinds of acquaintance rape vignettes which varied in victim resistance. The results of this dissertation suggest that most campus sexual victims do indeed experience some contact with their perpetrator after their assault and nearly half of victims who experience such contact see it as having a negative effect on their wellbeing.

Although a relationship between perpetrator contact and student health outcomes (mental, physical, and academic) did not emerge as expected, participants' written descriptions of seeing their perpetrators provide support for the theory that contact with perpetrators is detrimental to victims' health. The effects of victims' contact with perpetrators are evidently complex and warrant further exploration.

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To the survivors whose stories, thoughts, and voices are the heartbeat of this project.

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CHAPTER I

INTRODUCTION

Several decades of research support the unfortunate reality that at least 20% of women experience unwanted sexual contact while attending university (i.e., sexual assault; Koss, Gidycz, & Wisniewski, 1987; Smith & Freyd, 2013). Very few (about 4%) of these victims report their experiences to campus authorities (Fisher, Daigle, Cullen, & Turner, 2003). Victims choose to stay silent for various reasons – because they do not trust their university to handle the incident appropriately (Smith & Freyd, 2013), because they do not self-identify their experience as an assault (Krebs, Lindquist, Warner, Fisher, Martin, & Childers, 2011), or because they do not believe their experience was serious enough to warrant reporting (Fisher et al., 2003). Although victims may have myriad rationales for not reporting, the consequence of this trend is that most college sexual assault victims are not “counted” by their university in official campus crime statistics and may never receive any formal support.

Even when victims do formally report their experience to their school, most cases do not result in perpetrators’ expulsion. Department of Justice data suggests that fewer than one third of students who are found responsible for campus sexual assault are expelled (Kingkade, 2014). The following hypothetical (based on the research) illustrates the severity of the problem. Imagine a campus with 20,000 undergraduate students, half of whom (10,000) are female. Assume next that 20% of these female students will experience sexual assault while in college (a conservative estimate, given that many studies yield much higher prevalence rates) – leaving 2,000 victimized women. In Freyd (2016), 76% of female college victims indicated that their perpetrator was also a student

at their university (leaving 1,520 female victims whose perpetrator is a student). Among these, just about 4% will report their experience to the school (61 victims whose perpetrator is a student and who report; Freyd, 2016; Fisher et al., 2003). Making the generous (though extremely unlikely) assumptions that all reports are carefully addressed and all perpetrators are found responsible, just 30% of perpetrators who are found responsible for sexual assault face expulsion (18 expulsions; Kingkade, 2014). Extending these numbers, 98.8% of college women who are sexually assaulted by a fellow student are faced with the reality of sharing a university with their perpetrator for some amount of time, possibly ranging from weeks or months to years. Though this is a speculative exercise, it highlights the extremity of the problem. Yet no currently published research explores the experiences of these women navigating school and learning while sharing a space with someone who harmed them. This dissertation is a preliminary step in examining these women's experiences.

Purpose and Organization of Dissertation

This report will first review trauma research at a broad level, providing definitions and placing the sub-field of college sexual violence research in context within the field at large. College sexual violence will then be discussed in detail, considering prevalence, disclosure, consequences, and other factors relevant to college sexual violence research. Attention will be drawn to the ways in which the currently available literature fails to adequately examine context (i.e., the ongoing reality that victims face of sharing a campus with their perpetrator) in studies about college sexual violence. This gap in the research provides justification for the current study, which seeks to bring context to the forefront of college sexual violence research. The methods, results, and implications of

the current study will then be described. We will also review future directions in terms of science and policy.

Trauma

Although the word “trauma” is often used in popular culture and vernacular, the definition is not always clear. The Diagnostic and Statistical Manual of Mental Disorders (DSM-V; American Psychiatric Association, 2013) includes exposure to death, threatened death, actual or threatened serious injury, and actual or threatened sexual violence as potential traumas an individual might have experienced that precipitated the development of Posttraumatic Stress Disorder. In line with the DSM-V’s definition, traumas might include events ranging from experiences such as physical attacks like a robbery, physical or sexual abuse in childhood, combat exposure, or sexual assault. Within these wide-ranging types of trauma, it is possible to distinguish two broad categories: non-interpersonal and interpersonal traumas. Non-interpersonal traumas include experiences such as being in a car accident or a natural disaster like an earthquake (Briere & Scott, 2012). While non-interpersonal traumas are generally not caused by a specific person or persons, they can also include interpersonal elements (for example, a car accident caused by a drunk driver). In contrast, interpersonal traumas are caused or perpetrated by humans and include events like child abuse, intimate partner violence, and sexual assault. While all traumas can precipitate trauma symptoms, including but not exclusively posttraumatic stress disorder, interpersonal traumas include an added layer of distress.

Betrayal trauma. All interpersonal traumas include at least some element of betrayal, a violation of humans’ implicit social agreement not to harm each other.

However, some types of traumas are rife with betrayal than others. These “high betrayal” traumas are generally characterized by a close relationship and high trust or dependence of the victim on the perpetrator (Freyd, 1996). A particularly clear example of a high betrayal trauma is sexual abuse of a child by her parent. In this scenario, the child is literally dependent upon the parent for survival; the parent provides food, shelter, and an attachment figure. Abuse of the child by the parent violates the child’s trust and places the child in a type of cognitive double bind. Should the child retain full awareness of her experience of abuse, she risks losing the relationship entirely – an outcome that would jeopardize her basic needs for nourishment, money, protection, etc. Betrayal Trauma Theory posits that this conflict between awareness of the abuse and unawareness of the abuse places some victims in a position where the more adaptive option is traumatic amnesia – complete or partial, temporary or permanent loss of the memory of the trauma (Freyd, 1996). This theory has been supported with empirical evidence; when childhood abuse is perpetrated by a caregiver, victims report having less consistent memories of the abuse (Freyd, DePrince, & Zurbriggen, 2001). In addition to impacts on memory, betrayal trauma also exerts a negative effect on other aspects of wellbeing, even in comparison to other types of trauma. For example, while controlling for low betrayal trauma, experiences of high betrayal trauma are significantly associated with alexithymia, anxiety, depression, physical health complaints, and days sick (Goldsmith, Freyd, & DePrince, 2012). In turn, low betrayal traumas are not significantly related to any of these outcomes while controlling for high betrayal traumas. Experiences of betrayal trauma are also significantly associated with: subsequent emotional, sexual, or physical violence revictimization (Gobin & Freyd, 2009), dissociation during sex and diminished sexual

communication (Rosenthal & Freyd, 2016), hypervigilance (Bernstein, Delker, Knight, & Freyd, 2015), problematic substance use (Delker & Freyd, 2014), and a variety of other negative outcomes.

Given the exacerbating effect of betrayal (in the sense that all traumas can cause distress, but betrayal tends to heighten posttraumatic distress), it is important to measure and include understandings of betrayal in research on trauma.

Betrayal blindness and trauma research. One important note related to betrayal is that although some victims may remember and report their experience of a rape or sexual assault without labeling the experience as such, others are likely unable to fully remember such traumatic experiences at all, in line with Betrayal Trauma Theory (Freyd, 1996). As such, while it is possible to include victims who remember their experience but do not call it sexual assault in research studies, it is not possible to include victims who do not remember the experience. A participant cannot respond to questions on what he or she does not remember happening to them in the first place. In this sense, the true rate of sexual assault, both on college campuses and elsewhere, may be even higher than previous research reflects.

College Sexual Violence

College women's experiences of victimization have been well-documented for the past several decades. Research ranging across time and campuses consistently demonstrates that at least one quarter and up to sixty percent (Koss et al. 1987; Smith & Freyd, 2013; Orchowski, Untied, & Gidycz, 2013; Cantor et al., 2015) of college women have experienced at least one instance of sexual assault. Some research on this topic does not ask participants to differentiate between experiences they had during college versus

outside of college; however, even when participants are prompted to report solely on experiences since their enrollment in college, about one quarter of college women still report unwanted sexual contact. It is crucially important to clearly define sexual assault for the purposes of research when examining the prevalence of such events.

Measuring sexual assault. Within psychological research, the most widely accepted form of measurement of sexual assault utilizes behaviorally defined questions such as those on the Sexual Experiences Survey (SES; Koss et al., 1987, 2007). The SES asks participants to identify different types of unwanted sexual experiences they might have had (i.e., “Someone had oral sex with me or made me have oral sex with them without my consent”). On the SES, participants are also asked to identify the coercion strategies utilized by their perpetrator (for example, threatening physical harm, verbal coercion, etc.). The SES does not require participants to label their experiences as sexual assault, rape, or a crime. Instead, participants are presented with experiences that are inherently sexual assault (i.e., sexual contact without consent) and asked to identify which of these experiences they have had.

However, not all research utilizes behaviorally defined measurement of sexual assault. Some studies instead ask victims directly whether or not they have experienced sexual assault or rape. But this technique is likely to drastically underestimate the prevalence of sexual assault and rape in a given sample. For example, in a sample of victimized women (Orchowski et al., 2013), only 21% labeled their experience as a type of victimization (i.e., sexual assault, date rape, rape, or a crime). Littleton and Henderson (2009) found even higher numbers of women who reported victimization experiences but did not label them as rape – 61% of victims in their sample were “unacknowledged” (i.e.,

indicated victimization but did categorize their experience as rape). Given these discrepancies, it is particularly important to only compare prevalence rates when measurement is consistent across studies. Best practice methodology should include both behaviorally defined questions and direct questioning methods.

Perpetrators. The literature suggests that most college sexual assault victims are acquainted to some extent with the person who perpetrated their assault. Orchowski et al. (2013) found that only 6.7% of female college sexual assault victims did not know their perpetrator at all, while the rest knew their perpetrator to varying degrees. Cleere and Lynn (2013) found that only 8.7% of the college sexual assault victims in their sample were assaulted by a stranger. Gross, Winslett, Roberts, and Gohm (2006) found even lower rates; just 2% of the college sexual assault victims in their sample reported being assaulted by a stranger. In our campus climate research (Freyd, 2016) we found that 98.5% of female victims reported a male perpetrator. Somewhat higher than in previous studies, 26.3% reported that their perpetrator was a stranger. However, 75.9% reported that their perpetrator was a student (undergraduate or graduate).

Beyond female victims. Some research on college sexual violence includes male participants as victims. Banyard et al. (2007) found that 8.2% of the male college participants they surveyed had experienced unwanted sexual contact (compared to 19.6% of female participants). Our research (Freyd, 2016) found that 6.5% of male undergraduate students surveyed had experienced any type of sexual victimization (compared to 27% of female undergraduates). Among the men who indicated some kind of sexual victimization, 33.3% indicated a male perpetrator while 72.2% indicated a female perpetrator. Twenty eight percent indicated their perpetrator was a stranger. Fewer

than one percent had experienced rape (Freyd, 2016). Though college men do experience lower rates of sexual assault than college women, some groups of men are more vulnerable than others. Ford and Soto-Marquez (2016) found that by their senior year, 24.3% of gay male college students reported at least one experience of sexual assault (in comparison to 24.7% of female students surveyed). While the current study does not examine the experiences of male victims, research that does include men is important and should be a priority in future studies.

Disclosure and Social Reactions

Some victims of sexual violence never tell anyone about their experience. For example, 79% of female college sexual assault victims in one study had disclosed their experience to someone – leaving 21% who had told no one (Walsh, Banyard, Moynihan, Ward, & Cohn, 2010). Very few victims choose to report their experience through a formal avenue; just 4% report to their school and 2% to the police (Fisher et al., 2003). Fisher et al. (2003) found that 69.9% of female college sexual assault victims told someone other than the police or campus authorities (i.e., friends, family members, a counselor). Hence, while most victims tell someone what happened to them, few tell an official with the capacity to initiate an investigation of any kind.

Social reactions to disclosures. Disclosing a traumatic experience can be a positive and healing experience. Ahrens, Stansell, and Jennings (2010) found that sexual assault victims who had not disclosed their experience to anyone other than the researchers of the study reported higher rates of depression and posttraumatic stress than victims who had disclosed previously. But although disclosing may be an important way of gaining social support for victims, not all disclosures are met with support, belief, and

respect. When disclosures are not met supportively, victims experience more PTSD symptoms both in the long and short term (Ullman & Peter-Hagane, 2016).

Rape myths and victim blaming. Several common reactions victims receive when they disclose their experiences are doubt, blame, and stigma. These negative responses are characterized as victim blaming, and can include beliefs like the following: the victim wanted the sexual contact, the victim “asked for” or deserved to be assaulted, and only some types of women are sexually assaulted under some types of circumstances (Cowan, 2000). Victim blaming is related to common attitudes held about why and how rape happens, known as “rape myths.” McMahon and Farmer (2011) define rape myths as “false beliefs about rape shaped by sexism and other prejudices” (71). Rape myths often bely victim blaming attitudes (i.e., “she asked for it,” “women lie about rape,” etc.). When victims receive “victim blaming” reactions in response to their disclosures, they report lower self-esteem (Orchowski et al. 2013).

However, not all victims of sexual assault are equally likely to receive blame for their experience. Context and victim characteristics yield a significant influence on whether a victim is perceived as blame worthy or blameless in an assault. Numerous research studies have explored the contextual factors and victim characteristics that increase victim blaming via vignette studies where participants are presented with one of several vignettes that differ slightly in content. One well-documented victim behavior which increases the likelihood that research participants will blame the victim is alcohol; when female victims consume alcohol in rape vignettes, participants’ victim blaming increases (Abbey, Buck, Zawacki, & Saenz, 2003; Maurer & Robinson, 2007; Osman & Davis, 1999). Physical size is also salient - when a male perpetrator is physically smaller

than a female victim, research participants are less likely to attribute responsibility to the perpetrator (Ryckman, Graham, Thornton, Gold, & Lindner, 1998). Perceived similarity also matters; when participants perceive themselves as more similar to rape victims, they are less likely to blame those victims for being raped (Grubb & Harrower, 2009; Bell, Kuriloff, & Lottes, 1994; Maurer & Robinson, 2008).

An additional factor which impacts attributions of responsibility and blame is resistance. Victims who are perceived as vigorously resisting an assault are generally judged to be less responsible and are blamed less than victims who do not resist as clearly (van der Bruggen & Grubb, 2014). A recent study also found that victimization status yields an impact on empathy for sexual assault victims. Victims of sexual violence who acknowledged their own experience (i.e., responded affirmatively to questions like “I was sexually assaulted”) felt more empathy for victims of rape in general. However, victims who did not acknowledge their experience (i.e., responded negatively to the question “I was sexually assaulted”) felt no more empathy for rape victims than did non-victim participants (Osman, 2016). Victims’ own awareness and understanding of their experiences effects how they see other sexual assault victims. On the whole, context matters in terms of how people assign blame in cases of sexual violence. Victim blaming – whether conscious and intentional or unconscious and inadvertent – shapes the type of social reactions victims receive.

Institutional responses. Given that just 4% of female college sexual assault victims report their experience to school authorities (Fisher et al., 2003), most victims never interface with their campus on the topic of their sexual assault. But when victims do come forward, they are not always met with care and assistance. Smith and Freyd

(2013) found that 46% of college women who had experienced a sexual assault reported institutional betrayal – instances where an institution failed to help, swept the incident under the rug, or blamed the victim. For sexual assault victims, institutional betrayal exacerbates already the already painful effects of trauma (Smith & Freyd, 2013). More specifically, victims who experienced institutional betrayal reported increased anxiety, trauma-specific sexual symptoms, dissociation, and problematic sexual functioning (Smith & Freyd, 2013). Smith & Freyd (in press) also recently found that institutional betrayal is associated with health problems among college students even after controlling for experiences of interpersonal trauma. Institutional betrayals can take the form of commission – actively doing something harmful that leaves students more vulnerable to sexual assault or that exacerbates their negative outcomes after a sexual assault. But institutional betrayals can also come in the form of omissions – failures to act, provide resources, or protect students. Eisenberg, Lust, Hannan, and Porta (2016) examined nearly 500 female victims of sexual assault across 28 college campuses. They found that for victims in attendance at schools with more sexual violence resources (i.e., paid staff to address sexual violence on campus, a hotline or 24-hour phone line, support groups, etc.) presented with lower rates of mental health conditions than victims who attended schools with fewer sexual violence resources (Eisenberg et al., 2016). Hence, even when schools’ efforts to prevent violence from happening fail, the web of services schools offer still matters in terms of students’ outcomes after an assault.

In this sense, when universities betray their students by failing to prevent violence, responding poorly to assaults, or ignoring victims’ stories, they place victims in a double bind. Students can leave the university, or they can elect to stay in an

environment where they do not receive the support and protection they need. For students who do choose to formally report their experiences, their cases do not always result in increased safety or justice. Although there is no currently available academic research on the outcomes of campus sexual assault cases, *The Huffington Post* has conducted an analysis of data obtained from the Department of Justice based on the responses of 125 colleges and universities to reports of sexual violence. In these 125 schools, fewer than one third of students found responsible for sexual assault were expelled (Kingkade, 2014). Practically speaking, the vast majority of survivors continue to attend school with their perpetrators after they are assaulted. This in itself constitutes a fundamental betrayal – victims are left with few options other than trying to obtain an education while sharing a space with someone who harmed them. Yet no currently published research explores the experiences of these women.

Consequences of College Sexual Violence

Emotional and psychological consequences.

