EXAMINING SEXUAL REVICTIMIZATION: TESTING THE RISK RECOGNITION THEORY

by

AMY VAN WYNSBERGHE

(Under the Direction of Karen S. Calhoun)

ABSTRACT

This investigation tested two levels of the risk recognition theory - overall perception of risk and situational risk perception. Participants predicted their personal risk and completed the Response Latency Measure (Marx & Gross 1995). Their victimization experiences for the next year were assessed. Contrary to the risk recognition theory, increased overall perception of risk was associated with increased victimization in the future. Situational risk perception was not related to future victimization.

INDEX WORDS: Sexual Victimization, Revictimization, Risk Perception
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DEDICATION

This project is dedicated to all the women who have experienced sexual assault in any manner, particularly those who have experienced sexual revictimization. May continued research on this topic promote an increase in your future health, happiness, and safety.
ACKNOWLEDGMENTS

A dissertation is never the sole work of one person. I would like to thoroughly thank several individuals who have had a profound impact, not only on this project, but on my graduate education and overall person as well. I wish to express appreciation and admiration to my graduate school and dissertation advisor, Karen S. Calhoun, Ph.D., for her unwavering faith and assistance throughout all aspects of my graduate career and development at the University of Georgia. As the data for this project came from a much larger enterprise, I am grateful to Dr. Calhoun and Christine A. Gidycz, Ph.D. for allowing me the opportunity to explore this particular area for analysis. Thanks as well to all of the graduate and undergraduate students at the University of Georgia and Ohio University who contributed to each phase of the project. Funding was made possible through a grant cosponsored by the Center of Disease Control and the National Institute of Justice. I would also like to express my deepest appreciation to Kristen A. Luscher, Ph.D. The myriad of ways that you have supported me over these past five years is without question, amazing. I would not have reached this end without you. Finally, to the two individuals who have served continuously as my teachers and mentors, my parents, Dan and Rose Van Wynsberghe. There are no words to express my gratitude or convey what a positive influence you have had on my life. Thank you for providing such wonderful role models on how to dream big and persevere in the face of adversity.
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CHAPTER I

INTRODUCTION

The current project examined a potential mechanism underlying the occurrence of sexual revictimization, risk recognition. Specifically, two levels of risk recognition theory (global and situational) were tested in a prospective design by comparing women’s perceived risk for sexual revictimization and recognition of situational risk factors with the rate of actual victimization experiences.

Sexual Victimization and Revictimization

Reported rates of sexual victimization among women have remained consistently high during the past twenty years. Retrospective research has found that approximately 25%-35% of adult women report being sexually abused as a child (Briere & Elliott, 2003; Finkelhor, Hotelling, Lewis, & Smith, 1990) and between 17% and 25% report experiencing either an attempted or completed rape in adolescence or adulthood (Brener, McMahon, & Douglas, 1999; Koss, Gidycz, & Wisniewski, 1987; Tjaden & Thoennes, 2000). Additionally, prospective studies by Gidycz and colleagues (Gidycz, Coble, Latham, & Layman, 1993; Gidycz, Hanson, & Layman, 1995) have found the prevalence of sexual victimization in college women to be approximately 20% during a 10-week academic quarter.

A woman’s risk for future sexual victimization is significantly related to her previous victimization history. The risk of future victimization is 1.5 to 3 times higher in women who have experienced childhood or adolescent sexual victimization than in women who have not been previously victimized (Arata, 2002; Gidycz et al., 1993; Tjaden & Thoennes, 2000; Wyatt,
Guthrie, & Notgrass, 1992). Gidycz et al. (1995) found that childhood sexual abuse predicted adolescent sexual victimization that, in turn, predicted adult sexual victimization three months after initial research participation. Sexual victimization at the preceding time point also predicted adult revictimization at six and nine month follow-ups.

Across individual studies and groups of researchers, prior sexual victimization remains the most reliable and salient predictor of risk for experiencing future sexual victimization. This remains true even after factors such as alcohol consumption, number of consensual sexual partners, and personal characteristics of victims are considered (Calhoun & Wilson, 2000; Koss, 2000). Recent work by Calhoun and colleagues, however, has suggested that sexual self-efficacy may be an important factor in predicting risk for sexual revictimization (Calhoun et al., 2002). Although the association between prior and future sexual victimization is well established and robust, the nature of this association has not been clearly identified.

**Risk Recognition Theory of Sexual Revictimization**

When examining the extant literature, one may find oneself in agreement with the assertions of Messman-Moore and Long (2003) when they stated that many researchers have ventured into the study of sexual revictimization without a strong conceptual base or overarching theory to guide their efforts. A portion of previous research has focused on the role of specific factors that are correlated with sexual victimization, such as alcohol/drug use or number of consensual sexual partners (Breitenbecher, 2001). Currently, more investigations are beginning to focus on increasingly comprehensive theories of sexual revictimization that simultaneously consider multiple factors (e.g., Calhoun et al., 2002). One of the major theories that has been tested empirically is the risk recognition theory of sexual revictimization (e.g., Breitenbecher, 2001; Norris, Nurius, & Dimeff, 1996; Wilson, Calhoun, & Bernat, 1999). This theory posits that
victimization and subsequent revictimization experiences result from the victim’s decreased or impaired risk recognition abilities. Currently, this theory has received mixed support from scientific investigations.

Research examining the risk recognition theory of revictimization typically focuses on one of two major types of risk-recognition, either personal perception of overall risk for future sexual victimization or ability to recognize specific situational risk factors that are associated with sexual victimization. Having the perception that one is at low personal risk for future sexual victimization is hypothesized to relate to increased victimization through a woman’s decreased use of protective strategies (e.g., drinking in moderation around unfamiliar males, agreeing to leave social situations with the same individuals with whom she arrived, or identifying a trusted individual to escort her home) due to her view that it is unnecessary for her to take such precautions. When examining women’s perception of personal risk for future sexual victimization, Norris, Nurius, & Dimeff, (1996) reported that college women indicated that they view themselves at an overall low risk for experiencing sexual victimization. These predictions were made at the same time that participants acknowledged their concern that their peers might be victimized. In fact, several studies have found that women consistently rate their chance of being victimized as lower than other women’s chance of victimization (see Cue, George, & Norris, 1996; Gidycz, et al. 1998). These findings are consistent with the overarching optimism bias (rating oneself as more likely to possess positive attributes and less likely to have negative experiences) that has been established for a variety of negative events including negative physical health outcomes (Weinstein, 1980).

A limitation of the aforementioned research is that in each study the data that were utilized were collected at a single time point. There was no opportunity to ascertain whether
women’s predictions of their personal risk for sexual victimization were related to future sexual victimization or revictimization rates. A prospective study (Van Wynsberghe & Gidycz, 2000) examined this question over the course of an approximately 10-week academic quarter. Overall, women who predicted a greater percent likelihood that they would experience sexual victimization reported higher levels of victimization during the quarter. Major limitations of this prospective study included the short-term follow-up period and the use of an extremely inclusive definition of sexual victimization (i.e., considered unwanted sexual play and completed rape together) due to power constraints to detect differences between groups.

In summary, single time point studies suggest that women underestimate their risk for experiencing future sexual victimization, while the only available prospective study suggests that women may be more accurate in their predictions than previously anticipated. Clearly, this is an area of the current literature that requires further elucidation before it will be clear how or if women’s perceptions of individual risk for future sexual victimization are related to sexual revictimization rates.

The second major type of risk recognition theory focuses on women’s abilities to recognize specific risk factors associated with sexual victimization. It is hypothesized that women who have impaired risk recognition skills are at increased risk to experience sexual victimization due to their difficulty in recognizing that a situation is becoming sexually coercive and as a result are less likely to employ resistance strategies early during the interaction, when resistance is most effective. The current empirical evidence implicating situational risk recognition as an important risk factor for sexual revictimization is mixed.

Women who have experienced multiple sexual victimizations demonstrated decreased risk recognition when compared to women with a history of a single sexual victimization
(Wilson et al., 1999). Specifically, when considering the proportion of women who waited until the high-risk module (the man was verbally or physically threatening) of a date-rape analogue (presented via audiotape) to indicate that the man had gone “too far” during the interaction, it was found that 17% of sexually revictimized women waited until the high-risk module, compared to only 8% of women who had been victimized a single time. In a prospective pilot investigation, Marx, Calhoun, Wilson, & Meyerson (2001) found that women who were sexually revictimized at a 2-month follow-up displayed longer latencies (decreased risk recognition) during the date-rape analogue than those women who were not revictimized. These two studies suggest that decreased recognition of risk factors associated with sexual victimization may be related to increased risk for future revictimization. In contrast, Breitenbecher (1999) found no difference in participants’ abilities to perceive risk factors for sexual victimization presented via videotape. Participants’ risk recognition skills were not related to previous victimization history or victimization during the follow-up period. The mixed results from these studies leave the role of situational risk recognition in explaining sexual revictimization unclear.

