LABELING SEXUAL ASSAULT PERCEPTIONS ASSOCIATED WITH PTSD SYMPTOM SEVERITY

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Abstract

Many agree that sexual assault is a common problem among females, but there is less agreement regarding how to label individuals who experience sexual assault. Most research has examined the connotations associated with the labels, most of which has associated “victim” with negative connotations and “survivor” with positive adjectives. Few studies empirically examine how individuals of sexual assault respond to these labels and how the labels relate to outcomes in these individuals’ lives. Unfortunately, individuals who have experienced an unwanted sexual encounter are at higher risk for developing posttraumatic stress disorder (PTSD). Understanding how these individuals label themselves, and how the labels relate to possible outcomes associated with sexual assault, is important to improve outcomes for these individuals. The current study sought to examine what label (i.e., victim or survivor) individuals who have experienced an unwanted sexual encounter prefer, and how this label predicts PTSD symptom severity. Participants, who were recruited from SONA and other online formats, included 114 females ($M_{age} = 25.46, SD = 9.95$; 86% White). Results revealed that individuals in this sample identified as both “victims” ($N = 60$) and “survivors” ($N = 54$). Results of an ANCOVA indicated that when individuals labeled themselves, neither “victim” nor “survivor” predicted significant differences in PTSD symptom severity ($F(1,111) = 1.01, p = .318$). These results suggest that regardless of what label the individual identifies with, the outcomes of the traumatic event, specifically regarding PTSD symptomology, will not be affected. Additional exploration analyses, implications, and future directions will be discussed.
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Chapter I: Literature Review

A significant number of women in the United States have experienced some form of sexual violence (Breiding, 2015). According to the National Intimate Partner and Sexual Violence Survey (NISVS), 43.9% of women have had an unwanted sexual experience in their lifetime and 23.2% of these women experienced an unwanted sexual encounter by the age of 18 (Breiding, Chen, & Black, 2014). Researchers use many different definitions of sexual assault to assess a variety of forms of sexual violence. Smith et al. (2017) define five types of sexual violence to measure in the NISVS: rape, being made to penetrate someone else, sexual coercion (e.g., penetration after nonphysical pressure), unwanted sexual contact (e.g. touching but not penetration), and no-contact unwanted sexual experiences (does not include touching or penetration). The NISVS definition covers a broad range of sexual violence that is prevalent among women in the United States. Individuals can begin to experience symptoms of a wide variety of psychological difficulties after being exposed to sexual violence. The individual may start to experience avoidance, guilt, and reexperiencing, which can lead to posttraumatic stress disorder (PTSD).

Sexual assault can lead to individuals experiencing a variety of symptoms of different psychopathology, but stronger associations have been found with PTSD (Dworkin, Menon, Bystrynski, & Allen, 2017). PTSD is characterized by intrusive memories; avoidance of thoughts, situations, and people, negative alterations in cognitions and moods; and marked alterations in arousal and reactivity related to the event (APA, 2013). Approximately 6.8% of individuals who experience a traumatic event will eventually develop PTSD (Breslau, 2009). The Diagnostic and Statistical Manual of Mental Disorders: 5th Edition (DSM-5; APA, 2013) now includes directly experiencing or witnessing sexual violence as meeting Criterion A for
PTSD. Research has suggested that individuals who have experienced a sexual assault are more likely to develop PTSD symptoms than those who do not have this encounter (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). With more women than men, experiencing unwanted sexual encounters, women are at a greater risk for developing PTSD (Tolin & Foa, 2008). Furthermore, with the potential stigma attached to being sexually assaulted, individuals may have a difficult time having a more positive outlook on life.

Hansen, Hansen, Nielsen, and Elklit (2017) worked with a sample of 122 women from a regional Center for Rape Victims who had been sexually assaulted. They asked the women to examine negative and positive changes in outlook on their life 3 and 12 months after the sexual assault. Symptoms associated with PTSD were also examined during these two time periods. Each woman was given the Change in Outlook Questionnaire (CiOQ; Joseph, Williams, & Yule, 1993), the Harvard Trauma Questionnaire (HTQ; Mollica et al., 1992), and the Crisis Support Scale (CSS; Joseph, Andrews, Williams, & Yule, 1992). The HTQ measured three of the core symptom groups prominent in PTSD (i.e., intrusion, avoidance, and arousal). Results of this study indicated that most women’s outlook on life changed in a negative way (43.4%) or did not change (39.3%) directly after the assault, but 12 months after the study, many women reported a more positive outlook on life (Hansen et al., 2017). The women who had more perceived social support and a positive outlook on life reported less PTSD symptom severity at both 3 and 12 months after the sexual assault, as compared to those individuals who received less social support and had a more negative outlook on life. However, the group who had changed to a more positive outlook on life after the sexual assault did not significantly differ from the group who stated that their outlook on life did not change (Hansen et al., 2017). At the 12-month
check-in, more women reported a positive outlook on life than negative or no change (Hansen et al., 2017).