Posttraumatic stress disorder symptoms. College sexual violence has been consistently connected with posttraumatic stress disorder and its associated symptoms. Lindquist et al. (2013) examined a large sample of women at historically black colleges and universities. Participants who had experienced sexual assault since the beginning of college reported significantly more posttraumatic stress disorder symptoms than non-victims (Lindquist et al., 2013). A large study of female sexual assault victims revealed that 30.2% of women who experienced a sexual assault after the age of 18 reported symptoms consistent with PTSD at some point in their lifetime (Masho & Gamelseed, 2007). Similarly, Arata and Burkhart (1996) found that college women who

had experienced sexual victimization reported significantly more posttraumatic stress disorder symptoms than college women who had not experienced sexual victimization. The relationship between sexual violence during college and posttraumatic stress symptoms is well-established and intuitive, given that sexual assault constitutes a clear trauma.

Depression. Among college women, sexual assault has been found to associate with depressive symptoms (Chang et al., 2015). This appears to hold true in both cross-sectional and longitudinal research. In Lindquist et al.'s (2013) sample of women at historically black colleges and universities (a cross-sectional sample), sexual assault was associated with depression. Similarly, among a large study of college students who were assessed at multiple time points throughout their time at university, Krahe and Berger (2017) found that sexual assault prior to their first year predicted depression in their second year.

Academic consequences.

Grade point average. Not surprisingly, sexual violence has been shown to have a negative impact on academic outcomes for victims. Longitudinal research by Jordan, Combs, and Smith (2014) over three time points (end of high school, first semester of college, and second semester of college) found that experiences of rape during high school significantly predicted lower grade point average (GPA) at the end of high school and during the first semester of college. Rape during the first semester of college similarly predicted lower GPA at the end of the first semester and the end of the second semester (Jordan et al., 2014). Baker et al. (2016) surveyed college women at the beginning and end of one semester, finding that exposure to sexual violence predicted

lower GPA at the second time point after controlling for known correlates of GPA (conscientiousness, high school rank, and ACT score). A second sample within the same study illustrates the longevity of this effect; Baker et al. (2016) surveyed a group of female students recruited from introductory psychology courses and then compared their initial data to their academic record four years later. Once again, sexual violence predicted lower GPA, even after controlling for the known correlates of GPA. Mengo and Black (2016) drew their sample from students who had accessed a campus resource for sexual violence. Among students for whom there was information about GPA both before and after their experience of assault, there was a significant drop in GPA after their assault (Mengo & Black, 2016). Sexual assault appears to have a consistent and negative influence on academic performance as measured by GPA.

Dropping out. In addition to predicting worsened GPA, sexual assault experiences are also associated with withdrawing entirely from the university. Baker et al. (2016) found that more sexual violence exposure among their female college student sample was associated with greater likelihood of leaving the university altogether. Similarly, Mengo and Black (2016) found that students who had experienced a sexual assault were more likely to leave the university after their experience than students who experienced a verbal or physical assault. Given that students who exit their university are generally no longer available to complete surveys, it is likely that some number of sexual assault victims are not captured in previous studies on this topic because they have already left the university – the relationship between sexual assault and dropping out may be even more pronounced than previous research suggests.

Health consequences.

Pain and general health complaints. Sexual violence can obviously leave physical damage in the form of injuries directly incurred by the assault itself.

Additionally, sexual violence often yields health consequences that extend beyond the actual physical damage caused by an assault. For example, among a sample of sexually victimized women who sought medical care within 48 hours of their assault, 60% reported pain in body regions generally unrelated to their assault (i.e., not directly caused by the physical element of the assault) three months later (Ulirsch et al., 2014).

Comparing college women without an assault history to those with an assault history who did not meet criteria for PTSD, Bedard-Gilligan, Cronce, Lehavot, Blayney, and Kaysen (2013) found that participants with an assault history (but no PTSD) reported more physical health complaints than those without an assault history – suggesting a relationship between sexual assault and physical symptoms. Finally, Pilver, Levy, Libby, and Desai (2011) found that women with trauma histories were significantly more likely than women without trauma histories to experience premenstrual dysphoric disorder – another example of how trauma symptoms can manifest in physical complaints.

Substance use. The relationship between sexual assault and alcohol is a complex one given that alcohol is often used as a mechanism of assault (i.e., perpetrators targeting intoxicated victims or giving drinks to potential victims). In this sense, alcohol use is related to sexual assault in at least two distinct ways: as a potential predictor of assault and as a potential outcome of assault. It is often assumed that victims' drinking is a predictor of sexual violence, which is an understandable assumption given that about half of victims and half of perpetrators report that they were drinking at the time of the assault (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004). However, there are at least two

problems with this assumption. First, most studies do not compare intoxication during victimization to participants' alcohol consumption during consensual sex. It is possible that some university students drink before most of their sexual encounters, and as such the information that half of victims and perpetrators were drinking during assaults would hold much less meaning. The second problem with this assumption (that victims' alcohol consumption is a predictor of violence) is that it has not borne out in research; Parks, Hsieh, Taggart, and Bradizza (2014) conducted a longitudinal analysis of college women's experiences of alcohol consumption and sexual assault victimization. They found that while prior year victimization predicted current year drinking, prior year drinking did not predict current year victimization. In this sense, alcohol consumption should be seen primarily as a contextual factor surrounding sexual assault and an outcome variable rather than as a predictor of sexual assault. Other studies similarly reveal substance use as a sexual assault outcome; for example, college women who had been sexually victimized in Turchik and Hassija's (2014) study reported more problematic drinking behaviors, drug use, and sexual dysfunction. Shorey, McNulty, Moore, and Stuart (2016) conducted a daily diary study in which college women reported daily on whether they had experienced physical or sexual violence from their dating partner and their drug and alcohol use. Shorey et al. (2016) found that while previous day violence did not predict next day alcohol use, previous day violence did predict next day marijuana use. Parks, Frone, Muraven, and Boyd (2017) found that sexual victimization among college students was positively correlated with anxiolytic and sedative use. Overall, both drug use and alcohol appear to be associated with college sexual assault and may serve as coping mechanisms for victims after a trauma.

Revictimization. In addition to the previously described negative consequences of sexual assault, victimization also can also beget more victimization. Krahé and Berger (2017) found that sexual victimization before the first year of college predicts sexual victimization during the second and third years of college. Testa, Hoffman, and Livingston (2010) found that victimization in high school predicts victimization in college. Testa et al. (2010) suggest that this pathway can be explained by risk taking – sexual assault victims are likely to engage in more risky behaviors, which in turn predict subsequent revictimization. Testa et al (2010) also found that sexual victimization during high school predicts sexual risk taking both during adolescence and the first year of college. As previously noted, betrayal trauma appears to relate particularly strongly to revictimization. Gobin & Freyd (2009) found that individuals who experienced betrayal trauma in childhood were more than five times more likely to experience victimization in adulthood. The literature on revictimization is important to consider in at least two ways. First, women who are assaulted during college are more likely to be assaulted again. Second, women who are assaulted during college are also more likely to have been victimized in some way during their childhood or adolescence. This trajectory of trauma and revictimization must be seen in context in order to clearly disentangle the effects of trauma at each life stage.

Unknown consequences. College sexual violence is a burgeoning area of research; however, there are still many gaps in the literature. Many research studies on the topic of sexual assault on college campuses neglect to ask at least two important questions: who perpetrated the assault and what happened next. Through this omission, studies ignore the broader context in which college sexual assault occurs – a context

where most perpetrators are fellow students, and most victims do not report (Orchowski et al., 2013; Freyd, 2015). As previously noted, this context implies the reality where many victims continue attending school with their perpetrators after they are assaulted. Though some universities are large enough to afford some relative protection from contact with perpetrators (i.e., victims can avoid areas they know their perpetrators frequent), other universities do not enable the possibility of simply dodging around campus to circumvent a perpetrator. Moreover, even at the largest universities, victims generally knew their perpetrators before the assault (Cleere & Lynn, 2013), suggesting that they may share some kind of social circle (e.g., being in the same major, in the Greek system, in clubs or sports together). Even at a large school, it is unlikely that victims are entirely able to avoid their perpetrators. And importantly, even if they are successful in avoidance strategies, constant avoidance may carry a cost – to mental health and academic success.

Most currently available research looks at symptoms in a vacuum of sorts, without considering this broader context in which victims of campus violence are striving to survive. No currently available research asks the question: what effect does remaining at the same university as a perpetrator have on victims? Although research directly addressing this topic is unavailable, it seems possible and even likely that continuous exposure to a perpetrator would be distressing for many victims. Seeing a perpetrator in the dining hall or across the room in a class may trigger trauma symptoms, evoke flashbacks, or leave victims feeling physically unsafe. Even if the perpetrator and victim never speak, regular contact of any kind seems likely to cause some harm.

But previous research suggests that not all perpetrators will silently allow their victims to move on with life. Henning and Holdford (2006) conducted a large study of domestic violence offenders and found that 63% engaged in a high level of denial and minimization of harm. And two thirds of the offenders in this research attributed the abuse to their partner's characteristics or behavior (i.e., blaming the victim) rather than taking responsibility. These findings align with Freyd's (1997) theorization that many perpetrators use a common strategy to deter victims from speaking up: deny or minimize the abuse, attack the victim's credibility, and assume a victimized role. The acronym DARVO encapsulates this pattern: Deny, Attack, Reverse Victim and Offender. Recent research suggests that DARVO is indeed a common strategy used by perpetrators during confrontations (Harsey, Zurbriggen, & Freyd, in press). Participants in a study of undergraduate students were cued to consider a time when they confronted someone who had wronged them. The clear majority of participants reported experiencing a DARVO-like response from their perpetrator during the confrontation. Experiencing DARVO correlated with self-blame such that participants who had been exposed to more DARVO during a confrontation also reported more feelings of self-blame (Harsey et al., in press). DARVO may function as a way for perpetrators to confuse their victims and leave them feeling unsure about what happened and how to react. Harsey et al. (in press) sheds light on the topic of what perpetrators actually say to their victims during confrontations. However, only a very small percentage of this sample described a confrontation with an abuser (the majority reported on a confrontation over a social transgression of some kind). Perpetrators of interpersonal violence may use more or different DARVO strategies than people defending themselves against generic types of wrongdoing.

DARVO and participant attitudes toward different types of victims has also been examined (Harsey & Freyd, 2017). Participants in a vignette study were presented with one of four vignettes depicting heterosexual intimate partner violence. Vignettes did not differ in terms of the intimate partner violence event, but instead differed on perpetrator gender (i.e., male or female), victim gender (male or female), and the perpetrator's use of DARVO tactics. Participants exposed to a vignette where the perpetrator used DARVO tactics held the victim more responsible, saw the victim as more abusive, held the perpetrator less responsible, and saw the perpetrator as less abusive than participants exposed to a vignette where the perpetrator did not use DARVO. This study illustrates that DARVO does not only operate on victims' understandings of their experience, but also on the perspective of "observers" (i.e., research participants). When perpetrators deny their behavior, attack the victim's credibility, or reverse the roles of victim and offender to friends, family, or others, they may have the power to tangibly influence their listeners' attitude about what happened. It is important to note that both the previous studies on DARVO use a general college student sample rather than prescreening for victimized participants – hence, while some participants in these studies have certainly experienced trauma, their own personal trauma experiences are not included as a variable. Additional research should examine the extent of the impact of DARVO on victims in terms of mental, physical, and academic wellbeing.

Pilot data. To offer some initial perspective into the impact of DARVO on sexual violence victims, we conducted a pilot study. We recruited 34 female participants from the Human Subjects Pool (a tool used by researchers to recruit participants who are current students in introductory psychology and linguistics courses), all of whom

indicated in a pre-screening measure that they had experienced some form of non-consensual sexual contact since college. Of these, 23% had run into their perpetrator on-campus since the assault. Thirty-five percent had been contacted by their perpetrator since the assault (mostly via text message or in-person). Twenty-one percent responded affirmatively to at least one of the DARVO questionnaire items. We conducted correlational analyses with DARVO scores and outcome variables of interest. Small to medium effect sizes were observed: participants who had been exposed to DARVO reported more physical pain ($r = .35$), stress ($r = .41$), worry ($r = .25$), and depression ($r = .16$) than participants who had not been exposed to DARVO. Additionally, participants who had been exposed to DARVO reported lower GPAs than participants who had not been exposed to DARVO ($r = -.19$). These findings suggest two important things. First, many victims of campus violence are indeed experiencing contact with their perpetrator in some form. Second, it seems that ongoing exposure to one's perpetrator may be harmful (psychologically, physically, and academically) – but further research is clearly needed.

Current Study

Research Questions

Though attending school with a sexual assault perpetrator seems intuitively problematic for a victim's wellbeing, no available research explores why and how such ongoing exposure impacts victims. This study asks the following questions:

1. Do college sexual assault victims face continued exposure to their perpetrators after their sexual assault experience?

2. What outcomes are associated with ongoing contact with a perpetrator for victims of college sexual assault?
3. Among a female victimized population, what factors differentiate reactions to two types of acquaintance rape vignettes (high resistance and low resistance)?

Objectives

This study explores the issue of female victims' ongoing contact with their perpetrators after sexual assault in college. The objectives of this research are as follows:

1. Obtain information about victims' experiences of sexual assault on campus, in particular regarding their contact with and reactions to such contact with perpetrators.
2. Evaluate the extent to which contact with perpetrators associates with victims' mental, physical, and academic wellbeing.
3. Explore reactions to two types of acquaintance rape scenarios (high resistance and low resistance) among a female victimized population.

Hypotheses

The current study aims to provide detailed information about female college sexual assault victims' experiences, including: physical, psychological, and academic wellbeing, contact with perpetrators, content of contact with perpetrators, and the impact of such contact. Given this focus, the following hypotheses will be tested:

1. Contact with perpetrators will predict more physical and psychological health symptoms while controlling for childhood betrayal trauma, childhood sexual assault, college sexual assault, college intimate partner violence, and academic year.

2. Contact with perpetrators will predict less academic success while controlling for childhood betrayal trauma, childhood sexual assault, college sexual assault, college intimate partner violence, and academic year.
3. Exposure to DARVO will positively predict negative physical and psychological health symptoms while controlling for childhood betrayal trauma, childhood sexual assault, college sexual assault, college intimate partner violence, and academic year.
4. Exposure to DARVO will negatively predict academic success while controlling for childhood betrayal trauma, childhood sexual assault, college sexual assault, college intimate partner violence, and academic year.
5. There will be a main effect of condition such that participants exposed to the low resistance vignette will attribute more responsibility to the victim and report higher rape myth acceptance scores than participants exposed to the high resistance vignette.
6. There will be a main effect of contact such that participants who have been in contact with their perpetrator will attribute more responsibility to the victim and report higher rape myth acceptance scores than participants who have not been in contact with their perpetrator.
7. Participants who have been in contact with their perpetrator will attribute more responsibility to the victim and report higher rape myth acceptance scores when presented with the low-resistance vignette than participants who have not been in contact with their perpetrator.

CHAPTER II

METHOD

Participants

One hundred and twenty-one female college students recruited from the Human Subjects pool participated in this study. Of these, 113 failed no more than one attention check; analyses in this report are limited to these 113 participants. The Human Subjects Pool offers students in introductory Psychology and Linguistics courses class credit in exchange for participating in research studies. All participants' in this study were pre-screened for female gender and affirmative answers to the question: "While attending the University of Oregon, have you experienced any unwanted sexual contact (e.g., touching, kissing, penetration)?" Students who pre-screened as eligible for this study were presented with the option to sign up for it without first seeing the topic of the study (studies are named after composers and do not include descriptions).

Seventy-two percent of participants identified as White or Caucasian, 14.2% identified as Asian or Asian American, 12.4% identified as Hispanic or Latina/o, 1.8% identified as Hawaiian or Pacific Islander, 1% identified as Black or African American, and 2.7% identified as another race not listed. Participants were able to select multiple racial identities; as such, these percentages exceed 100. Eighty-eight percent of participants identified as heterosexual or straight, 8.8% identified as bisexual, 1% identified as lesbian, 1% identified as asexual, 1% identified as queer, and 1% identified as a sexual orientation not listed. Thirty-four percent of participants were in their first year of college, 32.7% were in their second year, 16.8% were in their third year, 15.9% were in their fourth year, and 1% were in their fifth year or more. Sixty-eight percent of

participants reported that one of their parents had attained at least a bachelor's degree. Thirty-nine percent of participants were affiliated with the Greek system (i.e., members in a sorority).

Materials

Consent form. The consent form provided participants with a general description of the study. Participants were informed that the purpose of the study was to understand how college women's experiences relate to their mental, physical, and academic health and wellbeing. The consent form also let participants know that questions would address topics including unwanted sexual contact and romantic and sexual relationships. Participants were informed that they would be awarded 1 credit after completing their participation, that they would receive half credit if they discontinued partially through the process, and that they could skip any question they wished without penalty. Participants were also oriented to the attention check process and shown an example of how an attention check item might appear. Participants were offered a link to a digital copy of the consent form for their records. Participants selected the option *Agree* in response to the prompt "Please choose *Agree* if you wish to participate" to indicate their consent. The complete consent form is available in Appendix A.