When situational risk recognition is implicated in increasing the risk for sexual revictimization, the sequelae of previous sexual victimization are typically hypothesized to be the mechanisms that hinder women’s risk perception and increase their risk for revictimization. A wide variety of sequelae have been implicated in theoretical writings; however, much of the empirical research is, at best, somewhat mixed. Three sequelae - alcohol use, Post Traumatic Stress Disorder (PTSD) symptomatology, and dissociation - that have been studied as potential mediators are discussed below.

It has been established that women who have been sexually victimized in childhood or adulthood are at an increased risk for developing substance disorders following victimization
Additionally, many women report consuming alcohol prior to sexual victimization (Koss, 1989). However, several prospective studies have failed to find that alcohol mediates or moderates the relationship between previous victimization and revictimization (e.g., Greene & Navarro, 1998; Merrill et al., 1999; Messman-Moore & Long, 2002). In terms of perception of overall risk for future sexual victimization, college women report recognizing alcohol use as a risk factor for the sexual victimization of other women, but rated themselves as able to stay alert and in control in spite of their alcohol consumption (Norris et al., 1996).

PTSD symptomatology is another sequela of sexual victimization that is often posited to contribute to revictimization. A retrospective study found that women with a history of revictimization reported a higher number of PTSD symptoms than did women who had experienced a solo victimization (Wilson et al., 1999). However, PTSD symptoms did not mediate the relationship between victimization history and risk recognition on the audio taped date-rape analogue described previously. Similarly, Sandberg, Matorin, and Lynn (1999) found that PTSD did not mediate the relationship between prior sexual victimization and revictimization over an academic quarter. However, these researchers did find that PTSD symptoms moderated the relationship between previous victimization and revictimization, with the relationship between the victimization variables becoming stronger in the presence of PTSD symptomatology.

Dissociation is the third sexual victimization sequela often mentioned when discussing possible mediators of revictimization. Several retrospective studies have found that the occurrence of dissociation is higher in women who have experienced multiple victimizations as compared to women with a single victimization experience (e.g., Cloitre, Scarvalone, & Difede,
1997; Wilson et al., 1999). However, similar to the results considering PTSD symptomatology, dissociation was not found to mediate the relationship between victimization history and risk recognition (Wilson et al., 1999) or revictimization over an academic quarter (Sandberg et al., 1999).

Summary and Hypotheses

Although a well-established phenomenon, the etiology of sexual revictimization is not fully understood. Risk recognition theory posits that lowered personal perceived risk and lowered perception of situational risk factors are the mechanisms underlying sexual revictimization. Currently, empirical evidence for this theory is mixed. Additionally, the majority of studies examining this theory have been conducted utilizing retrospective research designs with data collection occurring at a single time point. The current study utilized a prospective research design to examine the relationship between both a woman’s predicted personal risk for future sexual victimization and situational risk recognition and her actual victimization experiences over a year long follow-up period. Three main hypotheses were posed.

Hypothesis 1 addressed the relationship between risk perception and revictimization rates. Participants who perceive their personal risk for sexual revictimization as low are hypothesized to experience revictimization at higher rates. This hypothesis was based on the basic tenet of risk recognition theories that states that actual risk is associated with low risk perception. Correspondingly, it is hypothesized that participants with lower situational risk recognition will experience revictimization at higher rates.

Hypothesis 2 addressed the relationships between history of sexual victimization, risk perception, and revictimization. Perception of personal risk for sexual revictimization was hypothesized to predict revictimization even after the influence of history of sexual victimization
was controlled. Correspondingly, it was hypothesized that situational risk recognition would predict revictimization even after the influence of history of sexual victimization was controlled.

Hypothesis 3 addressed factors associated with women’s perception of risk. For both perception of overall personal risk and situational risk perception, higher numbers of previous victimizations were hypothesized to be related to lower perceived risk as higher numbers of previous victimizations is a risk factor for future sexual victimization (e.g., Calhoun et al., 2002; Gidycz, 1995). Alcohol consumption was hypothesized to be unrelated to perception of risk (Norris et al., 1996). Higher levels of psychological distress were hypothesized to be related to increased levels of personal vulnerability through a cognitive behavioral framework. For example, individuals with higher levels of depression are likely to have negative interpretations of themselves, their abilities, and everyday situations. Individuals with anxiety often worry that negative outcomes will occur. Individuals who dissociate may believe that this places them at greater risk for harm, as they are not aware of their surroundings. PTSD is characterized by fear, anxiety, and a sense of a foreshortened future. Accordingly, higher levels of psychological distress (depression, anxiety, dissociation, and PTSD) were hypothesized to be related to higher perceived risk. In contrast, increased levels of two positive psychological traits, sexual self-efficacy and sexual assertiveness, were hypothesized to be related to lower perceived risk.
CHAPTER II

METHOD

Participants

Participants were 239 undergraduate college women who participated in the control group of a longitudinal research study designed to evaluate the efficacy of a sexual revictimization risk reduction program (Calhoun, et al., 2002). An a priori power analysis indicated this was an adequate sample size as recommended by the Gatsonis & Sampson (1989) power tables calculated to ensure an adequate power of .80 as suggested by Cohen (1977). Participants were recruited from introductory psychology courses at a large southeastern university and a mid-sized midwestern university. They received both course credit and monetary incentives for their participation. Each participant reported at least one incident of sexual victimization (i.e., unwanted attempted or completed vaginal, anal, or oral intercourse through perpetrator use of coercion, force, or threat of force) in adolescence and/or adulthood to be eligible for the risk-reduction study. Participants reported a mean age of 19.09 years ($SD = 1.18$). The women were predominately Caucasian (89.6%), single (96.9%), first (49.9%) and second-year (30.8%) college students.

Materials

Demographics. This 20-item self-report questionnaire (Appendix A) assessed participant characteristics including age, year in school, race, and religion. Additionally, information on participants’ consensual sexual history was ascertained using this questionnaire.
Sexual Victimization. The Sexual Experiences Survey (SES; Appendix B) was used to determine adolescent and adult sexual victimization prior to the study and sexual revictimization during the one-year follow-up period. The SES was originally a 12-item self-report instrument designed to assess various levels of sexual aggression in males and sexual victimization in females (Koss & Oros, 1982). The wording of the scale has since been revised and currently includes ten items that agree with the legal definition of rape following the Ohio Revised Code (Koss & Gidycz, 1985). Only the female (victimization) scale was utilized for this study, as all participants were female.

Participants were asked to indicate whether they had experienced each of the ten behaviorally specific types of sexual victimization ranging from coerced sex play to forced vaginal, oral, or anal intercourse. The initial eligibility requirement for the risk-reduction project was participant report of at least one episode of sexual victimization (i.e., unwanted attempted or completed vaginal, anal, or oral intercourse through perpetrator use of coercion, force, or threat of force) that occurred in adolescence or adulthood. During the one-year follow-up period, participants who endorsed experiencing unwanted attempted or completed vaginal, anal, or oral intercourse through perpetrator use of coercion, force, or threat of force were considered to have experienced sexual revictimization. Frequency of previous victimization was calculated as a count of the number of incidents matching selection criteria for the risk-reduction project that were reported at the initial time point.

Psychometrics for the SES have been demonstrated to be adequate. Koss and Gidycz (1985) found internal consistency (alpha) equal to .74, a two-week test-retest reliability (mean item agreement) of 93% and a significant correlation between the written self-report measure and responses during an in-person interview ($r = .73$).
**Perception of Risk.** Perception of overall personal risk for future sexual victimization was assessed through a question placed at the end of the Demographic Questionnaire (Appendix A). This question was posed prior to any questionnaires assessing previous victimization experiences to avoid priming participants’ predictions. Participants were asked, “What do you think your personal chances are of being sexually assaulted this semester?” Response options were 1) almost no chance, 2) a slight chance, 3) an average chance, 4) a high chance, and 5) a very high chance.

Situational risk recognition was assessed through the use of the Response Latency Measure (Marx & Gross, 1995), an audio taped date-rape analogue. To complete this task, participants listened to an audio taped portrayal of a man and woman in a sexual encounter that concludes in a date rape. They were asked to determine when they believe that “the man has gone too far.” Participants indicated their belief that the man went too far by pressing a computer key that recorded the latency, in seconds, between the start of the scenario and the participant’s response. In order to control for participants’ curiosity, they were informed that they would listen to the tape in its entirety, regardless of the point at which they indicated that the man went too far.

The physical intimacy that the couple engaged in was conveyed through dialogue and audible breathing and kissing sounds. The man escalates the forcefulness of his attempts to obtain sexual intercourse from verbal persuasion, to arguments, verbal threats, and then physical force to actually obtain intercourse. Initially, the woman responds with verbal refusals and resistance beginning at 80 seconds. The woman's refusals escalate in intensity (reasoning, refusing, pleading, and crying) over time in response to the man’s increased sexual advances. The total running time of the tape is 390 seconds. The audio taped date-rape analogue is
composed of six segments: mutual interaction (0-79 seconds), polite refusals by the woman (80-98 seconds), verbal refusals by the woman and apologies by the man (99-136 seconds), verbal pressure by the man and verbal refusals by the woman (137-206 seconds), verbal threats by the man and adamant refusals by the woman (207-293 seconds), and forced sex (294-390 seconds; Marx, Gross, & Adams, 1999).