Demographics. Participants were prompted to provide information about a variety of personal characteristics. They were asked to report their age (with a fill in the blank response option). They were also asked to select their current gender identity (with the options of: *Woman, Man, Transwoman, Transman, Genderqueer/gender non-conforming, and A gender not listed here*), race/ethnicity (options: *Black/African American, American White/Caucasian, Asian or Asian American, Hawaiian or Pacific*

Islander, Native American or Alaska Native, Hispanic or Latino/a, and A race/ethnicity not listed here), sexual orientation (options: *Gay, Lesbian, Bisexual, Asexual, Heterosexual/straight, Queer, and A sexual orientation not listed here*). Participants who selected a demographic identity not listed were prompted to describe their identity in their own words. Participants were also asked what year of school they were in (options: *First year, Second Year, Third Year, Fourth Year, and Fifth Year or Beyond*). They were also asked to select the highest level of education attained by either of their parents (options were: *Middle school or less, Some high school, Graduated from high school, Some college, Associate's degree, Bachelor's degree, and Master's, doctoral, law, or other advanced degree*). All demographic questions are available in Appendix B.

Academic information. Participants were asked to enter their current GPA and to report how many classes they have dropped and withdrawn from since being a student at this university (all with fill in the blank response options). They were also asked whether they were members of the university Greek system (i.e., fraternity and sorority life; response options were *No* and *Yes*). The academic information questions are available in Appendix B.

Childhood betrayal trauma. Participants responded to the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006). The BBTS is a survey of potentially traumatic events. Participants were asked to check any events they had experienced. The version of the BBTS that was used in this study includes 12-items that assess for sexual abuse, psychological or emotional abuse, neglect, physical abuse, and witnessing of violence that occurred before the age of 18. For each type of experience, participants were asked whether they had the experience and whether it was committed by someone

with whom they were very close or not close. For example, “You were emotionally or psychologically mistreated by someone with whom you were very close” and “You were emotionally or psychologically mistreated by someone with whom you were not close” were both asked to assess emotional abuse at different levels of closeness. For each participant, we summed the number of types of high betrayal traumas they had experienced before age 18 to generate a childhood betrayal trauma scale inclusive of all 6 traumas perpetrated by a close other. Theoretical and actual scores on this subscale ranged from 0 to 6 ($M = 1.38$, $SD = 1.43$) with 0 indicating no betrayal traumas and 6 indicating all types of betrayal trauma. The full version of the BBTS used in this study is available in Appendix C.

Intimate partner violence. Intimate partner violence was assessed using a 6-item scale previously used in Rosenthal, Smidt, & Freyd (2016) adapted from the Partner Victimization Scale (PVS; Hamby, 2013, 2014) and the Women’s Experience with Battering Scale (WEB; Smith, Earp, & DeVellis, 1995). The combined measure captured both completed or threatened physical violence (e.g., “The person pushed, grabbed, or shook me”) and psychological violence and intimidation (e.g., “The person can scare me without laying a hand on me”). Response options were *Never*, *Once or twice*, *Sometimes*, *Often*, and *Many times* (coded as 0, 1, 2, 3, and 4). Scale reliability was good (Cronbach’s $\alpha = .85$). Scores were summed to create a single measure of intimate partner violence, with theoretical scores ranging from 0 (no partner violence) to 24 (*Many times* indicated for all items). Actual scores ranged from 0 to 22 ($M = 2.28$, $SD = 3.92$). The full intimate partner violence measure is available in Appendix D.

Childhood sexual assault. An abbreviated version of the Sexual Experiences Survey (SES; adapted from Koss et al., 2006) was used to assess for sexual assault before the age of 18. Participants were asked to check any of five events (capturing experiences of unwanted fondling, oral sex, vaginal penetration, anal penetration, and attempted oral, vaginal, or anal penetration) they experienced before the age of 18. For example, “Someone inserted their penis, fingers, or objects into my vagina without consent” was used to assess vaginal penetration. An overall childhood sexual assault variable was created by summing each type of unwanted sexual experience. Theoretical and actual scores on this measure ranged from 0 to 5 ($M = 1.12$, $SD = 1.29$) with 0 indicating no childhood sexual assault experiences and 5 indicating all types of childhood sexual assault). Scale reliability was questionable (Cronbach’s $\alpha = .67$).

Participants who checked any of these five events were also asked what their relationship was to the person who did this to them (with response options of: *Stranger, Acquaintance, Friend, Romantic Partner, Former Romantic Partner, Relative/Family Member, Teacher/Coach/Instructor/Supervisor, and Other*). Participants who selected *Other* were asked to describe the relationship via a fill in the blank text box. The full childhood sexual assault measure is available in Appendix E.

College sexual assault. The SES was also used to assess for sexual assault since college enrollment. Participants were asked to check any events they experienced since enrolling at the University of Oregon. This longer version of the SES assessed type of sexual contact (i.e., fondling, oral, vaginal, etc.) and strategy used by the perpetrator (i.e., physical force, intimidation, incapacitation due to alcohol, etc.). Scale reliability was good with this sample (Cronbach’s $\alpha = .84$). Participants’ checked responses were

summed to create an overall index of college sexual assault. This index reflected the number of sexual assault strategies a participant had experienced. This variable ranged theoretically from 0 to 25 (with 25 indicating that a participant had experienced all types and all strategies of sexual assault). The variable actually ranged from 0 to 18 ($M = 1.98$, $SD = 2.74$). The full SES used in this study is available in Appendix F.

Participants were also asked to identify their relationship to the person (response options: *Stranger, Acquaintance, Friend, Romantic Partner, Former Romantic Partner, Relative/Family Member, Teacher/Coach/Instructor/Supervisor, and Other*) and the person's status at the university (options: *Undergraduate student, Graduate student, Staff, Faculty, Not affiliated with the university, and I don't know*). Participants were also asked to respond to two questions regarding their labeling of their unwanted sexual experiences: "I have been raped while attending college" and "I have been sexually assaulted while attending college." Response options for both were *No, Yes, and Maybe*. The follow-up items to the SES are available in Appendix G.

Perpetrator contact. After responding to measures on unwanted sexual experiences, participants were asked to describe the degree of contact they had with their perpetrator since the experience. They were asked whether the person who perpetrated the experience had tried to contact them in any way (i.e., text, email, in-person; response options were *Yes* and *No*). Participants were asked to check any ways that the perpetrator had tried to contact them (e.g., a message on a social media site, text message, snap chat, etc.). They were also asked how many times the person had tried to get in touch since the event (response options ranging from 0 to 10 or more). They were also asked whether the perpetrator tried to get in touch with anyone close to them (response options: *Yes* and *No*)

and whether they (the participant) had contacted or tried to contact the perpetrator in any way (response options: *Yes* and *No*).

We initially summed participants' experiences with different types of perpetrator contact to create a dichotomous variable. However, this variable was skewed (skewness = 1.71, kurtosis = 3.51). Given that some participants have no contact with perpetrators while others have many instances of contact, it makes conceptual sense that this variable was skewed. To use the variable of perpetrator contact in parametric tests, we chose instead to code perpetrator contact dichotomously. Participants who had not been contacted by their perpetrator in any way were coded as 0 (no contact) and participants who had been contacted by their perpetrator in at least one way were coded as 1 (at least one type of perpetrator contact).

In addition to intentional contact, participants were also asked to report how many times they ran into the perpetrator both on and off-campus before and after what happened. For example: "How many times did you run into this person or persons off-campus (i.e., at an off-campus party, at a restaurant, at a bar) before what happened?" For these questions, response options ranged from 0 to 10 or more.

Participants were also asked about spaces they might have shared with their perpetrator. They were asked whether they had any classes with the perpetrator since the event (response options: *Yes* and *No*), whether they shared membership in any clubs, societies, or athletic organizations (response options: *Yes* and *No*), and whether they lived in the same apartment building or residence hall as the perpetrator (response options: *Yes* and *No*).

Participants who indicated either that they had contacted their perpetrator or their perpetrator had contacted them were asked how the contact had affected them (response options: *Very Negatively*, *Negatively*, *Neither Negatively nor Positively*, *Positively*, and *Very Positively*). They were also asked to briefly describe in their own words the impact of the contact. The full perpetrator contact items are available in Appendix H.

DARVO. Only participants who indicated that they had either been in touch with their perpetrator or their perpetrator had been in touch with them were presented with the DARVO questionnaire (Harsey, Zurbriggen, & Freyd, in press). Participants were prompted with the following: “You indicated that you have had some form of contact with the person or persons who did this to you after what happened. Did he/she/they say anything like any of the following items to you? Select all that apply.” The DARVO questionnaire was a 72-item inventory that allowed participants to select types of statements their perpetrator had made to them (for example: “I am not responsible for what happened” or “You're making it up for attention”). The DARVO questionnaire assessed for denials, attacks, reversals of the victim and offender roles, and apologies (i.e., “I realize what I did was wrong”). Participants’ checked responses were summed to create four sub-scales: denials, attacks, reversals of victim and offender, and apologies. Scale reliability ranged between good and excellent for all four subscales (with Cronbach’s α ranging from .89 to .93). Scores on each subscale ranged theoretically from 0 (no items endorsed) to 18 (all subscale items endorsed). The denial subscale actually ranged from 0 to 16 ($M = 3.82$, $SD = 4.44$). The attack subscale ranged from 0 to 16 ($M = 1.96$, $SD = 3.76$). The reversal subscale ranged from 0 to 14 ($M = 1.25$, $SD = 2.64$). The apology subscale ranged from 0 to 17 ($M = 1.80$, $SD = 3.5$).

As with perpetrator contact, we initially planned to create a continuous variable to represent DARVO. However, this variable was highly skewed (skewness = 3.41, kurtosis = 12.65). Instead, we scored participants' responses to the DARVO questionnaire dichotomously for use in the regression and correlation analyses. Participants who endorsed no DARVO statements were coded as 0 (no DARVO) and participants who endorsed at least one deny, attack, or reversal item were coded as 1 (at least one instance of DARVO). The items on the DARVO scale had excellent reliability ($\alpha = .96$). The full DARVO questionnaire is available in Appendix I.

Disclosure. Participants were asked whether they told anyone about their experience before completing the survey (response options: *Yes* and *No*). Those who indicated *Yes* were also asked who they told (options including roommates, therapist, friend, romantic partner, police etc.). Participants were also asked whether any of the people they told listened to them with compassion (response options: *Yes* and *No*). The disclosure items used are available in Appendix J.

Institutional betrayal. Only participants who indicated sexual assault during college were presented with the items assessing institutional betrayal. We assessed institutional betrayal using an adapted version of the Institutional Betrayal Questionnaire (IBQ; Smith & Freyd, 2013). The 18-item version of the IBQ used in this study was used recently and successfully with a similar population (see Rosenthal, Smidt, & Freyd, 2016). The IBQ assesses institutional failures to prevent or properly respond to sexual violence on campus (like "Mishandling your case, if disciplinary action was requested" or "Creating an environment where staying at the university was difficult for you"). Participants were asked to select *Yes* or *No* for whether they had experienced each type of

institutional response after their unwanted sexual experience. Scale reliability was good with this sample (Cronbach's $\alpha = .84$). Participants' *Yes* responses were summed to create a single variable for institutional betrayal. Theoretical scores on this variable ranged from 0 (no institutional betrayals indicated) to 18 (all institutional betrayals indicated). Actual scores ranged from 0 to 14 ($M = 1.51$, $SD = 2.45$). The full IBQ is available in Appendix K.

Dissociation. We assessed dissociation via the Wessex Dissociation Scale (WDS; Kennedy et al., 2004). The WDS is a theoretically driven scale assessing dissociation. Participants were asked to rate how frequently they experienced each item. Response options were: *Never*, *Rarely*, *Sometimes*, *Often*, *Very Often*, and *All the Time* (coded as 0, 1, 2, 3, 4, and 5). Example items included: "It feels as if there is more than one of me" and "I feel detached from reality." Scale reliability was excellent with this sample (Cronbach's $\alpha = .96$). Participants' responses to WDS items were averaged to create a single dissociation index which ranged from 0 to 5 (with high scores indicating more dissociation). Actual scores ranged from 0 to 3.73 ($M = .48$, $SD = .53$). The full WDS is available in Appendix L.

Posttraumatic outcomes. The Trauma Symptom Checklist (TSC-40; Elliot & Briere, 1992) was used to assess common forms of posttraumatic distress (i.e., nightmares, loneliness, sadness, anxiety, etc.). Participants rated how frequently they experienced each symptom, with response options of: *Never*, *Occasionally*, *Fairly Often*, and *Very Often* (coded as 0, 1, 2, 3). Scale reliability was excellent with this sample (Cronbach's $\alpha = .94$). Scores were averaged to create a single trauma symptom index

which ranged theoretically from 0 to 3 and actually from .05 to 2.73 ($M = .84$, $SD = .48$). The full TSC-40 is available in Appendix M.

Physical health. We used a 53-item version of the Pennebaker Inventory of Limbic Languidness (PILL; Pennebaker, 1982). The PILL assesses participants' experiences of a wide variety of symptoms and bodily sensations (for example, swollen ankles, boils, indigestion, etc.). Participants were asked to rate how often they experienced each symptom (with response options of: *Never or almost never*, *Less than 3 or 4 times per year*, *About once a month*, *About once a week*, and *More than once a week*, coded as 0, 1, 2, 3, and 4). Participants were also asked how many visits they made to a physician, how many days they were sick, and how many days their activity was restricted due to illness since the beginning of the term. Reliability with this sample was excellent (Cronbach's $\alpha = .96$). Participants' responses to all items were averaged to create a single physical health index. Scores on this variable ranged theoretically from 0 to 4 and actually from 0 to 3.42 ($M = 1.32$, $SD = .64$). The PILL is available in Appendix N.

College self-efficacy. The College Self-Efficacy Scale (Solberg, O'Brien, Villareal, Kennel, & Davis, 1993) evaluated students' academic efficacy, social efficacy, and roommate efficacy (ability to navigate relationships with housing mates). Participants rated their confidence in 19 different tasks (for example: "Participate in class discussions," "Manage time effectively," and "Make new friends at college") on a 0-9 scale, where 0 was labeled *Not at all confident* and 9 was labeled *Extremely confident*. Scale reliability was good with this sample (Cronbach's $\alpha = .89$). Participants' scores were averaged to create an index of college self-efficacy ranging theoretically from 0 to 9

and actually from 1.79 to 8.79 ($M = 6.11$, $SD = 1.43$). Higher scores represented more college self-efficacy. The full College Self-Efficacy Scale is available in Appendix O.

Substance use. Drinking was assessed with O'Brien et al.'s (2006) single-item question "In a typical week, how many days do you get drunk (unsteady, dizzy, or sick to your stomach)?" (response options ranging from 0 to 7). Marijuana use was also assessed using an adapted version of the same single-item question: "In a typical week, how many days do you get high on marijuana?" (response options ranging from 0 to 7). For alcohol use, participants' responses ranged from 0 to 4 ($M = 1.42$, $SD = 1.01$). For marijuana use, responses ranged from 0 to 7 ($M = 1.11$, $SD = 1.98$). The substance use items are available in Appendix P.

Rape vignettes. Participants were randomly presented with one of two different vignettes depicting heterosexual rape scenarios. The two vignettes differed in terms of the victim's resistance to the rape – the first vignette depicted high resistance, while the second depicted low resistance (see Appendix Q). The vignettes began identically and each were 101 words long. The only details that varied between the two vignettes was the victim's level of resistance.

Attributions of responsibility. Participants were presented with five questions regarding blame and responsibility for what happened in the vignette to which they were exposed (see Appendix R). These questions explored blame and responsibility for the depicted assault. The first question was "Who was responsible for what happened?" (adapted from Maurer, 2016) with five response options (ranging from completely blaming the perpetrator to completely blaming the victim). The subsequent four questions asked participants to rate their agreement with a series of questions (with response

options ranging from *Definitely* to *Definitely not*, coded as 1, 2, 3, 4, and 5). These questions were recoded and averaged to create a single scale reflecting mean victim blaming (with higher scores indicating more victim blaming). Scores on this variable ranged theoretically from 1 to 5 and actually from 1 to 3.80 ($M = 1.38$, $SD = .58$). Scale reliability was acceptable on this measure for both conditions (Cronbach's α of .73 and .75).

Rape myth acceptance. Rape myth acceptance was measured via the Updated Rape Myth Acceptance Scale (McMahon & Farmer, 2011). This 22-item scale asked participants to rate their agreement with various beliefs about how sexual assault happens (for example: "If a girl doesn't say "no" she can't claim rape"). Response options ranged from *Strongly disagree* to *Strongly agree* on a 5-point scale. Scale reliability was good to excellent for both conditions (Cronbach's α of .87 and .91). Participants' responses were averaged to create a continuous overall measure of rape myth acceptance. Scores on this variable ranged theoretically from 1 to 5 and actually from 1 to 3.55 ($M = 1.59$, $SD = .50$). The Updated Rape Myth Acceptance Scale is available in Appendix S.

Final question. After completing the measures for this study, participants were offered the opportunity to provide comments. They were prompted with the following: "Is there anything else you wish to tell us? Please feel free to comment about your experience with this survey, the University of Oregon, or any other thoughts you may have" and given a text box in which to write their comments (see Appendix T).

Debrief. After completing the study, participants were presented with a debriefing page. The debrief thanked participants for their time, explained the purpose of the study in more detail, reiterated the confidentiality of the study, and provided participants with

contact information for the researchers, Research Compliance Services, the Human Subjects Coordinator, and local resources for sexual assault support services. The full debrief is available in Appendix U.

Procedure

Our University's Office of Research Compliance approved all procedures in this study. Participants were recruited via the online scheduling system SONA. Students in introductory Psychology and Linguistics courses at this university have the opportunity to participate in research studies for class credit. Participants can take a "pre-screening" measure to determine whether they are eligible for a variety of research studies. For the current study, participants who reported in their pre-screen that they identified as female and had experienced unwanted sexual contact since their enrollment were eligible to participate. Participants were not made aware of why they were eligible for particular studies (i.e., they were not informed that they were eligible for this particular study because they had indicated experiencing college sexual assault). After signing up for the study, participants were provided with a link to the Qualtrics portal and could complete the survey at their convenience on their personal computers. Upon entering the survey, participants completed an online consent form (see Appendix A) and responded to the survey items.

Finally, after completing the survey, all participants were presented with a debriefing form (see Appendix U). Participants were informed that the purpose of the study was to better understand how women's experiences of sexual violence during college impact academic, emotional, and physical health. They were offered a variety of

local resources (i.e., counseling services, hotlines) and provided with the researchers' contact information should they have any questions.

Statistical Power

Given that this research charts previously unexplored territory, calculating a priori power analyses was not straightforward. Nonetheless, we conducted several a priori analyses to provide insight into the likelihood that our tests would be sufficiently powered. Since we did not have sufficient previous research from which to draw a power estimate for the various regression models (all with 6 predictors), we utilized the “post-hoc” feature in G*Power to estimate power given an anticipated sample size of 115, while assuming alpha of .05 and a small effect size of .10. Given these assumptions, we would be able to obtain power of .69. Alternately, with the same sample size and alpha, but assuming a medium effect size of .25, we would be able to obtain power of .99.

Turning to the hypothesized factorial ANOVA model, we conducted similar analyses. For the main effects of contact and condition, a sample size of 115, alpha of .05, and a small effect size (.10), we will be unlikely to see significant results if they did exist (power = .19). However, with a medium effect size of .25, we would be able to obtain power of .76. For the interaction between contact and condition, assuming a medium effect size of .25, we would be able to obtain power of .76.

CHAPTER III

RESULTS

As previously described, participants in this study were all college women who had experienced sexual victimization since their enrollment at this university.

Descriptive Statistics

A summary of all hypotheses and their corresponding findings is available in Table 1.

DARVO. Pearson correlations revealed that all four DARVO subscales (denials, attacks, reversals, and apologies) were correlated with one another. Denials were significantly associated with attacks ($r = .86, p < .001$), reversals ($r = .76, p < .001$), and apologies ($r = .24, p < .05$). Attacks were significantly associated with reversals ($r = .83, p < .001$) and apologies ($r = .20, p < .05$). Reversals were significantly associated with apologies ($r = .34, p < .001$).

Trauma incidence and scope. Sixty-six percent of participants had experienced at least one type of betrayal trauma before the age of 18. Fifty-eight percent of participants had experienced at least one type of sexual assault before the age of 18. Participants were asked who perpetrated sexual assaults they experienced before age 18 (and could select multiple options given the possibility of multiple perpetrators). Among participants who had been sexually assaulted prior to age 18, twenty-three percent indicated an assault by a stranger, 44.6% indicated an assault by an acquaintance, 27.7% indicated an assault by a friend, 18.5% indicated an assault by a romantic partner, 16.9% indicated an assault by a former romantic partner, and 9.2% indicated an assault by a

family member. Forty-nine percent of participants had experienced at least one type of intimate partner violence during college.

Sixty-four percent of participants indicated at least one type of sexual assault since becoming a student at the University of Oregon. Among participants who indicated some form of sexual assault since their enrollment, 75% indicated that their perpetrator was a fellow student (in comparison, 71.5% of participants in Freyd, 2016 indicated that their perpetrator was also a student). Thirty-two percent indicated that their perpetrator was not affiliated with the University of Oregon (participants were able to select multiple options to account for multiple perpetrators). Among those who indicated that their perpetrator was affiliated with the university, 98.6% indicated a fellow undergraduate perpetrator, 1.4% indicated a graduate student perpetrator, and 4.3% indicated that they did not know their perpetrator's role at the university. No participants indicated a faculty or staff member as a perpetrator.

Additionally, 27.8% of participants indicated that their perpetrator was a stranger. Fifty percent indicated acquaintances, 30.6% friends, 19.4% romantic partners, 11.1% former romantic partners, and 2.8% "other." Participants could select more than one option to account for multiple perpetrators. These results are consistent with the findings from Freyd (2016) where 26.3% of college female victims indicated that their perpetrator was a stranger, 46% indicated acquaintances, 28.5% friends, 17.5% romantic partners, 16.1% former romantic partners, and 1.5% "other".

In addition to our behavioral measures, we were also interested in how participants labeled their own sexual assault experiences. All participants were asked whether they had ever been "raped" or "sexually assaulted," using these words. Twenty

percent of participants agreed with the statement “I have been raped while attending college.” Four percent selected *Maybe* in response to this item. Forty percent of participants agreed with the statement “I have been sexually assaulted while attending college.” Seventeen percent selected *Maybe* in response to this item. Forty-three percent of participants responded *Yes* to either “I have been raped while attending college” or “I have been sexually assaulted while attending college” (yielding similar a similar rate of unacknowledged sexual assault victims as found in Littleton and Henderson, 2009).

In terms of disclosure, 65.5% of participants had disclosed their experience to someone before completing the survey. Only 3.5% of participants indicated that they told the local police, and only 4.4% told a theoretically non-confidential source at the university (i.e., campus police, faculty/staff, office of student conduct, or a resident advisor). All participants who reported telling someone about their experience also indicated that at least one person they disclosed to had listened to them with compassion.

Contact with perpetrators. Forty-one percent of participants indicated that their perpetrator had gotten in touch with them in some way after what happened, and 8.8% indicated that their perpetrator had gotten in touch with someone close to them after what happened. Fourteen percent of participants indicated that they had initiated contact with their perpetrator. The types of contact with perpetrators experienced by participants are available in Figure 1. The mean number of times participants ran into their perpetrators both before and after the assault on and off campus are depicted in Figure 2. The percentage of participants who share a space with their perpetrators is broken down by type of space in Figure 3. Combining all types of contact (running into the perpetrator and direct contact), 62.8% of participants had some contact or run-in with their

perpetrator. Participants' reactions to being contacted by a perpetrator are depicted in Figure 4.

Institutional betrayal. Sixty-two percent of participants reported at least one type of institutional betrayal. The most frequently endorsed types of institutional betrayal were: "Creating an environment in which this type of experience seemed more likely to occur" and "Creating an environment in which this type of experience seemed common or normal." Participants whose perpetrators were affiliated with the University of Oregon were 3.28 times more likely than participants whose perpetrators were not affiliated with the University of Oregon to report institutional betrayal ($\chi^2 = 14.99, p < .001$, Cramer's $V = .36$). Institutional betrayal was significantly and positively associated with dissociation, physical health symptoms, trauma symptoms, and three trauma variables (childhood betrayal trauma, college sexual assault, and college intimate partner violence; see Table 2).

Inferential Statistics

A correlation matrix with all variables of interest is available in Table 2.

DARVO. Pearson correlations revealed that all four DARVO subscales (denials, attacks, reversals, and apologies) were correlated with one another. Denials were significantly associated with attacks ($r = .86, p < .001$), reversals ($r = .76, p < .001$), and apologies ($r = .24, p < .05$). Attacks were significantly associated with reversals ($r = .83, p < .001$) and apologies ($r = .20, p < .05$). Reversals were significantly associated with apologies ($r = .34, p < .001$).

Testing hypotheses 1-4. We conducted eight sets of linear regressions to examine the predictive power of our variables of interest on the outcome measures. We have

grouped outcome measures by topic. The academic outcome measures are GPA and the College Self-Efficacy Inventory. The physical/psychological health outcome measures are the Wessex Dissociation Scale, the Pennebaker Inventory of Limbic Languidness, and the Trauma Symptom Checklist.

For the first four regressions, our predictors were as follows: childhood sexual assault, childhood betrayal trauma, college sexual assault, college intimate partner violence, academic year, and DARVO. For the second four regressions, our predictors were as follows: childhood sexual assault, childhood betrayal trauma, college sexual assault, college intimate partner violence, academic year, and perpetrator contact. Hence, the first four regressions differed from the second four only in that DARVO was included instead of contact with perpetrators as a predictor.

Tests to see if the data met the assumption of collinearity revealed that multicollinearity was not a concern for all eight regressions.

GPA. We completed two linear regressions to test the relation between the predictor variables and GPA. For the first regression, DARVO was included as a predictor variable along with childhood sexual assault, childhood betrayal trauma, college sexual assault, college intimate partner violence, and academic year. The overall model explained a significant proportion of the variance in GPA ($R^2 = .16$, $F(6,102) = 3.17$, $p < .01$). Intimate partner violence in college ($\beta = .43$, $p < .001$) and DARVO ($\beta = .23$, $p < .05$) were significant and positive predictors of GPA. The other variables did not contribute significantly to the model (see Table 3).

For the second regression, contact with perpetrators was included as a predictor variable along with childhood sexual assault, childhood betrayal trauma, college sexual

assault, college intimate partner violence, and academic year. The overall model explained a significant proportion of the variance in GPA ($R^2 = .15$, $F(6,102) = 2.91$, $p < .05$). Intimate partner violence in college was a significant predictor of GPA ($\beta = .46$, $p < .001$). No other variables contributed significantly to the model (see Table 3).

College self-efficacy. We completed two linear regressions to examine the relation between the predictors and college self-efficacy. As with GPA, for the first regression, we included DARVO as a predictor. The overall model did not explain a significant proportion of the variance in college self-efficacy ($R^2 = .09$, $F(6,106) = 1.82$, $p = .10$; see Table 4).

For the second regression, we included contact with perpetrators as a predictor. The overall model did not explain a significant proportion of variance in college self-efficacy ($R^2 = .07$, $F(6,106) = 1.31$, $p = .26$).

Dissociation. We conducted two linear regressions to examine the relationship between the predictors and dissociation. For the first regression, we included DARVO as a predictor along with the trauma variables and academic year. The overall model explained a significant proportion of the variance in dissociation ($R^2 = .40$, $F(6,106) = 11.55$, $p < .001$). Childhood sexual assault ($\beta = .21$, $p < .05$), childhood betrayal trauma ($\beta = .39$, $p < .001$), and academic year ($\beta = .21$, $p < .01$) all contributed significantly to the model (see Table 5). No other variables proved significant.

For the second regression, we included contact with perpetrators as a predictor. The overall model explained a significant proportion of the variance in dissociation ($R^2 = .40$, $F(6,106) = 11.57$, $p < .001$). Childhood sexual assault ($\beta = .21$, $p < .05$), childhood

betrayal trauma ($\beta = .38, p < .001$), and academic year ($\beta = .21, p < .05$) all contributed significantly to the model. No other variables contributed significantly.

Physical Health. We conducted two linear regressions to examine the relationship between the predictors and physical health. For the first regression, we included DARVO in the model along with the trauma variables and academic year. The overall model explained a significant proportion of the variance in physical health ($R^2 = .18, F(6,106) = 3.83, p < .01$). Only childhood betrayal trauma emerged as a significant predictor of physical health ($\beta = .30, p < .01$). No other variables were significantly predictive of physical health (see Table 6).

For the second regression, we included contact with perpetrators in the model. The overall model explained a significant proportion of the variance in physical health ($R^2 = .18, F(6,106) = 3.86, p < .01$). Childhood betrayal trauma was the only significant predictor of physical health ($\beta = .30, p < .05$). No other predictors significantly contributed to the model (see Table 6).

Trauma Symptoms. We conducted two linear regressions to examine the relationship between the predictors and trauma symptoms. For the first regression, we included DARVO in the model with the trauma variables and academic year. The overall model explained a significant proportion of the variance in trauma symptoms ($R^2 = .35, F(6,106) = 8.50, p < .001$). Childhood betrayal trauma ($\beta = .30, p < .01$) and college intimate partner violence ($\beta = .22, p < .05$) significantly predicted trauma symptoms. No other variables contributed significantly to the model (see Table 7).

For the second regression, we included contact with perpetrators in the model instead of DARVO. The overall model explained a significant proportion of the variance

in trauma symptoms ($R^2 = .32$, $F(6,106) = 8.39$, $p < .001$). Childhood betrayal trauma ($\beta = .29$, $p < .01$) and college intimate partner violence ($\beta = .21$, $p < .05$) contributed significantly to the model. No other variables emerged as significant (see Table 7).

Testing hypotheses 5-7. To test the two main effects (of condition and contact with perpetrators) and the interaction between the two in terms of their impact on attributions of responsibility and rape myth acceptance, we conducted two factorial ANOVAs. The first of these explored attributions of responsibility in response to the rape vignettes as the outcome measure. We revealed a main effect of condition such that participants in the low-resistance condition ($M = 1.66$, $SD = .69$) attributed significantly more responsibility to the victim than participants in the high-resistance condition ($M = 1.16$, $SD = .35$; $F(1, 109) = 21.79$, $p < .001$). Participants' attributions of responsibility did not differ in terms of their contact with perpetrators ($F(1,109) = .41$, $p = .53$). Additionally, the interaction effect was not significant ($F(1,109) = .32$, $p = .57$).

We ran a second factorial ANOVA to test the main effects of condition and contact with perpetrators and the interaction between the two in terms of their impact on rape myth acceptance. The main effect of condition on rape myth acceptance was not significant ($F(1,109) = .25$, $p = .62$). The main effect of contact with perpetrators was also not significant ($F(1,109) = 1.74$, $p = .19$). The interaction between contact with perpetrators and condition on rape myth acceptance was not significant ($F(1,109) = .001$, $p = .97$).

Post-Hoc Analyses

In addition to the regression analyses, we also ran a series of independent samples t-tests to examine how participants who had been exposed to DARVO differed from

participants who had not been exposed to DARVO. The results of the t-tests for dissociation, trauma symptoms, physical health, college self-efficacy, and GPA are available in Table 8. Participants with DARVO exposure presented with more dissociation and more trauma symptoms compared to those without DARVO (with results trending toward significance); for both dissociation and trauma symptoms, effect sizes were between small and medium. Contrary to expectations, trending results also emerged such that participants with DARVO exposure presented with higher college self-efficacy and higher GPA than participants without DARVO exposure; effect sizes for both were also in the small to medium range.

Free Responses

Participants were given space to describe the impact that contact with perpetrators may have had on them. Seventy-two participants provided a response. Seven participants used this space to clarify that they had not had any contact with the perpetrator since their assault. The remaining 65 responses are displayed in Table 9.

CHAPTER IV

DISCUSSION

Revisiting Research Questions and Objectives

This study examined female victims' ongoing contact with their perpetrators after experiences of sexual assault during college. Prior to conducting this research, we posed the following three overarching questions.

1. Do college sexual assault victims face continued exposure to their perpetrators after their sexual assault experience?
2. What outcomes are associated with ongoing contact with a perpetrator for victims of college sexual assault?
3. Among a female victimized population, what factors differentiate reactions to two types of acquaintance rape vignettes (high resistance and low resistance)?

We also guided our research with three objectives, which were as follows:

1. Obtain information about victims' experiences of sexual assault on campus, in particular regarding their contact with and reactions to such contact with perpetrators.
2. Evaluate the extent to which contact with perpetrators associates with victims' mental, physical, and academic wellbeing.
3. Explore reactions to two types of acquaintance rape scenarios (high resistance and low resistance) among a victimized population.

In line with these questions and objectives, we recruited a sample of college women who had all experienced an instance of sexual violence since their enrollment at this

university. Our findings provide important information in response to our questions and objectives.

Research question 1: Do college sexual assault victims face continued exposure to their perpetrators after their sexual assault experience? Our first research question aligns with our first objective, which was in short to better understand the extent to which victims of college sexual violence are in contact with their perpetrators after experiences of assault. In response to our first question and first objective, this study provides some clear answers. Firstly, the majority (62.8%) of our participants had experienced some sort of contact with their perpetrator since their assault. Types of contact varied (including phone contact, accidental contact on or off-campus, and social media contact). Forty-one percent of participants had a perpetrator who had gotten directly in touch with them in some way (via text, email, phone, in-person, etc.). Fifty-one percent of participants had experienced accidental contact (for example, running into their perpetrator on- or off-campus) since the assault. Overall, our findings suggest that most college sexual assault victims do indeed experience some form of contact with their perpetrator subsequent to their assault.

The second half of our first objective relates to how victims of campus violence react to contact with their perpetrator/s. We can answer this question in two ways. First, participants were asked directly how contact with their perpetrator had impacted them and were given five options with which to characterize their response (*Very Negatively*, *Negatively*, *Neither Negatively or Positively*, *Positively*). Forty-nine percent of participants selected either *Very Negatively* or *Negatively* in response to this question – i.e., nearly half of participants reported that contact with their perpetrator had a negative

effect on them. Forty-seven percent of participants selected *Neither Negatively or Positively* in response to this item, 3.9% selected *Positively*, and 0% selected *Very Positively*. Hence, participants' reactions to contact with perpetrators can be characterized as follows: nearly half of participants felt that contact elicited a negative impact on them, nearly half of participants felt that contact had a neutral effect on them, and a small handful of participants felt that contact had a positive impact on them. Although not all contact is necessarily painful or devastating, a substantial proportion of college sexual violence victims saw contact with their perpetrators as having a negative effect on them.

The next way to answer the question of how victims react to contact with their perpetrators is available in participants' free responses (see Table 9) to the question asking them to describe how contact impacted them. As with the previous question, some participants saw contact as neutral (i.e., Quote 37: "It did not really impact me").