Several retrospective studies that have reported longer latencies for victimized participants than for nonvictims have employed the response latency measure as a measure for risk recognition. (e.g., Soler-Baillo, Marx, Sloan, 2005; Wilson et al., 1999). Additionally, a pilot investigation (Marx et al., 2001) found that the response latency measure predicted revictimization at a 2-month follow-up. This measure has been shown to have a 2-week test-retest reliability of 0.87, as well as good convergent and discriminant validity in a sample of college men (Bernat, Stolp, Calhoun, & Adams, 1997).

*Psychological Variables.* Sexual self-efficacy was assessed through the Sexual Self-Efficacy Ratings Questionnaire (SER; Appendix C), a 7-item, self-report questionnaire developed for the initial risk-reduction study and based on the self-efficacy research of Bandura (1977) and Hall (1989). Participants are presented with a variety of difficult interpersonal situations (ex. "A man you were with was attempting to get you to consume alcohol despite your wishes not to do so") and then asked to rate their confidence in their ability to successfully navigate each situation. Participants responded on a 7-point scale ranging from "Not at all confident" to "Very confident." The situations assessed participants' confidence in recognizing potential risk for sexual assault, implementing problem-solving techniques, and utilizing assertive behavioral responses. Participants’ individual item responses were summed to calculate a total sexual self-efficacy score, with higher scores indicating greater sexual self-efficacy.
The psychometric properties for this measure have been found to be sufficient. The average internal consistency for the scale (alpha = .88 [range .84 to .90]) was high across all six time points of the risk-reduction study. Additionally, utilizing participants in a control condition, test-retest reliability over a 2 week period was calculated at $r = .78$.

Sexual assertiveness was assessed through the Sexual Assertiveness Scale (SAS; Appendix D), an 18-item self-report questionnaire on which participants indicated the frequency with which they engage in specific behaviors in intimate situations (Morokoff et al., 1997). Participants responded on a 5-point scale ranging from “Never-0% of the time” to “Always-100% of the time”. The scale measured participants’ ability to assert themselves in regards to their sexual desires and limits. The scale is composed of three subscales (1) Initiation, (2) Refusal, and (3) Pregnancy-STD Prevention. For the current study, sexual assertiveness was measured using the Refusal subscale. Higher scores indicate greater sexual assertiveness.

Morokoff et al. (1997) reported solid psychometric properties for the SAS. Test-retest reliability for both the total scale and the subscales was found to be moderate to high over a year long period. The Refusal subscale test-retest reliability was .60 to .65 across 6 months and .59 over one year. Correlations for the Initiation subscale were .70 to .77 over 6 months and .65 over one year. The Pregnancy-STD Prevention subscale was also reliable, with 6-month test-retest coefficients of .66 to .70 and a 1-year coefficient of .59. Evidence of construct validity was demonstrated by significant correlations between each of the subscales and related behavior (ex. Refusal subscale was correlated with refusal behavior, $r = .33$).

Depression and anxiety were assessed using the Symptom Checklist-90-Revised (SCL-90-R; Appendix E), a 90-item self-report questionnaire designed to assess current psychological adjustment (Derogatis, 1977). Participants indicated on a 5-point scale ranging from "Not at all"
to "Extremely" to what degree they experienced each of 90 symptoms (e.g., “Crying easily,” “Nausea or upset stomach”) within the previous week. The standard Depression and Anxiety subscales of the SCL-90-R were used to assess negative psychological symptoms. Previous research has reported alphas of .90 for depression (Derogatis, 1977) and .88 for anxiety (Horowitz, Rosenberg, Baer, Ureno, & Villaseno, 1988), demonstrating excellent internal consistency. The current sample yielded average alphas (across five time points of the risk-reduction study) of .90 for the depression and .86 for the anxiety scales. Previously reported one and ten-week test-retest reliability coefficients, .82-.75 for depression and .80 for anxiety (Derogatis; Horowitz, et al.) are also adequate.

Posttraumatic stress disorder (PTSD) symptomatology was measured using the Posttraumatic Diagnostic Scale (PDS; Foa, Cashman, Jaycox, & Perry, 1997; Appendix F), a 49-item self-report measure that allows for diagnosis of PTSD according to DSM-IV (1994) criteria which also has a more general measure of PTSD symptom severity. The structure of the PDS allows for a DSM-IV diagnosis by assessing the nature of the traumatic event (Criterion A), duration of the symptoms (criterion E), and impairment of other areas of functioning (Criterion F) in addition to assessing for the presence and frequency/severity of 17 symptoms that directly correspond to the PTSD criteria of reexperiencing, avoidance/numbing, and hyperarousal (Criteria B-D). Participants were asked to rate the frequency of each of the 17 symptoms on a scale of 0 to 3 with 0 indicating “not at all or only one time” and 3 indicating “5 or more times a week/almost always.” The scores for each item are summed resulting in a total symptom score that ranges from 0 to 51.

Psychometric properties of the PDS have been determined using both clinical and community samples reporting a variety of traumatic events (Foa et al., 1997). The PDS has
demonstrated high internal consistency (alpha = .92 for Total Symptom Severity), test-retest reliability for PTSD diagnosis (kappa = .74), test-retest reliability of PTSD Symptom severity scores (kappa = .83) and concurrent validity of PTSD symptom severity (rs ranging from .73 to .79 with other measures of psychopathology).

Dissociation was measured through the use of the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986; Appendix G). The DES asks participants to indicate what percentage of time (on a 100 percent scale divided into 10% increments) they experience each of 28 dissociative events. Items describe a variety of dissociative experiences such as amnesia, depersonalization, and derealization (e.g., “Sometimes people have the experience of finding new things among their belongings that they do not remember buying. Circle a number to show what percentage of the time this happens to you.”)

A meta-analysis of studies that have utilized the DES found the internal consistency to be high (alpha = .93) and the test-retest reliability over 4-8 week intervals to range from .79 - .96. Additionally, the DES was found to have strong convergent validity with other self-report and interview measures of dissociation (Orsillo, 2001)

_alcohol consumption._ Alcohol consumption was measured through the Cahalan Drinking Habits Questionnaire (DHQ; Cahalan, Cissin, & Crossley, 1969; Appendix H). This 13-item questionnaire asks participants to indicate the frequency and quantity of their consumption of wine, beer, and liquor. This questionnaire allows for the computation of the total volume of alcohol that a participant typically ingests. Based on the total volume score, participants were placed into one of four drinking categories – 1- abstainer/infrequent drinker, 2 – light drinker, 3 – moderate drinker, 4 – heavy drinker.
Procedure

Participants were involved in several distinct phases of the risk-reduction project. Consent was obtained prior to participants’ involvement in the study. Prescreening occurred in large group sessions where participants completed the Demographic Questionnaire and the SES, to assess history of sexual victimization. Attempts were made to contact all participants who expressed interest in participating further in the study and who met inclusion criteria (i.e., reported an episode of unwanted attempted or completed vaginal, anal, or oral intercourse through perpetrator use of coercion, force, or threat of force in adolescence and/or adulthood, but not within the past three months). They were subsequently invited to participate in the interview phase. Recent victims were not immediately admitted into the study as they were hypothesized to have more significant symptomatology, making them potentially too vulnerable for the risk-reduction program and significantly different from less recent victims. These participants were reassessed after three months and asked to participate when they no longer reported a recent sexual victimization.

Participants who gave consent participated in the interview phase, conducted individually by trained graduate students, which served as a screening for significant suicidal ideation or serious current psychopathology (e.g., a thought disorder). Participants also completed a packet of questionnaires including the SER, SAS, SCL-90-R, DES, PDS, and DHQ at this time. Participants were randomly assigned to either a wait-list control or experimental group. Participants selected for the control group were invited to participate in a longitudinal study of college women’s experiences and psychological adjustment. These are the participants in the current study. Approximately 2-weeks after they completed the questionnaire packet, control participants completed the Response Latency Measure to assess for situational risk perception. A
subset of participants (70%) completed this measure. A power analysis indicated this remained an adequate sample size as recommended by the Gatsonis & Sampson (1989) power tables calculated to ensure an adequate power of .80 as suggested by Cohen (1977).

Follow-up data collected at 4, 8, and 12 month intervals. At each follow-up, participants completed the Sexual Experiences Survey designed to assess for the occurrence of sexual victimization during the 4-month period since the previous assessment. Debriefing material was provided at the end of each phase of the study.
CHAPTER III

RESULTS

Revictimization During the Study

Of the 239 participants, 126 (52.7%) reported experiencing some form of unwanted sexual contact (ranging from sex play to forcible rape) during the 12-month follow-up period. Most of the women who experienced unwanted sexual contact, \(N = 98; 77.8\% \) of victimized women and 41.0\% of the overall sample) reported experiencing an attempted or completed rape.

Descriptive Information for Risk-Perception Variables

Most participants rated their overall risk for experiencing sexual victimization as relatively low, \(M\) (on a 5 point scale) = 1.98, \(SD = .88\). Table 1 presents this information in greater detail. A Z-score was also computed for each participants’ rating of her overall risk for experiencing sexual victimization. As there were no differences in results of the analyses completed with the raw or transformed data, all results are presented using the raw data for ease of interpretation.

Additionally, participants were divided into 2 groups, no/low perception of overall risk (\(N = 168, 70.3\%\)) and average/high perception of risk (\(N = 69, 28.9\%\)). These results replicate previous research indicating that women report their risk for future sexual victimization as less than others (Cue, et al., 1996; Gidycz, et al. 1998).

To assess situational perception of risk, the Response Latency Measure was utilized. On average, participants indicated that the “man had gone too far” near the end of the third segment of the vignette, the portion where the woman verbally refuses the man’s advances and he
<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost no chance at all</td>
<td>82</td>
<td>34.3</td>
</tr>
<tr>
<td>A slight chance</td>
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<td>36.0</td>
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<td>1.3</td>
</tr>
<tr>
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<td>1.3</td>
</tr>
</tbody>
</table>
apologizes, \( M = 132.76, SD = 43.06, \text{range} = 56.26 - 282.31 \). No participants waited until the man had forced the woman to engage in sexual intercourse to indicate that he had “gone too far.” Table 2 presents the frequency data from the Response Latency Measure organized by each segment of the vignette. Each segment is described in greater detail in the Method section.

The bivariate correlation between perception of overall risk and perception of situational risk was calculated. These separate types of risk perception were not found to be significantly correlated, \( r = -.05, p = \text{ns} \).

**Relationships Between Risk-Perception Variables and Revictimization**

To analyze Hypothesis 1, logistic regression was utilized, since the criterion variable, revictimization status, was dichotomous. In the first regression analysis, revictimization status was regressed on the predictor variable, perception of overall risk. Perception of overall risk was found to predict sexual revictimization (attempted or completed rape) at the 4-month follow-up, \( \chi^2(1, N = 237) = 4.00, p < .05 \). However, contrary to Hypothesis 1, the odds ratio (OR) = 1.39, indicating that for each unit increase in perception of overall risk, a participant’s odds of experiencing sexual revictimization increase by a factor of 1.39, rather than decrease. Perception of overall risk was marginally predictive of sexual revictimization over the course of the entire study (12-months), \( \chi^2(1, N = 237) = 3.04, p = .08 \).

Next, revictimization status was regressed on the predictor variable, perception of situational risk. In contrast to Hypothesis 1, perception of situational risk did not predict sexual revictimization at the 4-month follow-up, \( \chi^2(1, N = 175) = 0.05, p = \text{ns} \), or over the course of the entire study, \( \chi^2(1, N = 237) = 0.11, p = \text{ns} \).

To analyze Hypothesis 2, hierarchical logistic regression was utilized. The criterion variable of sexual revictimization was regressed on the predictor variable of victimization history
Table 2

*Frequency Distribution for Situational Perception of Risk*

<table>
<thead>
<tr>
<th>Segments</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutual Interaction</td>
<td>11</td>
<td>6.3</td>
</tr>
<tr>
<td>Polite Refusal</td>
<td>45</td>
<td>25.7</td>
</tr>
<tr>
<td>Verbal Refusal/Apologies</td>
<td>33</td>
<td>18.9</td>
</tr>
<tr>
<td>Verbal Pressure/Refusal</td>
<td>72</td>
<td>41.1</td>
</tr>
<tr>
<td>Threats/Adamant Refusal</td>
<td>14</td>
<td>5.9</td>
</tr>
<tr>
<td>Forced Intercourse</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
in the first block and the predictor variable of perception of overall risk was added in the second block. As displayed in Table 3, and in contrast to Hypothesis 2, perception of overall risk did not contribute to the prediction of sexual revictimization with victimization history in the model. As perception of situational risk was not found to be associated with sexual revictimization at a univariate level, the hierarchical regression analysis was not conducted.

Prediction of Risk Perception Variables

To analyze Hypothesis 3, the criterion variable of perception of overall risk was regressed on the predictor variables utilizing linear regression. Table 4 presents the correlations between the risk perception variables and the potential predictors. As hypothesized, alcohol use was not related to perception of overall risk. Significant correlations were found between perception of overall risk and number of previous sexual victimizations, sexual self-efficacy, sexual assertiveness, anxiety, number of PTSD symptoms, and dissociation. As hypothesized, increased sexual self-efficacy and sexual assertiveness were related to decreased perception of overall risk. Also as hypothesized, increased anxiety, number of PTSD symptoms, and dissociation were related in increased perception of overall risk. However, contrary to Hypothesis 3, increased number of previous sexual victimizations was related to increased perception of overall risk rather than decreased risk perception. Each variable significantly correlated with perception of overall risk was included in the regression analysis. Their means and standard deviations are found in Table 5. As shown in Table 6, only frequency of previous victimization remained significant when considered in a multivariate context.

As shown in Table 4, only sexual self-efficacy was marginally correlated with perception of situational risk, $r = -.14, p = .06$. Therefore, a comprehensive regression analysis was not warranted.
Table 3

*Step and Final Model Odds of Sexual Revictimization as a Function of Victimization History and Perception of Overall Risk: Hierarchical Logistic Regression Analysis*

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>Step 1 OR</th>
<th>Step 2 OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>History</td>
<td>0.58</td>
<td>0.16</td>
<td>1.79***</td>
<td>1.76***</td>
</tr>
<tr>
<td>2</td>
<td>Perception</td>
<td>0.07</td>
<td>0.19</td>
<td>-</td>
<td>1.08</td>
</tr>
</tbody>
</table>

Note. *** $p < .001$
Table 4

*Intercorrelations Among Study Variables (N = 239)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall Risk</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Situational Risk</td>
<td>-.04</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. # of Prev. Vict.</td>
<td>.27***</td>
<td>-.06</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Self-Efficacy</td>
<td>-.17**</td>
<td>-.14a</td>
<td>-.18**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Assertiveness</td>
<td>-.14*</td>
<td>-.11</td>
<td>-.18**</td>
<td>.42***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Depression</td>
<td>.09</td>
<td>-.10</td>
<td>.17**</td>
<td>-.26***</td>
<td>-.24***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Anxiety</td>
<td>.17**</td>
<td>-.10</td>
<td>.25***</td>
<td>-.31***</td>
<td>-.27***</td>
<td>.73***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. PTSD</td>
<td>.13*</td>
<td>-.07</td>
<td>.23***</td>
<td>-.21**</td>
<td>-.12</td>
<td>.41***</td>
<td>.50***</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Dissociation</td>
<td>.18**</td>
<td>-.05</td>
<td>.26***</td>
<td>.30***</td>
<td>-.22**</td>
<td>.50***</td>
<td>.64***</td>
<td>.47***</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>10. Alcohol Use</td>
<td>.02</td>
<td>.05</td>
<td>.13*</td>
<td>-.17*</td>
<td>-.11</td>
<td>-.07</td>
<td>-.01</td>
<td>.15*</td>
<td>.08</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*Note.* 1-Perception of Overall Risk; 2-Perception of Situational Risk; 3-Frequency of Previous Victimization; 4-Sexual Self-Efficacy; 5-Sexual Assertiveness; 6-Depression; 7-Anxiety; 8-Number of PTSD Symptoms; 9-Dissociation; 10-Drinking Category

\[a^p = .06. *p < .05. **p < .01. ***p < .001.\]
Table 5  

*Means and Standard Deviations of Variables Used In Regression Analysis*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freq. of Previous Victimization</td>
<td>1.51</td>
<td>1.02</td>
</tr>
<tr>
<td>Sexual Self-Efficacy</td>
<td>26.58</td>
<td>8.35</td>
</tr>
<tr>
<td>Sexual Assertiveness</td>
<td>22.67</td>
<td>5.05</td>
</tr>
<tr>
<td>Anxiety</td>
<td>0.51</td>
<td>0.54</td>
</tr>
<tr>
<td>Number of PTSD Symptoms</td>
<td>8.36</td>
<td>8.34</td>
</tr>
<tr>
<td>Dissociation</td>
<td>11.47</td>
<td>8.75</td>
</tr>
</tbody>
</table>
Table 6

Summary of Linear Regression Analysis for Variables Predicting Perception of Overall Risk (N = 224)

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE_B$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freq. of previous victimization</td>
<td>.19</td>
<td>.06</td>
<td>.23**</td>
</tr>
<tr>
<td>Sexual self-efficacy</td>
<td>-.01</td>
<td>.01</td>
<td>-.07</td>
</tr>
<tr>
<td>Sexual assertiveness</td>
<td>-.01</td>
<td>.01</td>
<td>-.04</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.07</td>
<td>.14</td>
<td>.05</td>
</tr>
<tr>
<td>Number of PTSD symptoms</td>
<td>-.01</td>
<td>.01</td>
<td>-.05</td>
</tr>
<tr>
<td>Dissociation</td>
<td>.01</td>
<td>.01</td>
<td>.09</td>
</tr>
</tbody>
</table>

Note. Adj. $R^2 = .08$.