However, many participants described feeling distress in response to contact with their perpetrator. For example, participants wrote: "Whenever I see him around campus my whole body freezes up and I cannot concentrate on anything that is happening around me" (Quote 43) and "I felt like I couldn't breathe. All the happiness seeped out of me when I heard his voice on the phone. I was depressed.. I still am. It breaks me up inside. It makes me want to be numb" (Quote 2). Others describe experiences that align with DARVO:

"They messaged me the next day asking if I wanted to go out to dinner or something like nothing happened. They never indicated that anything was wrong. It made me feel like what happened was okay when it really wasn't" (Quote 20).

This participant describes a denial by her perpetrator, and explains how that denial left her doubting her experience.

Other participants describe how contact triggered trauma symptoms for them:

“When I see him it makes me go back to that exact moment with those same feeling [*sic*]. I get overwhelmed and start to get anxious and cannot focus” (Quote 54).

These two sources of information suggest that many participants see perpetrator contact as a negative and sometimes re-traumatizing event.

Research question 2: What outcomes are associated with ongoing contact with a perpetrator for victims of college sexual assault? Our second research question aligns with our second objective, which was to explore the extent to which contact with perpetrators was related to victims’ wellbeing (mental, physical, academic). Our second question and objective are addressed by our first four hypotheses. Our eight regression models explored the issue of the extent to which contact with perpetrators (operationalized as the dichotomous perpetrator contact and DARVO variables) associated with our outcome variables. Our first hypothesis (that contact with perpetrators would predict more physical and psychological health symptoms while controlling for trauma and academic year) was not supported. We found that contact with perpetrators was not significantly associated with dissociation, physical health, or trauma symptoms. Our second hypothesis (that contact with perpetrators would predict less academic success while controlling for trauma and academic year) was also not supported. No significant relationship emerged between contact with perpetrators and college self-efficacy or GPA (though the association between contact with perpetrators and GPA was

trending toward significance). Addressing our third hypothesis (that DARVO exposure would positively predict negative health outcomes while controlling for trauma and academic year), we revealed that DARVO did not significantly predict dissociation, physical health, or trauma symptoms. Our fourth hypothesis (that exposure to DARVO would negatively predict academic success) was not supported; instead, DARVO positively predicted GPA.

To compare participants who had experienced DARVO to those who had not, we also ran a series of post-hoc independent samples t-tests. Participants who had experienced DARVO reported more dissociation (at the .07 significance threshold) and more trauma symptoms (trending toward significance) than participants who had not experienced DARVO. These analyses suggest that DARVO does relate to negative mental health outcomes as predicted, though in a less robust manner than expected.

Overall, these findings were surprising. Neither DARVO nor contact with perpetrators proved a strong predictor of the academic and health outcomes as hypothesized. Yet DARVO emerged as a positive predictor of GPA in the regression models. Similarly, contact with perpetrators also positively predicted GPA. Moreover, in our independent t-tests, participants with DARVO exposure reported significantly higher college self-efficacy than participants without DARVO exposure. However, we find it theoretically implausible that denials, attacks, and victim blaming and other forms of contact from a perpetrator are genuinely positive experiences for victims, especially in light of our participants' subjective descriptions of their experiences with such contact.

We have considered several possible explanations for this relationship. The first, and most intuitive, is that students with high college self-efficacy and higher GPAs may

be more likely to attend class, go to campus events, participate in clubs, and show up at parties. While these behaviors would all (theoretically) be positive for a student's sense of herself as a thriving college attendee and for her academic achievement, they might also provide substantial opportunity for a fellow-student perpetrator to communicate. A victim who regularly attends class is more likely to see her perpetrator who also goes to the same school. In this sense, it is not that participants who are exposed to DARVO have higher college self-efficacy, but that participants with higher college self-efficacy are more frequently exposed to DARVO. The same logic applies to GPA; participants who go to class and office hours are simply on campus more frequently, potentially providing their perpetrator with substantial access to them.

A second explanation for this finding is the presence of a third variable that may mediate or moderate the relationship between DARVO and college self-efficacy. For example, victims who are exposed to more DARVO may be more likely to seek support services such as counseling; access to additional services could explain the positive relation between DARVO and college self-efficacy.

A third culprit for this finding may be our choice of measures. Participants' estimates of their own GPA may not be accurate (i.e., students may incorrectly report their GPA). Furthermore, the college self-efficacy scale assesses for three different themes (academic efficacy, roommate efficacy, and social efficacy). Perhaps if each type of efficacy were assessed individually, we would gain better information about what types of efficacy are associated with DARVO.

A fourth explanation that is also important to consider is the possibility that academic outcomes are not appropriate outcome measures in the first place. While

DARVO may be harmful in various ways, perhaps students' academic success is not an area affected by DARVO from perpetrators. In Harsey et al. (in press), participants who received more DARVO from someone who wronged them also reported more self-blame. Given the nature of DARVO (denials, attacks, and blaming the victim), measures like self-blame may be more appropriate indices of the effect of DARVO.

Finally, it is of course possible that DARVO genuinely does not predict negative outcomes for victims whatsoever. Given how much trauma the participants in this sample had experienced, there is perhaps something of a ceiling effect – receiving DARVO may not cause harm above and beyond that of the original trauma. Though this is a possibility, it is not one we see as likely. First, because the victims' responses to the Likert scale item regarding how contact with their perpetrator had affected them were so negative, and second because the free response items clearly suggest a pattern of distress in relation to seeing and hearing from perpetrators.

Similarly, support for DARVO as a negative experience is further found in the simple correlation and t-test results. Though in the regression models, DARVO was not a significant predictor of dissociation, in a simple correlation DARVO did positively associate with dissociation (with a medium effect size, $r = .20$). Similarly, participants who had been exposed to DARVO presented with higher dissociation scores than participants who had not been exposed to DARVO (again, with a medium effect size; Cohen's $d = .40$). Without controlling for trauma experiences, having a perpetrator deploy DARVO tactics was associated with more dissociation, a finding that makes sense when viewed through the framework of betrayal trauma theory (Freyd, 1996). Betrayal trauma theory posits that for some victims of interpersonal violence, remaining fully

aware of the traumatic experience is not the most effective route to continued survival. Dissociation falls on a spectrum of unawareness, leaving the person who is dissociating less grounded in their current reality, disconnected in various ways from the present moment. Given that DARVO entails a perpetrator engaging in strategies like denying the trauma, verbally attacking the victim, and claiming to be the real victim, dissociation might be a particularly useful strategy for weathering DARVO tactics. By disconnecting, the victim can potentially avoid directly dealing with the content of the perpetrator's comments. Similarly, even relatively "innocuous" contact with perpetrators seems to yield a negative effect on victims. Participants described in their free response answers how merely seeing the perpetrator could trigger reactions of numbness, panic, and emptiness. Their written responses are consistent with the relationship we found between DARVO and dissociation.

One important fact to remember is the reality that all participants in this sample have some victimization experience since their enrollment at this university. All participants are coping, to some extent and in some way, with the ongoing effects of trauma. Moreover, many participants also reported extensive additional trauma experiences in the form of childhood sexual assault, betrayal trauma, or intimate partner violence. In short, this is a highly traumatized sample. It is difficult to parse out the unique effects of each type of traumatic experience, and it is also possible that we over-controlled for trauma in our regression models.

Research question 3: Among a female victimized population, what factors differentiate reactions to two types of acquaintance rape vignettes (high resistance and low resistance)? Our third research question aligns with our third objective, which

was to examine participants' reactions to the acquaintance rape scenarios. Our third question and objective were addressed by hypotheses 5, 6, and 7. In hypothesis 5, we predicted a main effect of condition such that participants in the low resistance condition would attribute more responsibility to the victim and report higher rape myth acceptance scores than participants exposed to the high resistance condition. This hypothesis was partially supported; participants in the low resistance condition did attribute more responsibility to the victim than participants in the high resistance condition. However, participants' rape myth acceptance scores did not differ between conditions.

In hypothesis 6, we predicted a main effect of perpetrator contact such that participants who had been in contact with a perpetrator would attribute more responsibility to the victim and report higher rape myth acceptance scores than participants who had not been in contact with a perpetrator. This hypothesis was not supported. Participants' attributions of responsibility and rape myth acceptance scores did not differ by perpetrator contact.

Finally, in hypothesis 7, we predicted an interaction between perpetrator contact and condition such that participants who had been in contact with a perpetrator would attribute more responsibility to the victim and report higher rape myth acceptance scores when presented with the low-resistance vignette than participants who had not been in contact with a perpetrator. This hypothesis was not supported; no interaction emerged between perpetrator contact and condition.

Our a priori power analyses suggested that with our given sample size, we would not have adequate power to detect small effect sizes. Given this reality, it is possible that with a larger sample size, a significant main effect of perpetrator contact and an

interaction effect would have emerged. It is also possible that victims' own experiences of being contacted by a perpetrator do not relate to their judgments of other victims.

Implications

This study offers insight into how colleges and universities might better understand the situation faced by victims of college sexual violence. Violence on campus is often viewed as a single event – the victim experiences an assault and then copes with said assault. However, the current study contradicts such a perspective. Over 60% percent of victims indicated that at least one of their perpetrators was affiliated with the University of Oregon. Over a third of participants had run into their perpetrator on campus at least once since their assault. Almost 40% of participants had experienced DARVO from their perpetrator. For victims of college sexual violence, the experience does not simply end when the assault itself ends. Moreover, participants whose perpetrators were affiliated with this university were significantly more likely to report institutional betrayal than participants whose perpetrators were not associated with the university. This finding suggests that when students are assaulted by members of their own academic community, they are more likely to feel that their school has not protected them sufficiently than in cases when the assailant is external to the institution.

Per Title IX, when victims report their experiences to their school, the school should offer them options to “avoid contact with the alleged perpetrator and allow students to change academic or living situations” (Office of Civil Rights [OCR], 2011). Yet the reality remains that most victims never report their experiences. In this study, only 4.4% of participants told a (theoretically) non-confidential university source; as with previous research (i.e., Fisher et al., 2003), most victims of campus violence never reveal

their experience and thus never receive accommodations from their institution. Hence, in understanding how best to help victims of campus violence, it is vitally important to acknowledge the actuality that most do not currently report.

In summary, the current research offers the following information. First, as in previous studies, most of our participants did not report their experiences to their academic institution. Second, most victims in our study had experienced some type of contact with their perpetrator after their assault. Third, we did find some preliminary evidence that this contact is associated with negative consequences. DARVO was positively correlated with dissociation. Although our regression models did not reveal DARVO or perpetrator contact as significant predictors of negative outcomes while accounting for the trauma variables, our victims' free responses paint a somewhat dire picture. Participants report shame ("every time I see him sucks because I feel ashamed" [Quote 13], distress ("it just made me uncomfortable and I felt a little sick for a while afterwards" [Quote 56], and immobilization or numbness ("I...froze immediately with shock and could not move and started to have a panic attack" [Quote 59]) in response to seeing their perpetrators. While not all participants described such negative responses, the number who did, and the severity of their described responses to perpetrator contact are deeply concerning.

Although not the primary focus of this study, it is also important to note that experiences of college sexual assault were positively correlated with dissociation, physical health symptoms, and trauma symptoms – i.e., sexual assault in college is related to negative health outcomes for victims. Additionally, childhood betrayal trauma was a particularly strong predictor of negative health outcomes, suggesting that betrayal

remains an important dimension to account for when considering the predictors of trauma symptomatology.

Limitations

Given the dearth of previous research examining women's experiences of sharing a campus with perpetrators after college sexual violence, the current study encompassed a relatively broad set of questions, objectives, and hypotheses. Our objectives ranged from general (to better understand the experiences of college sexual assault victims in terms of their contact with perpetrators after assault) to specific (to test the main effects and interactions of an experiment). Although we did enter this project with planned questions, objectives, and hypotheses to guide us, this research is new, and in this sense, inherently somewhat exploratory. As such, this dissertation offers an initial examination of many important questions about campus violence, but cannot provide definitive answers to those questions; more research is clearly needed.

Sample size is an important limitation to acknowledge. Although it is saddening that 113 female students with sexual assault experience just since college were recruited in less than two academic terms, our sample was somewhat underpowered to detect small effect sizes in our regression and ANOVA models. Given this, it is possible that with a larger sample, DARVO or contact with perpetrators would emerge as significant predictors of some outcome variables. The results of the experiment are also perhaps impacted by the small sample; with more participants, we may have seen a main effect of perpetrator contact on victim blaming or an interaction between perpetrator contact and condition.

Additionally, data for the current study were collected at one time point only. Participants' assault experiences naturally varied in terms of when they occurred – hence, the latency since each participants' assault inherently differed. Some participants may have been assaulted very recently and others less so. Furthermore, some participants reported multiple assault experiences during college while others reported only one. Given the complexity of our participants' trauma experiences and the limitations of our cross-sectional design, we cannot establish temporal precedence or persistence of symptoms – this study offers purely correlative information.

Another limitation is our lack of objective data. One strategy to strengthen research on college sexual assault victims' experiences is to obtain corresponding data from the university on participants' drop rates, GPA, and withdrawals. Because we did not obtain any such information from the university, we lack this type of objective data. Some participants may not have accurately remembered or reported their academic information.

Generalizability is another question to consider. All participants were students in introductory psychology and linguistics courses. While a large number of students at this university participate in the human subjects pool, there may be some systematic difference between students who are human subjects participants at some point and those who are not. Additionally, the type of school participants attend undoubtedly also matters in terms of how many students reside on or immediately adjacent to campus and the size of the student body. This study took place at a large, public university where 77% of freshmen live on campus but only 14% of sophomores, 6% of juniors, and 1% of

seniors (University of Oregon Office of Admissions, 2016). Our results may be quite different from those found at other types of schools.

Self-selection is greatly minimized by using the human subjects pool. Participants in the human subjects pool are not informed of the topic of the research study they have signed up for before they read the consent form for that study. Hence, participants cannot self-select into the study based on interest in the topic. It is possible for participants to cease or disengage from their participation after reading the consent form. In this study, only eight participants were excluded from analyses due to failing attention checks. It is possible that the 8 participants who were excluded due to careless responding differed systematically in some way from the 113 who were included. However, given the small number of participants eliminated due to failing attention checks, this is a minimal concern.

Future Directions

Future studies on this topic should recruit larger samples over longer periods of time. Particularly given the fact that childhood trauma is likely to remain a strong predictor of trauma sequelae, the effect size of DARVO or contact with perpetrators may be quite small and require a larger sample to detect. Additionally, longitudinal design would be ideal for research on college sexual violence victims' experiences. By following-up with participants over time, researchers can observe the persistence of trauma symptoms, obtain information about revictimization rates, and gain knowledge about victims' ongoing contact with their perpetrators. Diary-study methodology would be particularly useful in examining this population; victims could record contact with perpetrators and their reactions to such contact over time.

Another topic that will be important to address in future studies is how to better isolate the unique effects of specific instances of trauma when working with a highly traumatized sample. Although our regression models control for each separate type of trauma, victims' experiences of trauma are not likely so neatly compartmentalized. Some betrayal trauma items likely overlap with experiences of childhood sexual assault. Similarly, intimate partner violence in college probably includes instances of sexual assault for some participants. Some victims may have experienced many instances of sexual assault from a romantic partner; others may have experienced a single but highly distressing assault from an acquaintance. Understanding how these experiences differ is complex and parsing out their unique effects is a challenge. On one hand, we are interested in examining the unique impact of DARVO from specific perpetrators. On the other hand, experiences of trauma are not often discrete and easily categorized. Future studies on DARVO can compare the use of different methods (i.e., asking participants to consider all perpetrators at all life-stages vs. asking them to consider only one specific perpetrator) for the DARVO questionnaire.

While we included numerous relevant outcome measures in this research, there are other important outcomes we did not measure. Physiological measures would be extremely useful in future studies to examine victims' physical outcomes in more detail. Other psychological outcomes could also be included in future research (for example, specific measures for anxiety or depression).

This study also adds to the growing literature on DARVO, and is the first DARVO study to utilize a solely victimized sample. Understanding how perpetrators' behavior impacts victims after a traumatic event like sexual assault is crucially important

for both policy and research. In previous research on DARVO, Harsey et al. (in press), found that DARVO questionnaire apology subscale was not significantly correlated with the other DARVO subscales, suggesting that participants' offenders did not apologize merely in conjunction with other DARVO tactics, but as a separate behavior.

Importantly, participants in Harsey et al.'s (in press) study were asked to consider a time when they confronted someone over a wrongdoing, and very few participants reported confronting a perpetrator of sexual violence. In comparison, in our study, participants were asked to respond to the DARVO questionnaire while considering the person who sexually assaulted them, and the apology subscale did correlate positively with the other DARVO subscales. This discrepancy perhaps indicates that perpetrators of sexual assault are more likely to apologize while also engaging in other tactics such as denial and attack. This makes sense in line with participants' subjective impressions of how contact with their perpetrator had affected them; the majority saw contact as negative or neutral. It is possible that perpetrators may apologize, only to subsequently deny their actions or attack the victim's credibility. The exact dynamics used by perpetrators and the effect of such dynamics on victims will be an important topic for future research.

Our rape vignette experiment offers another promising direction for future research. While studies that utilize rape vignettes to assess what characteristics influence observers' judgments of sexual assault cases abound, relatively few utilize a victimized sample (see Osman, 2016 for an exception). Victimization status undoubtedly influences a person's attitudes toward sexual assault cases in varied and nuanced ways; rape vignette studies should at least assess for victimization to compare judgments made by victims and non-victims regarding blame and responsibility. Furthermore, on college campuses,

victims comprise a relatively large percentage of the overall student body given the high rates of violence. Many (if not most) victims may know others who have had similar experiences of trauma. In addition to coping with their own assaults, victims are likely also bystanders, allies, and otherwise stakeholders regarding college sexual violence. In the ongoing work to better understand college sexual violence, it is important to understand victims' reactions to violence on campus beyond their own cases. Various factors may influence victims' judgments of sexual assault cases, including their experiences with disclosure, self-blame, and self-identification as a victim or not. Future research can explore these factors and their influences on victims' attitudes and attributions of blame and responsibility.

Conclusion

For college women who are victims of sexual violence on campus, their experiences extend beyond the discrete incident of their assault. Most victims report perpetrators who are fellow students, and most victims have had some form of contact with their perpetrator since their assault. Although the question of what effect contact with perpetrators yields on victims is not clearly illuminated by the current study, our correlational data suggest that sexual assault while in college is related to negative outcomes like dissociation, physical health complaints, and trauma symptoms. Given the troubling quotations collected from participants regarding their experiences of having contact with their perpetrators, universities should be aware of the reality that student victims' trauma does not end when their assault ends. As schools strive to improve their handling of campus violence, they must consider the ongoing outcomes of assaults on victims' mental, physical, and academic health.

APPENDIX A

CONSENT

Welcome. You are invited to participate in a study being conducted by graduate researcher Marina Rosenthal, MS and professor Jennifer Freyd, Ph.D. The purpose of the research is to understand how your experiences as a college woman relate to your mental, physical, and academic health and wellbeing.

This study will take no more than 1 hour to complete and must be completed in 1 session. You will be awarded 1 credit for your participation. If you choose to discontinue participation in an online study at any point after clicking through the consent page, you will receive $\frac{1}{4}$ credit for each 15 minutes of participation, rounded up to the next 15 minutes. For example, if you complete 1-15 minutes you will receive $\frac{1}{4}$ credit, if you complete 16-30 minutes you will receive $\frac{1}{2}$ credit, and so on. If you discontinue participating in the middle of this study, contact the listed researcher to receive partial credit.

As part of this study, you will be shown a variety of statements and questions in the form of a questionnaire and asked to answer them. These questions will ask about topics such as unwanted sexual contact and romantic and sexual relationships. Due to the sensitive nature of these questions, there is some psychological risk associated with participating in this study. However, this risk does not go beyond those that may be encountered in daily life. You should keep in mind that your answers will in no way be linked to your name. If you agree to participate in this study you may skip any question that you wish without penalty. There will be a series of items throughout the survey to

check that you are devoting attention and care to your survey responses. For example, such items may ask “For this question, select 5.”

Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with the UO Psychology Department or the UO Linguistics Department. If you decide to participate, you are free to withdraw your consent and discontinue participating at any time without penalty. The Psychology and Linguistics Departments have established alternative assignments for students who do not wish to participate as research subjects. Please see your instructor if you would rather complete an alternative assignment.

No information you provide in this survey will be linked to your identity in any way. While researchers do not have access to individual responses, SONA administrators have a record of your participation in the study for the purposes of issuing class credit. If you have any questions, feel free to contact Marina Rosenthal at mnr@uoregon.edu or Dr. Jennifer Freyd at jjf@uoregon.edu. If you have any questions concerning your rights as a Research Compliance Services research participant, please contact Research Compliance Services. You can also email the Human Subjects Coordinator for psychology and linguistics research.

Research Compliance

5237 University of Oregon Eugene, OR 97403

541-346-2510 researchcompliance@uoregon.edu

Human Subjects Coordinator

hscoord@uoregon.edu

Please choose 'Agree' if you wish to participate.

If you would like a copy of your consent form for your records, please go to the link below:

<https://www.dropbox.com/s/wgjrii8xoltpua9/Consent%20Form%20Link.pdf?dl=0>

APPENDIX B
DEMOGRAPHICS

What is your age? _____

What is your current gender identity?

- Woman
- Man
- Transwoman
- Transman
- Genderqueer/gender non-conforming
- A gender not listed here (please describe) _____

What is your race/ethnicity?

- Black/African American
- American White/Caucasian
- Asian or Asian American
- Hawaiian or Pacific Islander
- Native American or Alaska Native
- Hispanic or Latina/o
- A race/ethnicity not listed here (please describe) _____

What is your sexual orientation?

- Gay
- Lesbian
- Bisexual
- Asexual

- Heterosexual/Straight
- Queer
- A sexual orientation not listed here (please describe) _____

What year of school are you in?

- First year
- Second year
- Third year
- Fourth year
- Fifth year or beyond

What is the highest level of education your parents attained? For example, if your mother has a bachelor's degree, but your father did not attend college, you would select "bachelor's."

- Middle school or less
- Some high school
- Graduated from high school
- Some college
- Associate's degree
- Bachelor's degree
- Master's, doctoral, law, or other advanced degree

What is your current GPA? _____

How many classes have you dropped since you have been a student here? _____

How many classes have you withdrawn from since you have been a student here? _____

Are you a member of the Greek system?

- Yes
- No

APPENDIX C

BRIEF BETRAYAL TRAUMA SURVEY

Please indicate whether each of the following events happened to you **before you turned**

18. Please select all that apply.

- Witnessed someone with whom you were very close (such as a parent, brother or sister, caretaker, or intimate partner) committing suicide, being killed, or being injured by another person so severely as to result in marks, bruises, burns, blood, or broken bones. This might include a close friend in combat.
- Witnessed someone with whom you were not close undergoing a similar kind of traumatic event.
- Witnessed someone with whom you were very close deliberately attack another family member so severely as to result in marks, bruises, blood, broken bones, or broken teeth.
- Witnessed someone with whom you were not close deliberately attack a family member that severely.
- You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were very close (such as a parent or lover).
- You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were not close.
- You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were very close.

- You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were not close.
- You were neglected or had basic essential needs or resources withheld from you by someone with whom you were very close. This neglect or withdrawal of basic needs could have been willful or not.
- You were neglected or had basic essential needs or resources withheld from you by someone with whom you were not close. This neglect or withdrawal of basic needs could have been willful or not.
- You were emotionally or psychologically mistreated by someone with whom you were very close.
- You were emotionally or psychologically mistreated by someone with whom you were not close.

APPENDIX D

INTIMATE PARTNER VIOLENCE

Answer the next questions about any hook-up, boyfriend, girlfriend, husband, or wife you have had, including exes, regardless of the length of the relationship.

	Never	Once or Twice	Sometimes	Often	Many Times
Not including horseplay or joking around, the person threatened to hurt me and I thought I might really get hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not including horseplay or joking around, the person pushed, grabbed, or shook me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not including horseplay or joking around, the person hit me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not including horseplay or joking around, the person beat me up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not including horseplay or joking around, the person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

stole or damaged my

property.

Not including horseplay or

joking around, the person

scared me without laying a

hand on me.

○ ○ ○ ○ ○

APPENDIX E

CHILDHOOD SEXUAL ASSAULT

Answer the next questions about any hook-up, boyfriend, girlfriend, husband, or wife you have had, including exes, regardless of the length of the relationship. Did you experience any of these events **before the age of 18? Select all that apply.**

- Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breasts/chest, crotch, or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration).
- Someone performed oral sex on me or made me have oral sex with them without my consent.
- Someone inserted their penis, fingers, or objects into my vagina without my consent.
- Someone inserted their penis, fingers, or objects into my anus without my consent.
- Even though it didn't happen, someone TRIED to have oral, anal, or vaginal sex with me without my consent.

What was your relationship to this person? (Check as many as necessary, for multiple experiences).

They were a:

- Stranger
- Acquaintance
- Friend
- Romantic partner

- Former romantic partner
- Relative/family member
- Teacher/Coach/Instructor/Supervisor
- Other (please describe) _____

APPENDIX F
COLLEGE SEXUAL ASSAULT

The following questions concern sexual experiences that you may have had that were unwanted. We know these are personal questions, so we appreciate your honest response. Your information is completely confidential. You can check multiple responses for each item. We want to know about your experiences since you enrolled at the **University of Oregon**. These experiences could occur on or off campus, when school is in session or when you are on a break.

Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breasts/chest, crotch, or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:

- Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to
- Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to
- Taking advantage of me when I was too drunk or out of it to stop what was happening
- Threatening to physically harm me or someone close to me
- Using force, for example holding me down with their body weight, pinning my arms, or having a weapon

Someone had oral sex with me or made me have oral sex with them without my consent by:

- Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to
- Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to
- Taking advantage of me when I was too drunk or out of it to stop what was happening
- Threatening to physically harm me or someone close to me
- Using force, for example holding me down with their body weight, pinning my arms, or having a weapon

Someone put their penis, fingers, or other objects into my vagina without my consent by:

- Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to
- Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to
- Taking advantage of me when I was too drunk or out of it to stop what was happening
- Threatening to physically harm me or someone close to me
- Using force, for example holding me down with their body weight, pinning my arms, or having a weapon

Someone put their penis, fingers, or other objects into my anus without my consent by:

- Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to
- Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to
- Taking advantage of me when I was too drunk or out of it to stop what was happening
- Threatening to physically harm me or someone close to me
- Using force, for example holding me down with their body weight, pinning my arms, or having a weapon

Even though it didn't happen, someone TRIED to have oral, anal, or vaginal sex with me without my consent by:

- Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to
- Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to
- Taking advantage of me when I was too drunk or out of it to stop what was happening
- Threatening to physically harm me or someone close to me
- Using force, for example holding me down with their body weight, pinning my arms, or having a weapon

APPENDIX G

COLLEGE SEXUAL ASSAULT FOLLOW UP

What was your relationship to this person? (Check as many as necessary, for multiple experiences)

They were a:

- Stranger
- Acquaintance
- Friend
- Romantic partner
- Former romantic partner
- Relative/family member
- Teacher/Coach/Instructor/Supervisor
- Other (please describe) _____

What was the status of the other person at the **University of Oregon**? (Check as many as necessary, for multiple experiences)

- Undergraduate student
- Graduate student
- Staff
- Faculty
- Not affiliated with the university
- I don't know

I have been raped while attending college

- No

- Yes
- Maybe

I have been sexually assaulted while attending college

- No
- Yes
- Maybe

APPENDIX H

PERPETRATOR CONTACT

You indicated you have had an experience like kissing, touching, or penetration while in college. Please consider this experience while you answer the following questions.

Did the person or persons who did this to you try to contact you in any way after what happened (like sending a message via facebook or email, texting, showing up at your dorm, etc.)?

- Yes
- No

Did the person or persons who did this to you try to get in touch with anyone close to you (like a friend or family member) to talk about what happened?

- Yes
- No

Please select all the ways that the person or persons who did this to you tried to get in touch with you after what happened:

- A message on a social media site (like Facebook, Instagram, Twitter, etc.)
- A comment on a social media site (like Facebook, Instagram, Twitter, etc.)
- A friend/follow request on a social media site (like Facebook, Instagram, Twitter, etc.)
- Other type of contact on social media
- Text message
- Snap chat

- Phone call
- Email
- In person

How many times has the person or persons who did this to you tried to get in touch with you after what happened?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

How many times did you run into this person or persons **OFF CAMPUS** (i.e., at an off campus party, at a restaurant, at a bar) **BEFORE** what happened?

- 0
- 1
- 2
- 3
- 4

- 5
- 6
- 7
- 8
- 9
- 10 or more

How many times did you run into this person or persons **OFF CAMPUS** (i.e., at an off campus party, at a restaurant, at a bar) **AFTER** what happened?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

How many times did you run into this person or persons **ON CAMPUS** (i.e., at the gym, the EMU, an academic building, etc.) **BEFORE** what happened?

- 0
- 1

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

How many times did you run into this person or persons **ON CAMPUS** (i.e., at the gym, the EMU, an academic building, etc.) **AFTER** what happened?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

Have you had any classes with the person or persons who did this to you since it happened?

- Yes
- No

Are you in any of the same clubs, societies, or athletic organizations with the person or persons who did this to you?

- Yes – please briefly describe what type of club/society/athletic organization (for example: “my sorority” or “a club”) _____
- No

Do you live in the same apartment building or residence hall as the person who did this to you?

- Yes
- No

You indicated that you have had some form of contact with the person/persons who did this to you since it happened. How has this contact affected you?

- Very negatively
- Negatively
- Neither negatively or positively
- Positively
- Very positively

Please briefly describe the effect of having contact with the person or persons. How has having contact with him/her/them impacted you? _____

APPENDIX I

DARVO QUESTIONNAIRE

You indicated that the person or persons who did this to you got in touch with you after what happened. Did he/she/they say anything like any of the following items to you?

Select all that apply.

- | | |
|--|--|
| No one would believe you if you said anything about it | I was under stress |
| I take responsibility for what happened | You should be apologizing to me |
| You are just whining about it | You're imagining things |
| I am the one who suffered the most from it | You're just being hypersensitive about it |
| I don't remember it happening at all | Even though you did this to me, I'm still going to try to be good to you |
| You regret what you did and now you're blaming me | It wasn't as bad as you're making it sound |
| You're just trying to make me look bad | I am still trying to forgive you for what happened |
| You really hurt me with your actions | You're acting crazy |
| You're just trying to manipulate me | It's not worth talking about |
| What I did to you was terrible | You're so unstable |
| I understand if you can't forgive me | I am so sorry for what I did |
| I regret what I did to you | You're bullying me |
| I realize what I did was wrong | Why should I trust anything you say? |

Whatever you're saying happened wasn't
my fault

It could have been a lot worse

You're blowing it out of proportion

I made a mistake

You're the one who provoked me

You have every right to be upset with me
over what happened

I'm the real victim here

I understand how much this has hurt you
You treated me worse than I ever treated
you

What happened was my fault

Nothing bad happened

You pushed me too far

You're a liar

Everyone will think I'm a terrible person
because of your lies

Why are you punishing me?

You're not being fair to me

You're making it up for attention

You've always been a failure

Everyone knows you're dysfunctional
anyway

What happened was your fault

You hurt my feelings when you accuse me
of that

I feel guilty over what I did to you

Why are you attacking me?

I've been nothing but good to you, why
are you treating me like this?

I apologize for what happened

If you weren't acting the way you were,
this wouldn't have ever happened

I am sorry for how this may have affected
you

I don't know what you're talking about

I was out of control	There is no excuse for what I did
I wish I had never done that to you	I didn't do anything wrong
You are just exaggerating how bad it was	I was just drunk
That never happened	I would never do something like that
You're humiliating me	You didn't deserve what I did to you
You need help	It wasn't that big of a deal
You're acting delusional	It was just a misunderstanding
I am not responsible for what happened	I can't believe you're trying to make this my fault
I shouldn't have done that to you	You're remembering it incorrectly

APPENDIX J

DISCLOSURE

Did you tell anyone about the experience(s) of unwanted sexual contact before answering this questionnaire?

- Yes
- No

Who did you tell? (check all that apply)

- Roommate
- Off-campus counselor/therapist
- Close friend other than roommate
- On-campus counselor/therapist
- Romantic partner
- UO health services
- Parent or guardian
- Campus security or police department
- Other family member
- Local police
- Doctor/nurse not affiliated with UO
- Office of Student Conduct
- Religious leader
- Resident Advisor or Resident Life staff
- Off-campus rape crisis center staff
- University of Oregon faculty or staff

Did any of the people you told listen to you with compassion?

- Yes
- No

APPENDIX K

INSTITUTIONAL BETRAYAL QUESTIONNAIRE

You indicated you have had an experience of unwanted sexual contact like kissing, touching, or penetration while in college. Did the University of Oregon play a role in this experience by:

- Not doing enough to prevent this type of experience/s?
- Creating an environment in which this type of experience/s seemed common or normal?
- Creating an environment in which this experience seemed more likely to occur?
- Making it difficult to report the experience/s?
- Responding inadequately to the experience/s, if reported?
- Mishandling your case, if disciplinary action was requested?
- Covering up your experience/s?
- Denying your experience/s in some way?
- Punishing you in some way for reporting the experience/s (e.g., loss of privileges or status)?
- Suggesting your experience/s might affect the reputation of the institution?
- Creating an environment where you no longer felt like a valued member of the institution?
- Creating an environment where staying at the university was difficult for you?
- Responding differently to your experience/s based on your sexual orientation?
- Creating an environment in which you felt discriminated against based on your sexual orientation?

- Expressing a biased or negative attitude toward you and/or your experience/s based on your sexual orientation?
- Responding differently to your experience/s based on your race?
- Creating an environment in which you felt discriminated against based on your race?
- Expressing a biased or negative attitude toward you and/or your experience/s based on your race?