** $p < .01$. 
CHAPTER IV
DISCUSSION

The current study examined the risk recognition theory of sexual revictimization utilizing a prospective design. Three main aims were accomplished. First, the validity of using risk recognition to predict sexual revictimization was examined. Second, risk recognition was examined in the context of a known predictor of revictimization, history of sexual victimization. Third, potential predictors of risk recognition were explored. Given that the two types of risk recognition under consideration, perception of overall risk and perception of situational risk, appeared to be distinct constructs (they were not statistically related), it was pertinent to consider each type of risk recognition separately within each of the three aims. After the major analyses were completed, the distinction between the two types of risk recognition became more evident as the two variables related differentially to sexual revictimization rates and other variables of interest. This suggests that there are at least two separate components of the risk recognition theory, rather than one unified theory. It is important to note this distinction when conducting and examining research in this area instead of considering all types of risk recognition to be interchangeable. Failing to consider this may partially explain why support for this theory in the current literature has been mixed.

How did the risk recognition theory stand up to rigorous scientific scrutiny? In terms of perception of overall risk, the data contradicted this theory. Risk recognition theory posits that participants who do not view themselves at risk for sexual victimization find themselves at greater risk, possibly because they do not engage in self-protective behaviors such as learning
self-defense, drinking in moderation, or pairing up with a friend in a “buddy” system (Norris, et al., 1996). However, the current data actually supports the opposite view. Similar to the findings of Van Wyensberghe & Gidycz (2000), participants who rated their risk of experiencing sexual victimization as higher actually experienced victimization at higher rates during the 4-month follow-up period. In fact, for each unit increase in risk assessment (on a 5-point scale), participants’ odds of actually experiencing sexual victimization increased by a factor of 1.39. When participants were divided into two groups, none/low risk and medium/high risk, the odds ratio increased to approximately 1.75 for both the 4-month follow-up and over the course of the entire study. It would appear that those women at the greatest risk for experiencing sexual assault are more acutely aware of their risk, contrary to the risk recognition hypothesis. This is also contrary to the optimism bias that has been found for a variety of negative events including negative health outcomes such as HIV transmission (Linville, Fisher, Fischhoff, 1993; Weinstein, 1980).

In terms of situational risk perception, how did the risk recognition theory fare? Unlike with overall risk perception, the results do not actively contradict the risk recognition theory. Rather, the results of the current study suggest that there is not a relationship between situational risk perception and sexual revictimization. This is in contrast to the findings of a previous retrospective investigation by Wilson et al. (1999) and a pilot study by Marx et al. (2001), but consistent with Breitenbecher’s (2001) prospective findings.

When one reports null results, one should consider the power for detecting the relationship that you are testing. Even though there were fewer participants who had completed the latency task (due to technical and scheduling difficulties) than had completed the questionnaire portion of the study, all power analyses indicated that the number of participants
was sufficient for detecting a medium effect size. It is possible that situational risk recognition is important in predicting sexual revictimization, but that the ability to perceive situational risk on the latency task utilized in the current study does not translate to perception of situational risk outside of the laboratory setting. A participant’s emotional involvement might impact their risk perception where they had no emotional attachment to the latency vignette. Additionally, participants were not under the influence of any substances when completing the task, but might be in “real world” scenarios.

What if these null results are not a representation of methodological inadequacy, but accurately reflect the lack of relationship between situational risk perception and sexual revictimization? It is possible that individuals do not have difficulty detecting the risk, but have difficulty taking action after they realize that there is risk. Participants may be unaware of what resistance strategies are effective. For example, many individuals believe that actively resisting is likely to result in increased injury, when, on most occasions, it is related to successful escape from the situation (Levine-MacCombie & Koss, 1986). Individuals may be aware of effective strategies, but not have enough confidence in their abilities (self-efficacy) to attempt to implement them. Calhoun et al. (2002) found that sexual self-efficacy was related to decreased rates of revictimization. Finkelhor’s third traumagenic dynamic, powerlessness, also addresses a similar type of personal inhibition. He posits that when an individual’s sense of power, efficacy, and free will have been repeatedly disrupted he/she “may feel powerless to thwart others who are trying to manipulate them or do them harm” (Finkelhor & Brown, 1985; p. 536). Additionally, social factors such as investment in the relationship and fear of social embarrassment have been hypothesized to inhibit the implementation of successful resistance strategies during sexual victimization (Norris et al., 1996). Meadows, Jaycox, Webb, & Foa (1996) found that women
with a history of sexual victimization experienced a similar amount of discomfort when reading rape vignettes as women without a victimization history, but indicated that they would leave the situation later than those women without previous victimization. All of these factors may help explain the lack of relationship between situational risk perception and revictimization.

Hypothesis 3 examined factors associated with women’s perception of overall risk. Although at a univariate level several factors were correlated, when examined in a comprehensive fashion, only frequency of previous sexual victimization remained a significant predictor of perception of overall risk. It would appear that women who have experienced multiple victimizations perceive themselves as more vulnerable to future assault, which the data bore out. What is unclear is the exact mechanism. Are these women just more aware of sexual victimization due to repeated exposure to such experiences, or do they rate their risk as higher because they have been ineffective in implementing risk-reduction strategies in the past? It is clear that factors not measured in the current study are relevant in determining perceived risk, as after correcting for the number of predictors in the model, the model accounted for only eight percent of the variance.

There are some limitations that should be considered when interpreting the results of the current study. All of the participants in this study had experienced at least one attempted or completed rape prior to their participation. It may be inappropriate to generalize the conclusions of the current study to populations without a history of sexual victimization. However, Van Wynsberghe & Gidycz (2000) reported similar results to the outcome of Hypothesis 1 in a sample of women without victimization histories. This limitation appears particularly relevant when considering prediction of perception of overall risk, as the number of previous sexual victimizations was the most salient predictor of perception of overall risk. However, research
focused specifically on women with victimization histories remains critical given their well-established vulnerability to experience future assaults (e.g., Tjaden & Thoennes, 2000).

Although increased perception of overall personal risk was found to be associated with increased rate of revictimization, it should be noted that the assessment of overall personal risk was completed through the use of a single question, “What do you think your personal chances are of being sexually assaulted this semester?” This precludes a thorough psychometric analysis of this measure. However, results from the current study are consistent with those found by Van Wynsberghe & Gidycz (2000). In a similar fashion, their participants were asked to respond to a single question by marking the likelihood (from 0% to 100%) in response to the following question “How likely do you rate the chance that during this quarter you will find yourself in a situation where someone that you know will make an attempt to involve you in sexual intercourse against your will?”

From the results of this study one is unable to tell how increased awareness of risk for sexual victimization is related to future victimization. Do individuals unsuccessfully attempt to implement protective strategies, or even though they are aware of the risk, choose not to implement them? Future risk-reduction research should look at the behavioral correlates of perceived risk to explore why, even though women are aware of their risk for sexual revictimization, they continue to experience victimization at high rates. Additionally, an emphasis should be placed on conducting prevention research with perpetrators. Women can implement risk-reduction strategies, but these measure only reduce risk, they do not prevent it. Only by intervening with perpetrators can sexual victimization actually be prevented.
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APPENDICES

Appendix A

Demographic Questionnaire

We would like to start by asking you some general questions first. Please circle or fill in the appropriate answer directly on this sheet.

1. What is your age? _____

2. What is your current year in school?
   A. Freshman
   B. Sophomore
   C. Junior
   D. Senior
   E. Graduate
   F. Other (please specify) _________________

3. What is your ethnicity?
   A. Caucasian, Nonhispanic
   B. African American
   C. Asian or Pacific Islander
   D. Hispanic
   E. American Indian or Alaska Native
   F. Other (please specify) _________________

4. What is your religion?
   A. Catholic
   B. Protestant
   C. Jewish
   D. Nondenominational
   E. None
   F. Other (please specify) _________________

5. What is your sexual orientation?
   A. Heterosexual
   B. Homosexual
   C. Bisexual

6. What is your current marital status?
   A. Never married
   B. Co-habitating
   C. Married
   D. Separated
   E. Divorced
   F. Widowed
For items 7 and 8, write a description of your parent’s occupation. Category descriptions provided below may be used, or exact job titles (e.g., high school teacher, owns small farm) may be provided. If parent is retired or deceased, please indicate this.

A. Executive, major professional  
B. Manager, minor professional  
C. Administrator, owner of small business, semi-professional  
D. Clerical or sales worker  
E. Skilled worker  
F. Semi-skilled worker  
G. Unskilled worker  
H. Unemployed  
I. Homemaker

7. Father’s occupation: __________________
8. Mother’s occupation __________________

Using the list below, indicate the level of education each of your parents attained.

A. Graduate or professional training (degree obtained)  
B. Partial graduate of professional training  
C. College graduate (degree obtained)  
D. Partial college training (include technical schooling beyond high school)  
E. High school graduate (graduate of technical or training school)  
F. Partial high school (10th – 12th grade)  
G. Partial junior high school (7th – 9th grade)  
H. Elementary school (6th grade or lower)

9. Father: _____________________
10. Mother ____________________

11. What is your current dating status?  
A. I do not date.  
B. I date casually.  
C. I am involved in a long-term monogamous relationship (duration of 6 months or longer).  
D. I am engaged.  
E. I am married.

12. Are you currently involved in an exclusive romantic/dating relationship or marriage?  
A. Yes (answer question 12a)  
B. No (go to question 13)

   12a. If yes, how long have you been involved with this person? ____________ months

13. Have you ever been in counseling or psychotherapy? (Choose one)  
A. Yes  
B. No

14. Are you currently in counseling or psychotherapy? (Choose one)  
A. Yes  
B. No
15. Have you ever taken a self-defense course? (Choose one)
   A. Yes
   B. No

16. Are you currently taking a self-defense course? (Choose one)
   A. Yes
   B. No

17. Have you ever willingly had sexual intercourse?
   A. Yes
   B. No

18. How old were you when you first willingly had sexual intercourse?
   A. Does not apply – I have never willingly had sexual intercourse
   B. 13 years old or younger
   C. 14
   D. 15
   E. 16
   F. 17
   G. 18
   H. 19 years old or older

19. How many consensual (not forced) sexual partners have you had?
   A. 0
   B. 1
   C. 2
   D. 3
   E. 4
   F. 5
   G. 6
   H. 7 or more

20. What do you think your personal chances are of being sexually assaulted this semester?
   A. Almost no chance at all
   B. A slight chance
   C. An average chance
   D. A high chance
   E. A very high chance
Appendix B

Sexual Experiences Scale – Adult Version

DIRECTIONS: Please answer the following questions about your sexual experiences from age 18 on.

1. Have you ever given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because you were overwhelmed by a man's continual arguments and pressure? (From age 18 on)

   No (go to question 2)  
   Yes (answer next three questions and circle the correct responses)

   1a. About how many times has it happened (from age 18 on)?
       1  2  3  4  5 or more

   1b. How many times has this happened in the past year?
       1  2  3  4  5 or more

   1c. Has this experience occurred at least once within the past 3 months?
       a. No                b. Yes

2. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man used his authority (boss, teacher, camp counselor, supervisor) to make you? (From age 18 on)

   No (go to question 3)  
   Yes (answer next three questions and circle the correct responses)

   2a. About how many times has it happened (from age 18 on)?
       1  2  3  4  5 or more

   2b. How many times has this happened in the past year?
       1  2  3  4  5 or more

   2c. Has this experience occurred at least once within the past 3 months?
       a. No                b. Yes

3. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.)? (From age 18 on)

   No (go to question 4)  
   Yes (answer next three questions and circle the correct responses)

   3a. About how many times has it happened (from age 18 on)?
       1  2  3  4  5 or more

   3b. How many times has this happened in the past year?
       1  2  3  4  5 or more

   3c. Has this experience occurred at least once within the past 3 months?
       a. No                b. Yes
4. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down, etc.) but intercourse did not occur? (From age 18 on)

No  **(go to question 5)**

Yes (answer next three questions and circle the correct responses)

4a. About how many times has it happened (from age 18 on)?
1  2  3  4  5 or more

4b. How many times has this happened in the past year?
1  2  3  4  5 or more

4c. Has this experience occurred at least once within the past 3 months?
   a. No                b. Yes

5. Have you had a man attempt sexual intercourse (get on top of you, attempt to insert his penis) when you didn't want to by giving you alcohol or drugs, to prevent you from resisting, but intercourse did not occur? (From age 18 on)

No  **(go to question 6)**

Yes (answer next three questions and circle the correct responses)

5a. About how many times has it happened (from age 18 on)?
1  2  3  4  5 or more

5b. How many times has this happened in the past year?
1  2  3  4  5 or more

5c. Has this experience occurred at least once within the past 3 months?
   a. No                b. Yes

6. Have you given in to sexual intercourse when you didn't want to because you were overwhelmed by a man's continual arguments and pressure? (From age 18 on)

No  **(go to question 7)**

Yes (answer next three questions and circle the correct responses)

6a. About how many times has it happened (from age 18 on)?
1  2  3  4  5 or more

6b. How many times has this happened in the past year?
1  2  3  4  5 or more

6c. Has this experience occurred at least once within the past 3 months?
   a. No                b. Yes
7. Have you had sexual intercourse when you didn't want to because a man used his position of authority (boss, teacher, counselor, supervisor)? (From age 18 on)

   No  (go to question 8)
   Yes (answer next three questions and circle the correct responses)

   7a. About how many times has it happened (from age 18 on)?
       1  2  3  4  5 or more

   7b. How many times has this happened in the past year?
       1  2  3  4  5 or more

   7c. Has this experience occurred at least once within the past 3 months?
       a. No                b. Yes

8. Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs to prevent you from resisting? (From age 18 on)

   No  (go to question 9)
   Yes (answer next three questions and circle the correct responses)

   8a. About how many times has it happened (from age 18 on)?
       1  2  3  4  5 or more

   8b. How many times has this happened in the past year?
       1  2  3  4  5 or more

   8c. Has this experience occurred at least once within the past 3 months?
       a. No                b. Yes

9. Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? (From age 18 on)

   No  (go to question 10)
   Yes (answer next three questions and circle the correct responses)

   9a. About how many times has it happened (from age 18 on)?
       1  2  3  4  5 or more

   9b. How many times has this happened in the past year?
       1  2  3  4  5 or more

   9c. Has this experience occurred at least once within the past 3 months?
       a. No                b. Yes
10. Have you had sexual acts (anal or oral intercourse or penetration by objects other than the penis) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? (From age 18 on)

   No
   Yes (answer next three questions and circle the correct responses)

10a. About how many times has it happened (from age 18 on)?
   1 2 3 4 5 or more

10b. How many times has this happened in the past year?
   1 2 3 4 5 or more

10c. Has this experience occurred at least once within the past 3 months?
   a. No                b. Yes

Note: Instructions were varied to accurately reflect the appropriate time period for which assessment of unwanted sexual experiences was being made. For example, the adolescent version included the qualifier “From age 14 to 17” and the follow-up version included the qualifier “Since the last time you completed this questionnaire, approximately 4 months ago.”
Appendix C

Self-Efficacy Ratings Questionnaire

Please rate the following statements using the scale below. Mark your answers on the answer sheet.

A. Not at all confident
B. A little confident
C. Moderately confident
D. Confident
E. Fairly confident
F. Mostly confident
G. Very confident

1. If a man you were with was attempting to get you to have sex with him and you were not interested, how confident are you that you could successfully resist his advances?

2. If a man you were with was attempting to pay for your meal when you did not want him to, how confident are you that you could be assertive enough to tell him that you would pay for your own way?

3. If a man you were with was attempting to get you to consume alcohol despite your wishes not to do so, how confident are you that you could successfully resist his pressuring?

4. How confident are you that you could successfully avoid a situation in which you could be sexually assaulted?

5. If a situation develops in which you feel you could be in danger of sexual assault, how confident are you that you could successfully think up ways to get out of that situation and then execute your plan?

6. How confident are you that you could successfully recognize the signs that you might be in danger of being sexually assaulted?

7. How confident are you that if you recognized the danger signs of sexual assault you could avoid/prevent it from happening?
Appendix D

Sexual Assertiveness Scale

Please use the scale below to rate each statement. Mark your answers on the answer sheet.