APPENDIX L

WESSEX DISSOCIATION SCALE

	Never	Rarely	Sometimes	Often	Very Often
Unwanted images from my past come into my head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hear voices when no one has actually said anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people describe meetings that we have had but that I cannot remember	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwanted memories come into my head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My personality is very different in different situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mood can change very rapidly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have vivid and realistic nightmares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't always remember what people have said to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel physical pain, but it does not seem to bother me as much as other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I smell things that are not actually there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I remember bits of past experiences, but cannot fit them together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have arguments with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not seem to be as upset by things as I should be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I act without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not really seem to get angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I just feel numb and empty inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I notice myself doing things that do not make sense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel relaxed and sometimes I feel very tense, even though the situation is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

the same					
Even though it makes no sense, I believe that doing certain things can prevent disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have unexplained aches and pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It feels as if there is more than one of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwanted thoughts come into my head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mind just goes blank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel touched by something that is not actually there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have big gaps in my memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see something that is not actually there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My body does not feel like my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot control my urges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel detached from reality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chunks of time seem to disappear without my being able to account for them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes look at myself as though I were another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things around me do not seem real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not seem to feel anything at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I taste something that I have not eaten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find myself unable to think about things however hard I try	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I talk to myself as if I were another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not feel physical pain as much as other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hear things that are not actually there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I find myself in situations or places with no memory of how I got there

It is absolutely essential that I do some things in a certain way

APPENDIX M

TRAUMA SYMPTOM CHECKLIST

	Never	Occasionally	Fairly Often	Very Often
Insomnia (trouble getting to sleep)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nightmares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waking up early in the morning and being unable to get back to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not feeling rested in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waking up in the middle of the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss (without dieting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling isolated from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loneliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low sex drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sadness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
“Flashbacks” (sudden, vivid, distracting memories)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
“Spacing out” (going away in your mind)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stomach problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncontrollable crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble controlling your temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble getting along with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire to physically hurt yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire to hurt others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual over-activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not feeling satisfied with your sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having sex that you didn't enjoy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being confused about your sexual feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual feelings when you shouldn't have them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unnecessary or over-frequent washing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feelings of inferiority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of guilt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings that things are “unreal”	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling that you are not always in your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tense all the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having trouble breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX N

THE PENNEBAKER INVENTORY OF LIMBIC LANGUIDNESS

Several common symptoms or bodily sensations are listed below. Most people have experienced most of them at one time or another. Please rate how frequently you experience each symptom.

	Never or almost never	Less than 3 or 4 times a year	About once a month	About once a week	More than once a week
Eyes water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Itchy eyes or skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ringing in ears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary deafness or hard of hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lump in throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choking sensations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sneezing spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congested nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bleeding nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma or wheezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coughing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swollen ankles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Racing heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold hands or feet even in hot weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leg cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia or difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toothaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upset stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn or gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemorrhoids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swollen joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stiff or sore muscles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitive or tender skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face flushes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tightness in chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin breaks out in rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne or pimples on face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne/pimples other than face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Boils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweat even in cold weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong reactions to insect bites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling pressure in head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot flashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling faint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness or tingling in any part of body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitching of eyelid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitching other than eyelid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hands tremble or shake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stiff joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore muscles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunburn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since the beginning of the term, how many visits have you made to the student health center or a private physician for illness? _____

Since the beginning of the term, how many days have you been sick? _____

Since the beginning of the term, on how many days has your activity been restricted due to illness? _____

APPENDIX O

COLLEGE SELF-EFFICACY

How confident are you that you could successfully complete the following tasks?

1=Not at all confident, 10=Extremely confident

- Research a term paper
- Write papers
- Do well on your exams
- Take good class notes
- Keep up to date with your schoolwork
- Manage time effectively
- Understand your textbooks
- Get along with roommates(s)
- Socialize with your roommate(s)
- Divide space in your apartment/room
- Divide chores with your roommate(s)
- Participate in class discussions
- Ask a question in class
- Get a date when you want one
- Talk to your professors
- Talk to university staff
- Ask a professor a question
- Make new friends at college
- Join a student organization

APPENDIX P
SUBSTANCE USE

In a typical week, how many days do you get drunk (unsteady, dizzy, or sick to your stomach)?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

In a typical week, how many days do you get high on marijuana?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

APPENDIX Q
RAPE VIGNETTES

High Resistance

Please read the following story carefully.

Amelia and Tyler met in class and sometimes studied together. They bumped into each other at an off-campus party one night. They were both drinking. They began to flirt with each other. After the party, they went to Tyler's room and started to kiss. Tyler began to take off Amelia's pants and underwear. Amelia said, "I don't know." Tyler continued to remove her clothes. Amelia turned her head away and did not say anything. Tyler began to have sexual intercourse with Amelia. Amelia remained quiet and kept looking away from him. After Tyler stopped, Amelia put her clothes on and left.

Low Resistance

Please read the following story carefully.

Amelia and Tyler met in class and sometimes studied together. They bumped into each other at an off-campus party one night. They were both drinking. They began to flirt with each other. After the party, they went to Tyler's room and started to kiss. Tyler began to take off Amelia's pants and underwear. Amelia said, "I don't know." Tyler continued to remove her clothes. Amelia turned her head away and did not say anything. Tyler began to have sexual intercourse with Amelia. Amelia remained quiet and kept looking away from him. After Tyler stopped, Amelia put her clothes on and left.

APPENDIX R

ATTRIBUTIONS OF RESPONSIBILITY

Please think about the short story you just read as you answer the following questions.

Who is responsible for what happened?

- Tyler is entirely responsible for what happened
- Tyler is mostly responsible for what happened
- Tyler and Amelia are equally responsible for what happened
- Amelia is mostly responsible for what happened
- Amelia is entirely responsible for what happened

If you had to choose one or the other, who is more responsible for what happened?

- Tyler
- Amelia

Please respond using the scale below.

	Definitely	2	3	4	5	Definitely Not
Do you think Amelia wanted to have sex with Tyler?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think Amelia was leading Tyler on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did Tyler do anything wrong?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did Amelia do anything wrong?

Did Tyler rape Amelia?

Do you have any thoughts or comments about the story you just read? If you wish, please share them below. _____

APPENDIX S

RAPE MYTH ACCEPTANCE

Please rate the extent to which you agree or disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When girls go to parties wearing slutty clothes, they are asking for trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl acts like a slut, eventually she is going to get into trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When girls get raped, it's often because the way they said "no" was unclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When guys rape, it is usually because of their strong desire for sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape happens when a guy's sex drive goes out of control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a guy is drunk, he might rape someone unintentionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If both people are drunk, it can't be rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl doesn't physically resist sex – even if protesting verbally – it can't be considered rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl doesn't physically fight back, you can't really say it was rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A rape probably doesn't happen if a girl doesn't have any bruises or marks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the accused "rapist" doesn't have a weapon, you really can't call it rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl doesn't say "no" she can't claim rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of times, girls who say they were raped agreed to have sex and then regret it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape accusations are often used as a way of getting back at guys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of times, girls who say they were raped often lead the guy on and then had regrets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of times, girls who claim they were raped have emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Girls who are caught cheating on their boyfriends sometimes claim it was rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX T

FINAL QUESTION

Is there anything else you wish to tell us? Please feel free to comment about your experience with this survey, the University of Oregon, or any other thoughts you may have.

APPENDIX U

DEBRIEF

Thank you for your participation in this study! The purpose of this research was to examine women's experiences of sexual violence, intimate partner violence, and stalking at the UO. We hope to better understand how traumatic experiences like these impact college students' emotional, academic, and physical health. The data obtained from this research project will help inform local and national policy in terms of preventing and intervening after violence on campus.

Your participation is extremely valuable and will provide insight into an important and deeply relevant area of research. The specific information you provided will help evaluate risk factors and effective interventions for sexual violence on college campuses.

There are no known or foreseeable risks with the study you just participated in. However, participation involves thinking about situations that might be sensitive or upsetting. If you would like to discuss any feelings that may have arisen during your participation, please feel free to contact any of the counselors or mental health professionals listed below. The results of this participation will be confidential. No one other than the investigators will have access to your questionnaire responses. The researchers will have no way of linking your questionnaire answers to your identity.

Should you be interested in the results of this study, feel free to contact the research team:

Marina Rosenthal, MS

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If you have any questions concerning your rights as a research participant, please contact

Research Compliance Services:

Research Compliance

5237 University of Oregon

Eugene, OR 97403

531-346-2510

You can also email the Human Subjects Coordinator for psychology and linguistics research.

Human Subjects Coordinator

hscoord@uoregon.edu

For campus support for sexual harassment, sexual assault, domestic/dating violence, or stalking, please feel free to contact:

The UO Crisis Intervention and Sexual Violence Support Services Program

<http://safe.uoregon.edu/university>

541-346-8194; 541-346-6796

For counseling services, please feel free to contact the following:

1. Center for Community Counseling

541-344-0620

2. Sexual Assault Support Services

541-484-9791

3. White Bird

541-343-7277 (Crisis Support Line)

541-342-8255 (Counseling Program)

4. SAFE 24/7 Hotline

541-687-4000 (Crisis Line)

541-346-SAFE (Crisis Line)

APPENDIX V
FIGURES

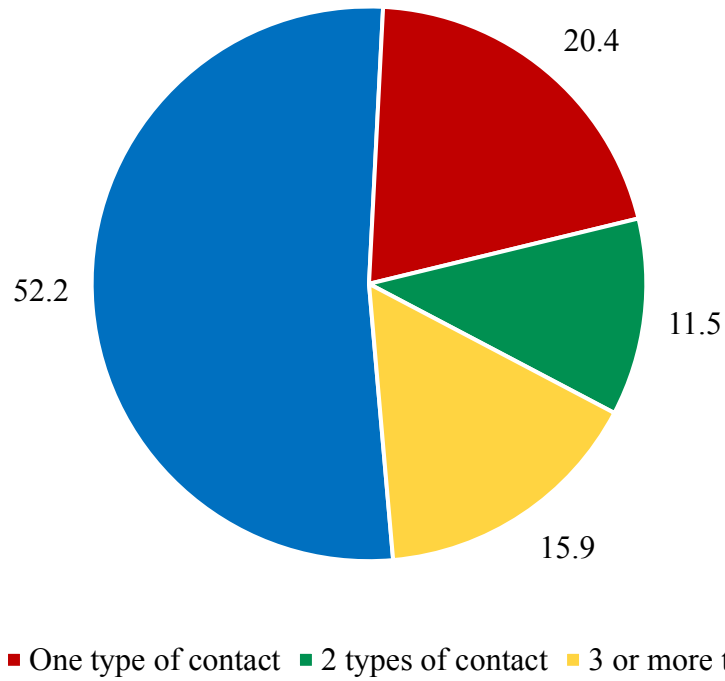


Figure 1. Percentage of participants who reported experiencing contact from their perpetrator

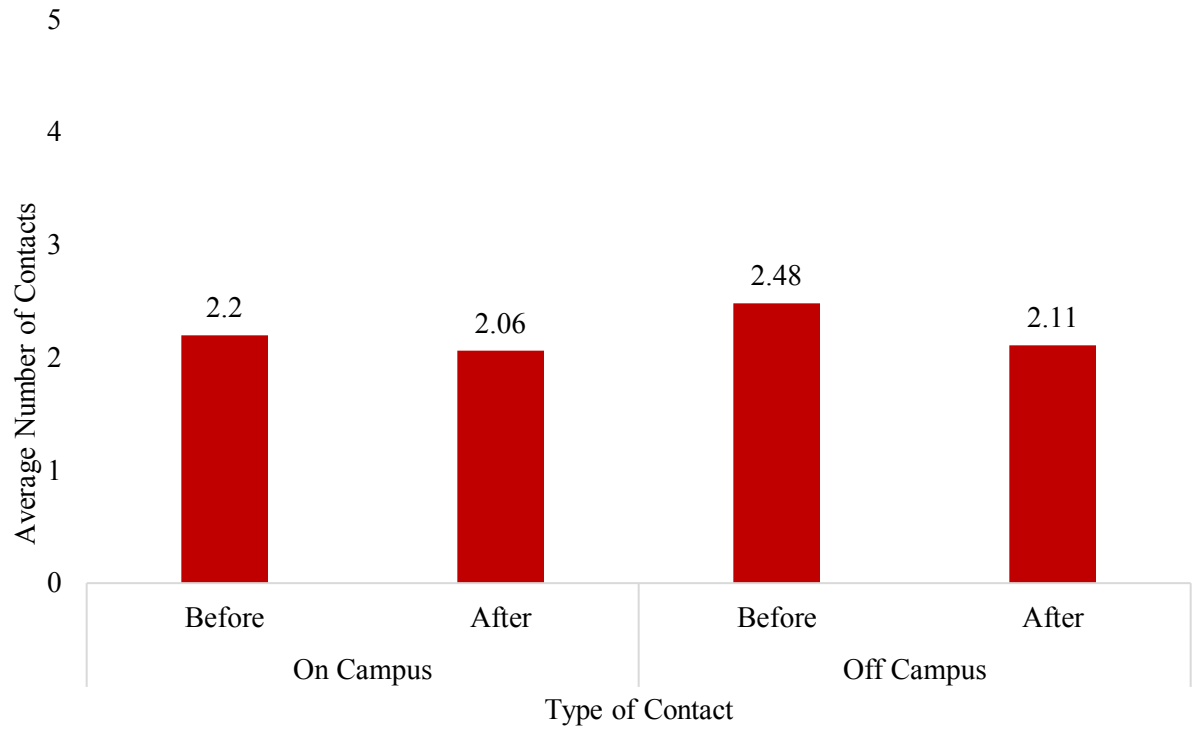


Figure 2. Participants' average reported number of on and off-campus contacts with perpetrator before and after the assault

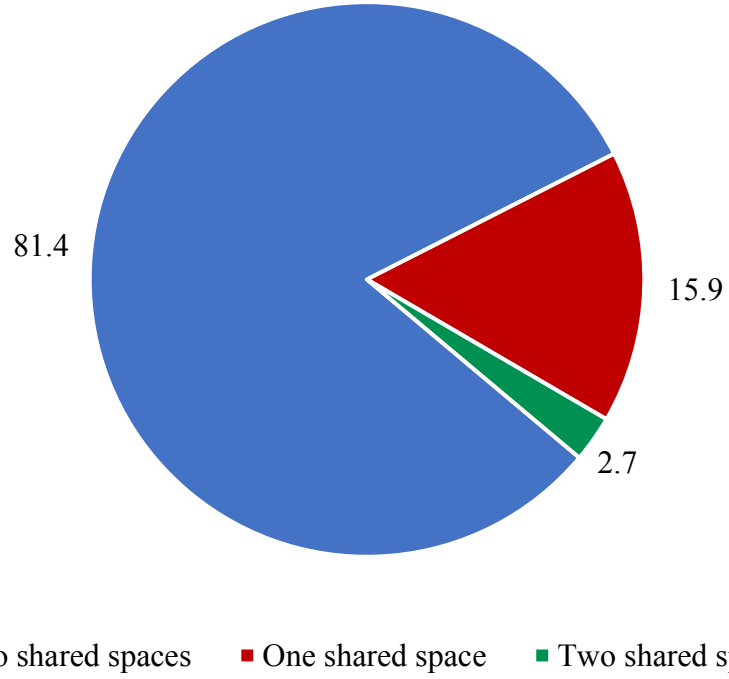


Figure 3. Percentage of participants who share a space (i.e., a class, major, residence hall or apartment, club, etc.) with a perpetrator

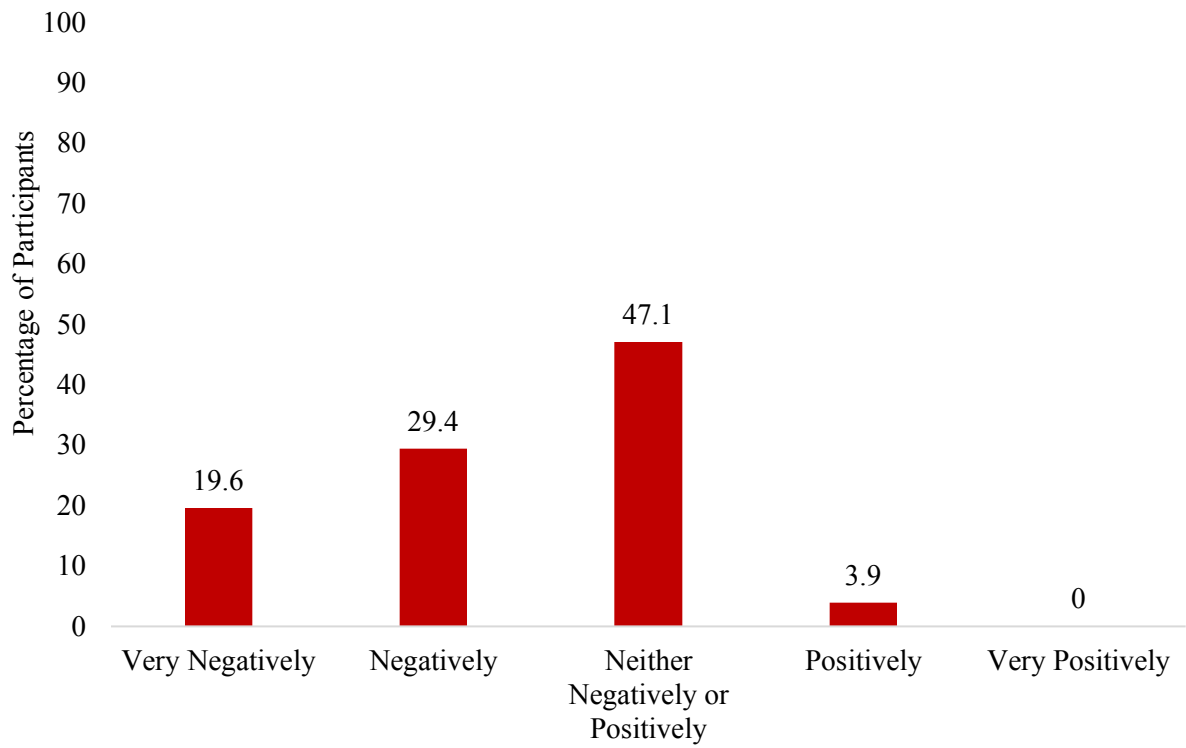


Figure 4. Participants' responses to the question: "You indicated that you have had some form of contact with the person/persons who did this to you since it happened. How has this contact affected you?"