<p>| | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>B.</td>
<td>C.</td>
<td>D.</td>
<td>E.</td>
</tr>
<tr>
<td>never</td>
<td>sometimes</td>
<td>50%</td>
<td>usually</td>
<td>always</td>
</tr>
<tr>
<td>0% of the time</td>
<td>25% of the time</td>
<td>of the time</td>
<td>75% of the time</td>
<td>100% of the time</td>
</tr>
</tbody>
</table>

1. I begin sex with my partner if I want to.
2. I let my partner know if I want my partner to touch my genitals.
3. I wait for my partner to touch my genitals instead of letting my partner know that’s what I want.
4. I wait for my partner to touch my breasts instead of letting my partner know that’s what I want.
5. I let my partner know if I want to have my genitals kissed.
6. Women should wait for men to start things like breast touching.
7. I give in and kiss if my partner pressures me, even if I already said no.
8. I put my mouth on my partner’s genitals if my partner wants me to, even if I don’t want to.
9. I refuse to let my partner touch my breasts if I don’t want that, even if my partner insists.
10. I have sex if my partner wants me to, even if I don’t want to.
11. If I said no, I won’t let my partner touch my genitals even if my partner pressures me.
12. I refuse to have sex if I don’t want to, even if my partner insists.
13. I have sex without a condom or latex barrier if my partner doesn’t like them, even if I want to use one.
14. I have sex without using a condom or latex barrier if my partner insists, even if I don’t want to.
15. I make sure my partner and I use a condom or latex barrier when we have sex.
16. I have sex without using a condom or latex barrier if my partner wants.
17. I insist on using a condom or latex barrier if I want to, even if my partner doesn’t like them.
18. I refuse to have sex if my partner refuses to use a condom or latex barrier.
Appendix E

Symptom Checklist-90-Revised

DIRECTIONS: Below is a list of problems people sometimes have. Please read each one carefully, blacken the circle on the answer sheet that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS, INCLUDING TODAY. Blacken the circle for only one letter for each problem and do not skip any items. If you change your mind, erase your fist mark carefully. Please use the following scale:

A. Not at all  
B. A little bit  
C. Moderately  
D. Quite a bit  
E. Extremely

During the past 7 days, how much were you distressed by:

1. Headaches  
2. Nervousness or shakiness inside  
3. Repeated unpleasant thoughts that won’t leave your mind  
4. Faintness or dizziness  
5. Loss of sexual interest or pleasure  
6. Feeling critical of others  
7. The idea that someone else can control your thoughts  
8. Feeling others are to blame for most of your troubles  
9. Trouble remembering things  
10. Worried about sloppiness or carelessness  
11. Feeling easily annoyed or irritated  
12. Pains in heart or chest  
13. Feeling afraid in open spaces or on the streets  
14. Feeling low in energy or slowed down  
15. Thoughts of ending your life  
16. Hearing voices that others people do not hear  
17. Trembling  
18. Feeling that most people cannot be trusted  
19. Poor appetite  
20. Crying easily  
21. Feeling shy or uneasy with the opposite sex  
22. Feelings of being trapped or caught  
23. Suddenly scared for no reason  
24. Temper outbursts that you could not control  
25. Feeling afraid to go out of your house alone  
26. Blaming yourself for things  
27. Pains in lower back  
28. Feeling blocked in getting things done  
29. Feeling lonely  
30. Feeling blue  
31. Worrying too much about things  
32. Feeling no interest in things  
33. Feeling fearful  
34. Your feelings being easily hurt  
35. Other people being aware of your private thoughts  
36. Feeling others do not understand you or are unsympathetic  
37. Feeling that people are unfriendly or dislike you
Having to do things very slowly to ensure correctness
Heart pounding or racing
Nausea or upset stomach
Feeling inferior to others
Soreness of your muscles
Feeling that you are watched or talked about by others
Trouble falling asleep
Having to check and double-check what you do
Difficulty making decisions
Feeling afraid to travel on buses, subways, or trains
Trouble getting your breath
Hot or cold spells
Having to avoid certain things, places, or activities because they frighten you
Your mind going blank
Numbness or tingling in parts of your body
A lump in your throat
Feeling hopeless about the future
Trouble concentrating
Feeling weak in parts of your body
Feeling tense or keyed up
Heavy feelings in you arms or legs
Thoughts of death or dying
Overeating
Feeling uneasy when people are watching or talking about you
Having thoughts that are not your own
Having urges to beat, injure, or harm someone
Awakening in the early morning
Having to repeat the same actions such as touching, counting, or washing
Sleep that is restless or disturbed
Having urges to break or smash things
Having ideas or beliefs that others do not share
Feeling very self-conscious with others
Feeling uneasy in crowds, such as shopping or at the movies
Feeling everything is an effort
Spells of terror or panic
Feeling uncomfortable about eating or drinking in public
Getting into frequent arguments
Feeling nervous when you are left alone
Others not giving you proper credit for you achievements
Feeling lonely even when you are with people
Feeling so restless you couldn’t sit still
Feelings of worthlessness
The feeling that something bad is going to happen to you
Shouting or throwing things
Feeling afraid you will faint in public
Feeling that people will take advantage of you if you let them
Having thoughts about sex that bother you a lot
The idea that you should be punished for your sins
Thoughts and images of a frightening nature
The idea that something serious is wrong with your body
Never feeling close to another person
Feelings of guilt
The idea that something is wrong with your mind
Appendix F

Posttraumatic Diagnostic Scale

Part 1

Many people have lived through or witnessed a very stressful and traumatic event at some point in their lives. Below is a list of traumatic events. Put a checkmark in the box next to ALL of the events that have happened to you or that you have witnessed.

1. ____ Serious accident, fire or explosion (for example, and industrial, farm, car, plane, or boating accident)
2. ____ Natural disaster (for example, tornado, hurricane, flood, or major earthquake)
3. ____ Non-sexual assault by a family member or someone you know (for example, being mugged, physically attacked, shot, stabbed, or held at gunpoint)
4. ____ Non-sexual assault by a stranger (for example, being mugged, physically attacked, shot, stabbed, or held at gunpoint)
5. ____ Sexual assault by a family member or someone you know (for example, rape or attempted rape)
6. ____ Sexual assault by a stranger (for example, rape or attempted rape)
7. ____ Military combat or a war zone
8. ____ Sexual contact when you were younger than 18 with someone who was 5 or more years older than you (for example, contact with genitals, breasts)
9. ____ Imprisonment (for example, prison inmate, prisoner of war, hostage)
10. ____ Torture
11. ____ Life-threatening illness
12. ____ Other traumatic event
13. If you marked item 12, specify the traumatic event below:

____________________________________________________________________
____________________________________________________________________

If you checked one box above, go to Part 1-A on the next page.
If you checked more than one box above, go to Part 1-B on the next page.
If you did not check any boxes, go to Part 1-C on the next page.

Part 1-A

These instructions are only for people who checked only one event on the previous page. The rest of the questionnaires ask about difficulties and beliefs that people sometime have in response to stressful life experiences. When filling out these questionnaires, please think only about the stressful event you checked off on the last page. Skip to Part 2.
Part 1-B
These instructions are only for people who checked more than one event on the previous page.
Looking at the different events that you reported experiencing on the last questionnaire, put a checkmark in the box below next to the event which affected you or bothers you the most.

1. ____ Accident
2. ____ Disaster
3. ____ Non-sexual assault/someone you know
4. ____ Non-sexual assault/stranger
5. ____ Sexual assault/someone you know
6. ____ Sexual assault/stranger
7. ____ Combat
8. ____ Sexual contact under 18 with someone 5 or more years older
9. ____ Imprisonment
10. ____ Torture
11. ____ Life-threatening illness
12. ____ Other traumatic event

The rest of the questionnaires ask about difficulties and beliefs that people sometime have in response to stressful life experiences. When filling out these questionnaires, please think only about the stressful event you checked off on the last page. Skip to Part 2.

Part 1-C
These instructions are only for people who did not check any events on the previous page.

The rest of the questionnaires ask about difficulties and beliefs that people sometime have in response to stressful life experiences. Please think of one stressful life experience that you think really affected you or still bothers you in some way. When filling out these questionnaires, please think only about this one stressful event. Skip to Part 2.

Part 2
14. In the box below, briefly describe the traumatic event that you marked above.

___________________________________________________
___________________________________________________

15. How long ago did the traumatic event happen?
(Circle ONE)
1. Less than 1 month
2. 1 to 3 months
3. 3 to 6 months
4. 6 months to 3 years
5. 3 to 5 years
6. More than 5 years

For the following questions, circle Y for Yes and N for No
During this traumatic event:
16. Y N Were you physically injured?
17. Y N Was someone else physically injured?
18. Y N Did you think that your life was in danger?
19. Y N Did you think that someone else’s life was in danger?
20. Y N Did you feel helpless?
21. Y N Did you feel terrified?
Part 3

Below is a list of problems that people sometimes have after experiencing a traumatic event. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered you IN THE PAST MONTH. Rate each problem with respect to the traumatic event you described in Item 14.

0 Not at all or only one time
1 Once a week or less/once in a while
2 2 to 4 times a week/half the time
3 5 or more times a week/almost always

22. 0 1 2 3 Having upsetting thoughts or images about the traumatic event that came into your head when you didn’t want them to
23. 0 1 2 3 Having bad dreams or nightmares about the traumatic event
24. 0 1 2 3 Reliving the traumatic event, acting or feeling as if it was happening again
25. 0 1 2 3 Feeling emotionally upset when you were reminded of the traumatic event (for example, feeling scared, angry, sad, guilty, etc.)
26. 0 1 2 3 Experiencing physical reactions when you were reminded of the traumatic event (for example, breaking out in a sweat, heart beating fast)
27. 0 1 2 3 Trying not to think about, talk about, or have feelings about the traumatic event
28. 0 1 2 3 Trying to avoid activities, people, or places that remind you of the traumatic event
29. 0 1 2 3 Not being able to remember an important part of the traumatic event
30. 0 1 2 3 Feeling distant or cut off from people around you
31. 0 1 2 3 Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings)
32. 0 1 2 3 Feeling as if your future plans or hopes will not come true (for example, you will not have a career, marriage, children, or a long life)
33. 0 1 2 3 Having trouble falling or staying asleep
34. 0 1 2 3 Feeling irritable or having fits of anger
35. 0 1 2 3 Having trouble concentrating (for example, drifting in and out of conversations, losing track or a story on television, forgetting what you read)
36. 0 1 2 3 Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to a door, etc.)
37. 0 1 2 3 Being jumpy or easily startled (for example, when someone walks up behind you)

39. How long have you experienced the problems that you reported above? (Circle ONE)
   1) Less than 1 month
   2) 1 to 3 months
   3) More than 3 months

40. How long after the traumatic event did these problems begin? (Circle ONE)
   1) Less than 6 months
   2) 6 or more months
Part 4

Indicate below if the problems you rated in Part 3 have interfered with any of the following areas of your life DURING THE PAST MONTH. Circle Y for Yes or N for No.

<p>| | | | |</p>
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<thead>
<tr>
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<tbody>
<tr>
<td>41.</td>
<td>Y</td>
<td>N</td>
<td>Work</td>
</tr>
<tr>
<td>42.</td>
<td>Y</td>
<td>N</td>
<td>Household chores and duties</td>
</tr>
<tr>
<td>43.</td>
<td>Y</td>
<td>N</td>
<td>Relationships with friends</td>
</tr>
<tr>
<td>44.</td>
<td>Y</td>
<td>N</td>
<td>Fun and leisure activities</td>
</tr>
<tr>
<td>45.</td>
<td>Y</td>
<td>N</td>
<td>Schoolwork</td>
</tr>
<tr>
<td>46.</td>
<td>Y</td>
<td>N</td>
<td>Relationships with your family</td>
</tr>
<tr>
<td>47.</td>
<td>Y</td>
<td>N</td>
<td>Sex life</td>
</tr>
<tr>
<td>48.</td>
<td>Y</td>
<td>N</td>
<td>General satisfaction with life</td>
</tr>
<tr>
<td>49.</td>
<td>Y</td>
<td>N</td>
<td>Overall level of functioning in all areas of your life</td>
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Appendix G

Dissociative Experiences Scale

DIRECTIONS: The following 28 questions refer to experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you are not under the influence of alcohol or drugs. To answer the question, please determine to what degree the experience describe in the question applies to you and circle (directly on this sheet) the percentage of time you have the experience:

1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realizing that they don’t remember what has happened during all or part of the trip. Circle what percentage of the time this happens to you.
   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear part or all of what was said. Circle what percentage of the time this happens to you.
   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3. Some people have the experience of finding themselves in a place and having no idea how they got there. Circle what percentage of the time this happens to you.
   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

4. Some people have the experience of finding themselves dressed in clothes that they don’t remember putting on. Circle what percentage of the time this happens to you.
   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

5. Some people have the experience of finding new things among their belongings that they don’t remember buying. Circle what percentage of the time this happens to you.
   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

6. Some people sometimes find that they are approached by people who they do not know who call them by another name or insist that they have met them before. Circle what percentage of the time this happens to you.
   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person. Circle what percentage of the time this happens to you.
   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

8. Some people are told that they sometimes do not recognize friends or family members. Circle what percentage of the time this happens to you.
   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation). Circle what percentage of the time this happens to you.
   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

10. Some people have the experience of being accused of lying when they do not think that they have lied. Circle what percentage of the time this happens to you.
    0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
11. Some people have the experience of looking in a mirror and not recognizing themselves. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

12. Some people sometimes have the experience of feeling that other people, objects, and the world around them are not real. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

13. Some people sometimes have the experience of feeling that their body does not seem to belong to them. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

18. Some people sometimes find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

19. Some people find that they sometimes are able to ignore pain. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

21. Some people sometimes find that when they are alone they talk out loud to themselves. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people. Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.) Circle what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it. Circle what percentage of the time this happens to you.

| % | 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

25. Some people sometimes find evidence that they have done things that they do not remembering doing. Circle what percentage of the time this happens to you.

| % | 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Circle what percentage of the time this happens to you.

| % | 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

27. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing. Circle what percentage of the time this happens to you.

| % | 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

28. Some people sometimes feel as if they are looking at the world through a fog so that people and objects appear far way or unclear. Circle what percentage of the time this happens to you.

| % | 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
Appendix H

Cahalan Drinking Habits Questionnaire

DIRECTIONS: For each of the following questions, please state which alternative is most accurate for you. Select only one alternative per question, please.

(NOTE: A “time” refers to a discrete drinking occasion in which you have 1-10 or more drinks. For example, 2 beers at lunch, 3 beers before supper, and a beer for a nightcap would be 3 “times” a day. Six beers during an evening would be one “time”.)

1. I usually have wine or drinks containing wine (e.g., wine cooler):
   A. Three or more times a day
   B. Two times a day
   C. Once a day
   D. Nearly every day
   E. Three or four times a week
   F. Once or twice a week
   G. Two or three times a month
   H. About once a month
   I. Less than once a month but at least once a year  (DO NOT COMPLETE QUES. 5-7)
   J. Less than once a year OR I have never had wine or punch containing wine (DO NOT COMPLETE QUES. 5-7)

2. I usually have beer:
   A. Three or more times a day
   B. Two times a day
   C. Once a day
   D. Nearly every day
   E. Three or four times a week
   F. Once or twice a week
   G. Two or three times a month
   H. About once a month
   I. Less than once a month but at least once a year  (DO NOT COMPLETE QUES. 8-10)
   J. Less than once a year OR I have never had beer (DO NOT COMPLETE QUES. 8-10)

3. I usually have whisky or liquor (such as martinis, manhattans, highballs, or straight drinks including scotch, bourbon, gin, vodka, rum, etc.):
   A. Three or more times a day
   B. Two times a day
   C. Once a day
   D. Nearly every day
   E. Three or four times a week
   F. Once or twice a week
   G. Two or three times a month
   H. About once a month
   I. Less than once a month but at least once a year  (DO NOT COMPLETE QUES. 11-13)
   J. Less than once a year OR I have never had whisky or other liquor (DO NOT COMPLETE QUES. 11-13)
4. How often do you have any drink containing alcohol, whether it is wine, beer, whisky or any other drink? (Make sure that your answer is not less frequent than the frequency reported on any of the preceding three questions)

A. Three or more times a day
B. Two times a day
C. Once a day
D. Nearly every day
E. Three or four times a week
F. Once or twice a week
G. Two or three times a month
H. About once a month
I. Less than once a month but at least once a year (DO NOT COMPLETE THE REST)
J. Less than once a year OR I have never had any alcohol (DO NOT COMPLETE THE REST)

5. Think about all the times you have had wine recently. When you drink wine, how often you have had as many as five or six glasses?

A. Nearly every time (GO TO QUESTION 8)
B. More than half the time (GO TO QUESTION 8)
C. Less than half the time
D. Once in a while
E. Never

6. When you drink wine, how often do you have three or four glasses?

A. Nearly every time (GO TO QUESTION 8)
B. More than half the time (GO TO QUESTION 8)
C. Less than half the time
D. Once in a while
E. Never

7. When you drink wine, how often do you have one or two glasses?

A. Nearly every time
B. More than half the time
C. Less than half the time
D. Once in a while
E. Never

8. Think about all the times you have had beer recently. When you drink beer, how often do you have as many as five or six glasses or cans?

A. Nearly every time (GO TO QUESTION 11)
B. More than half the time (GO TO QUESTION 11)
C. Less than half the time
D. Once in a while
E. Never

9. When you drink beer, how often do you have three or four glasses or cans?

A. Nearly every time (GO TO QUESTION 11)
B. More than half the time (GO TO QUESTION 11)
C. Less than half the time
D. Once in a while
E. Never
10. When you drink beer, how often do you have one or two glasses or cans?
   A. Nearly every time
   B. More than half the time
   C. Less than half the time
   D. Once in a while
   E. Never

11. Think of all the times you have had a drink containing whisky or other liquor recently. When you have had them, how often do you have as many as five or six drinks?
   A. Nearly every time (DO NOT COMPLETE QUES. 12-13)
   B. More than half the time (DO NOT COMPLETE QUES. 12-13)
   C. Less than half the time
   D. Once in a while
   E. Never

12. When you have drinks containing whisky or other liquor, how often do you have three or four drinks?
   A. Nearly every time (OMIT QUESTION 13)
   B. More than half the time (OMIT QUESTION 13)
   C. Less than half the time
   D. Once in a while
   E. Never

13. When you have drinks containing whisky or other liquor, how often do you have one or two drinks?
   A. Nearly every time
   B. More than half the time
   C. Less than half the time
   D. Once in a while
   E. Never