APPENDIX W

TABLES

Table 1. *Hypotheses and Findings*

Hypothesis	Finding
1. Contact with perpetrators will predict more physical and psychological health symptoms while controlling for childhood betrayal trauma, childhood sexual assault, college sexual assault, college intimate partner violence and academic year.	Not supported. Contact with perpetrators was not associated with trauma symptoms, physical health, or dissociation while controlling for trauma and academic year.
2. Contact with perpetrators will predict less academic success while controlling for childhood betrayal trauma, childhood sexual assault, college sexual assault, college intimate partner violence and academic year.	Not supported. Contact with perpetrators was not associated with GPA while controlling for trauma and academic year. Contrary to expectations, contact with perpetrators was positively associated with college self-efficacy while controlling for trauma and academic year.
3. Exposure to DARVO will positively predict negative physical and psychological health symptoms while controlling for childhood betrayal trauma, childhood sexual assault, college sexual assault, college intimate partner violence, and academic year.	Not supported. DARVO was not associated with trauma symptoms, physical health, or dissociation while controlling for trauma and academic year.
4. Exposure to DARVO will negatively predict academic success while controlling for childhood betrayal trauma, childhood sexual assault, college sexual assault, college intimate partner violence and academic year.	Not supported. Contrary to expectations, DARVO was positively associated with GPA and college self-efficacy while controlling for trauma and academic year.
5. There will be a main effect of condition such that participants exposed to the low resistance vignette will attribute more responsibility to the victim and report higher rape myth acceptance scores than participants exposed to the high resistance vignette.	Partially supported. Participants exposed to the low resistance vignette attributed more responsibility to the victim than participants exposed to the high resistance condition. Participants exposed to the low resistance vignette did not report higher rape myth acceptance scores than participants exposed to the high resistance vignette.

- | | |
|--|---|
| 6. There will be a main effect of contact such that participants who have been in contact with their perpetrator will attribute more responsibility to the victim and report higher rape myth acceptance scores than participants who have not been in contact with their perpetrator. | Not supported. Participants who had been in contact with their perpetrator did not attribute more responsibility or report higher rape myth acceptance scores than participants who had not been in contact with their perpetrator. |
| 7. Participants who have been in contact with their perpetrator will attribute more responsibility to the victim and report higher rape myth acceptance scores when presented with the low-resistance vignette than participants who have not been in contact with their perpetrator. | Not supported. Participants who had been in contact with their perpetrator did not attribute more responsibility to the victim or report higher rape myth acceptance scores when presented with the low-resistance vignette than participants who had not been in contact with their perpetrator. |
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Table 2. *Correlations among variables*

Measures	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1. College Self-Efficacy	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. GPA	.16	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. Dissociation	-.27**	-.08	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. Health	-.29*	-.07	.63***	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5. Trauma Symptoms	-.38***	-.03	.79***	.70***	_____	_____	_____	_____	_____	_____	_____	_____	_____
6. Childhood SES	-.04	-.03	.44***	.20*	.39***	_____	_____	_____	_____	_____	_____	_____	_____
7. Childhood Betrayal	-.01	-.03	.54***	.37***	.49***	.46***	_____	_____	_____	_____	_____	_____	_____
8. College SES	.12	-.00	.45***	.26**	.39***	.59***	.51***	_____	_____	_____	_____	_____	_____
9. College IPV	-.03	.26**	.32***	.29**	.43***	.31**	.48***	.54***	_____	_____	_____	_____	_____
10. IBQ	.09	-.03	.31***	.27*	.21	.01	.27*	.36**	.34**	_____	_____	_____	_____
11. Contact	.17	.10	.17	.002	.13	.30**	.27**	.33***	.08	.08	_____	_____	_____
12. DARVO	.21*	.17	.20*	.05	.15	.26**	.34***	.32***	.22*	.12	.67***	_____	_____
13. Academic Year	.01	.03	.28**	.05	.18	.03	.15	.19*	.22*	.31**	.11	.17	_____

* $p < .05$; ** $p < .01$; *** $p < .001$

GPA = Grade Point Average; Dissociation = Wessex Dissociation Scale; Health = Pennebaker Inventory of Limbic Languidness; Trauma Symptoms = Trauma Symptom Checklist; IBQ = Institutional Betrayal Questionnaire; Contact = dichotomous perpetrator contact variable (0=no perpetrator contact; 1=at least one type of perpetrator contact); DARVO = dichotomous DARVO variable (0=no DARVO; 1=at least one instance of DARVO)

Table 3. Predicting grade point average (via both DARVO and contact with perpetrators)

Grade Point Average ($R^2 = .16$)	<i>B</i>	<i>SE</i>	β
Childhood Sexual Assault	-.01	.06	-.02
Childhood Betrayal Trauma	-.10	.06	-.21
College Sexual Assault	-.05	.03	-.19
College Intimate Partner Violence	.08	.02	.43***
DARVO	.32	.14	.23*
Academic Year	-.01	.06	-.02
Grade Point Average ($R^2 = .15$)	<i>B</i>	<i>SE</i>	β
Childhood Sexual Assault	-.02	.06	-.03
Childhood Betrayal Trauma	-.09	.06	-.19
College Sexual Assault	-.05	.03	-.20
College Intimate Partner Violence	.08	.02	.46***
Perpetrator Contact	.27	.14	.20
Academic Year	-.01	.06	-.02

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 4. *Predicting college self-efficacy (via DARVO and contact with perpetrators)*

College Self-Efficacy ($R^2 = .09$)	<i>B</i>	<i>SE</i>	β
Childhood Sexual Assault	-.21	.13	-.19
Childhood Betrayal Trauma	-.07	.12	-.07
College Sexual Assault	.14	.07	.26
College Intimate Partner Violence	-.05	.04	-.12
DARVO	.69	.29	.24*
Academic Year	-.04	.13	-.03
College Self-Efficacy ($R^2 = .07$)	<i>B</i>	<i>SE</i>	β
Childhood Sexual Assault	-.21	.14	-.19
Childhood Betrayal Trauma	-.05	.12	-.05
College Sexual Assault	.13	.07	.25
College Intimate Partner Violence	-.04	.04	-.10
Perpetrator Contact	.47	.29	.16
Academic Year	-.03	.13	-.02

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 5. Predicting dissociation (via DARVO and contact with perpetrators)

Dissociation ($R^2 = .40$)	<i>B</i>	<i>SE</i>	β
Childhood Sexual Assault	.09	.04	.21*
Childhood Betrayal Trauma	.15	.04	.39***
College Sexual Assault	.02	.02	.12
College Intimate Partner Violence	-.01	.01	-.04
DARVO	-.05	.09	-.04
Academic Year	.10	.04	.21*
Dissociation ($R^2 = .40$)	<i>B</i>	<i>SE</i>	β
Childhood Sexual Assault	.09	.04	.21*
Childhood Betrayal Trauma	.14	.04	.38***
College Sexual Assault	.03	.02	.13
College Intimate Partner Violence	-.01	.01	-.05
Perpetrator Contact	-.05	.09	-.05
Academic Year	.10	.04	.21*

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 6. *Predicting physical health (via DARVO and contact with perpetrators)*

Physical Health ($R^2 = .18$)	<i>B</i>	<i>SE</i>	β
Childhood Sexual Assault	.01	.06	.02
Childhood Betrayal Trauma	.14	.05	.30**
College Sexual Assault	.01	.03	.05
College Intimate Partner Violence	.02	.02	.11
DARVO	-.15	.13	-.12
Academic Year	.07	.05	.12
Physical Health ($R^2 = .18$)	<i>B</i>	<i>SE</i>	β
Childhood Sexual Assault	.01	.06	.03
Childhood Betrayal Trauma	.13	.05	.30*
College Sexual Assault	.02	.03	.07
College Intimate Partner Violence	.02	.02	.09
Perpetrator Contact	-.16	.12	-.12
Academic Year	.07	.05	.12

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 7. Predicting trauma symptoms (Via DARVO and contact with perpetrators)

Trauma Symptoms ($R^2 = .33$)	<i>B</i>	<i>SE</i>	β
Childhood Sexual Assault	.07	.04	.19
Childhood Betrayal Trauma	.10	.03	.30**
College Sexual Assault	.003	.02	.02
College Intimate Partner Violence	.03	.01	.22*
DARVO	-.06	.09	-.07
Academic Year	.04	.04	.09
Trauma Symptoms ($R^2 = .32$)	<i>B</i>	<i>SE</i>	β
Childhood Sexual Assault	.07	.04	.19
Childhood Betrayal Trauma	.10	.03	.29**
College Sexual Assault	.002	.02	.01
College Intimate Partner Violence	.03	.01	.21*
Perpetrator Contact	-.03	.08	-.03
Academic Year	.04	.04	.09

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 8. *Independent samples t-tests comparing participants with DARVO exposure to those without DARVO exposure.*

Variable	DARVO		No DARVO		<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Dissociation	.62	.70	.40	.37	-1.95	.06	.40
Trauma	.93	.52	.79	.45	-1.61	.11	.30
Symptoms							
Physical	1.36	.70	1.29	.61	-.52	.60	.10
Health							
College Self-Efficacy	6.48	1.36	5.86	1.43	-2.31	.02*	.45
GPA	3.41	.93	3.17	.49	-1.81	.07	.33

Table 9. *Participants' responses to the question: "Please briefly describe the effect of having contact with the person or persons. How has having contact with him/her/them impacted you?"*

#	Quote
1.	I didn't know him so seeing him on and off of campus brought bad memories of that night. There was no interaction I just would see him as I was walking by or at a party after the incident. I did recognize him though, he lived in my dorm freshman year, but I never talked to him.
2.	I felt like I couldn't breathe. All the happiness seeped out of me when I heard his voice on the phone. I was depressed.. I still am. It breaks me up inside. It makes me want to be numb. It makes me feel disgusting, and knowing he can get over it so easy, knowing it effects him very little is angering, and it confuses me.
3.	We were somewhat friends before but our relationship has estranged since then. We just don't hang out in the same groups anymore.
4.	I told him he gave me an STD so he didn't believe me and it was very negative and told me it could've been with someone else.
5.	I was depressed for a while, and recovered much better under my boyfriend's help.
6.	I feel pretty stupid for the whole event. I shouldn't have been that intoxicated.
7.	They brought nothing beneficial to my life
8.	It was uncomfortable and I wanted to move on.
9.	It has just made me feel very awkward, and feel very embarrassed.
10.	Mostly just reinforced negative feelings about the situation in general and caused a new wave of anxiety.

11. Depression, limiting my recovery
12. I try to not let it affect me. I carry on with what I was doing.
13. I'm not exactly sure what happened because I was intoxicated all I know was we were kissing I somehow fell asleep and I had some blood on my sheets and he was gone. I think its a grey area that I don't like to dwell on and I make sure to not drink by myself and not trust acquaintances. Just every time I see him sucks because I feel ashamed and I hope another girl doesn't have to go through that but I have a feeling someone else will because he's charming and good looking but he's a snake.
14. makes me feel gross and slightly slutty
15. I am now more conscious and worried about going out more. Especially on weekends or during the night, I tend to stay in my dorm more.
16. I've run into them walking between classes
17. They alternated between apologizing, and lying to me convincing me he was suicidal and his parents were kicking him out of the house do try to keep me from reporting, making me feel guilty in the process. He strongly insinuated the was suicidal as a result of what happened and as a result I felt responsible.
18. It made me angry as I ended up having to sit facing him in a silent Bank for 20 mins. I was uncomfortable and wanted to yell at him but instead was silent and ignored his existence. We did not speak at all.
19. Everything just happened all over again. I though maybe we could still be friends but the few times I saw him afterwards he just tried ti take advantage of me again.
20. They messaged me the next day asking if I wanted to go out to dinner or something

like nothing happened. They never indicated that anything was wrong. It made me feel like what happened was okay when it really wasn't.

21. it makes me feel uncomfortable and dirty
22. I can't cope with the word "rape" so we act like nothing happened. I dated one guy after and we never talked about what happened until we broke up a year later. The second guy was sweet but I told him no and we were both drunk and I guess that's life.
23. It made me realize where my boundaries were and that I didn't want to be with someone like that. I got a lot of support from friends and I don't have to see him which makes it easier
24. I was shocked and surprised he was talking to me even though I see him around often. He was able to apologize and knows that what he did is wrong, but does not understand that I feel afraid when he is around. I know he is angry with what he did and that he regrets it, so I feel like I have forgiven him.
25. it didn't have any impact it was just annoying at the time
26. it just feels awkward and embarrassing and leaves me empty for a while
27. He changed my perspective about men in Greek life, that they fit the typical frat-boy stereotype more so than anything it makes me annoyed
28. It didn't have any real impact on me, if anything it made me realize what a creep he was. I was sexually assaulted when I was younger, to a much more serious extent, and so when this happened recently I didn't think much of it and he was drunk. Nothing huge happened and I came to terms with it and moved on. No I didn't

"forgive" him per say, but I also wouldn't hold it against him. I just moved on and have no contact with this person.

29. Made me anxious.
30. It reminds me of the night that the situation occurred
31. I have had very limited contact with this person since the most recent sexual assault, but even seeing their posts on social media was triggering and often gave me anxiety attacks.
32. I have not had much contact with this person so I'm doing fine
33. Sexual activities are emotion less and romantic relationships are difficult to maintain due to low self-esteem. I left UO for seven years and recently came back and minored in Women's and Gender Studies to help myself and other's like me.
34. It makes me feel uncomfortable, but not scared.
35. I dont understand why he would want to be in contact when i kept saying no that night...and that i just wanted to go home, but I didn't have money and was far from my place and it was 4 am so none of my friends were answering there phone. felt scarred, nervous and a lot more. but glad i got home safe and I just ignored his texts and finally was like stop texting me.
36. It made me uncomfortable and anxious.
37. It did not really impact me. I just know not to be drunk around this kid.
38. It can be stressful when we're alone together
39. I tried to confront the person about it and they denied it and told me I was wrong and I wasn't remembering it right. We tried to remain friends but when I stopped

wanting to have sexual contact with him and with other people, even though we were just friends, he became enraged and said very hurtful things about me so I cut off our connection. I lost a friend from what happened but also some self esteem when he questioned my values and worth.

40. Though it was a bad relationship and I was really hurt at the time and for a few weeks after, I've stopped talking to them because they apologized and now it's better that I can move on knowing that I was right in that the situation was wrong.
41. He talked to a mutual friend about it briefly, but it did not appear that he believed he did anything wrong. It made me feel crazy because I knew what he did was wrong but he didn't think so.
42. At first I was in shock, but I had the biggest breakdown when he contacted me after almost a year. I had recovered from a lot of PTSD-like symptoms at the time, and they all came rushing back for a few weeks.
43. Whenever I see him around campus my whole body freezes up and I cannot concentrate on anything that is happening around me. I also feel very uncomfortable when I see him at the gym or on campus and I am afraid he is going to come up to me and try to talk to me. I find it difficult trusting guys because of how he treated me and I find it hard to even go to his fraternity.
44. it strained the friendship between me and him, and also between our friend group, but other than that it was ok
45. It hasn't impacted me in a positive or negative way, I just saw them briefly and didn't think much of it.

46. Very little contact. Just snapchat friends
47. we don't talk anymore, he just dropped me
48. It's made it more difficult. I wish he would just leave me alone.
49. it was very awkward but I don't feel any different
50. Made it hard to forget about / move on from what happened. Not to mention this person likes to have confrontation with me about it and tries to get me to hang out with them even though they know that I do not want that.
51. I contacted the person so that I could have him meet me so that I could get something that belonged to me back from him..
52. He continued to text me after it happened which would just remind me of it
53. It's just hard to see them and think of them as any different.
54. When I see him it makes me go back to that exact moment with those same feeling. I get overwhelmed and start to get anxious and cannot focus.
55. Made me sad
56. We didn't really talk so it didn't impact me too much; it just made me uncomfortable and I felt a little sick for a while afterwards.
57. They wanted to make sure I was okay because they didn't intentionally do anything.
58. I see them when I walk to class everyday and I feel he is following me. I get scared to leave my house because he lives down the street from me somewhere and keeps wanting to talk but I don't want to.
59. I saw him in the valley river center in Eugene and froze immediately with shock and could not move and started to have a panic attack. He had told me that he was from

Florida, but I saw him a month later walking in the mall alone as if he had been there many times before. That is when I realized he lives in Eugene, and I could run into him anytime. He didn't notice or see me so there was no face-to-face contact. I haven't seen him ever since.

60. A feeling of discomfort and overwhelming sadness.
 61. Having them text me caused extreme stress and anxiety from a previous friend. After being raped by a stranger on a separate occasion however, there was no contact after.
 62. It minimized the whole situation and made me feel gross and used
 63. Has made me cautious about getting too drunk and being around people I don't know and has given me anxiety to the point where I can't be calm when I go out.
 64. We were friends before, and our contact afterwards was to acknowledge faults and clear the air, so we are still friends and it doesn't ever come up between us now.
 65. My experience was different from most I feel. He was understanding in the moment after he pushed himself on me and kissed me when I told him to stop he did. I didn't have any awkward contact with him. Instead I felt okay when seeing him around campus
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