Labeling Sexual Assault

The language used to describe an individual that has encountered an unwanted sexual experience can define the way that individual conceptualizes his or her experience. Some literature views rape victimization with negative associations and attitudes. Although “victim” may be how it is labeled as a crime, that label may not reflect the way that these women self-identify or how others perceive them. In the United States, domestic violence victimization of women became publicized in the 1960s and 1970s with the growth of mental health and women’s rights groups (Leisenring, 2006). Feminist activists pushed for policymakers to recognize the severity of domestic violence that women experienced from their husbands (Leisenring, 2006). This led to the vision of “pure victims” who were innocently performing gender roles and depended on the husband and could not get out of the domestic violence (Davies & Lyon, 1998). Later, Lamb (1999) argued that the term should include not only battered women, but also women who suffered from all types of abuse from males, including rape and sexual assault. She believed that the only way for policymakers to understand the problem was to indicate that abuse led to psychological problems (Lamb, 1999).

After policymakers agreed to the “pure victim” phenomenon, Faith (1993) stated “[w]omen were no longer so thoroughly objectified as male property, but they were reobjectified as Victim” (p.107). An alternative to “victim” is “survivor” when labeling an individual who encountered an unwanted sexual experience. “Survivor” was first used in the 1970s to take a new position on women who have been raped (Leisenring, 2006). In the 1980s, feminist activists tried to get people to move away from the term “victim” because of the negative connotations
with the word (Kelly, 1988). This new term was used to empower, encourage coping and recovery, and decrease stigma (Leisenring, 2006). When examining the literature, it is unclear and inconsistent regarding how to determine the appropriate label to use when describing a woman who has been sexually assaulted.

“Victim” and “Survivor”

In the literature about sexual assault, the term “victim” is typically used to identify women (Dunn, 2005). Therefore, McCarthy (1986) described three levels a victim goes through. First, the individual must realize the inappropriateness or uncomfortableness of the sexual experience. This is the actual occurrence of the sexual experiences such as unwanted touching, kissing, or fondling. The second level is when the individual discloses it to others and receive their reactions to the disclosure. Therefore, the reactions of others, either good or bad, can dictate how the individual interprets that experience and how it represents them as a person. Finally, the individual takes on the label of “victim” and acts it out (McCarthy, 1986). An individual may let the label direct their life and choose to take on roles that they feel a “victim” should play. Therefore, when using the word “victim” to describe an individual who has experienced an unwanted sexual encounter, it is important to understand the connotations that could be linked to the label. These levels are important because, according to the labeling theory, different levels could indicate how the individual feels about the experience and labels themselves (Thoits, 2011).

Papendick and Bohner (2017) explored the labels “victim” and “survivor” through three studies in a native-speaking German population from Germany and a native-speaking English population from the United Kingdom and United States. Participants were recruited by the research team posting the survey on social media platforms and other internet forums, giving the
link to students at universities, and through contact with colleagues. In the first study, the German sample consisted of 93 participants ($M_{age} = 25.46, SD = 6.57$), which were evenly distributed between males and females, and the English sample consisted of 86 participants ($M_{age} = 22.98, SD = 5.56$), primarily consisting of females. The labels “victim” and “survivor” were used in the language’s equivalent word expressing the two terms. The participants read a vignette that labeled the character as either “victim” or “survivor.” Based on the label, the participants rated the label using semantic differential adjectives (i.e. good-bad, active-passive), that they felt best represented the vignette. In both language samples, “survivor” was associated with significantly more positive words than “victim.” However, in the English version, like the interviews by Thompson (2000), “victim” was strongly associated with “innocent.”

In another study, Papendick and Bohner (2017) presented the participant with a vignette from the perspective of the woman who was raped. Recruited through the same forms as the first study, the German-speaking sample consisted of 58 individuals ($M_{age} = 23.22, SD = 2.64$), and the English-speaking sample consisted of 37 participants ($M_{age} = 24.84, SD = 9.08$). In the vignette, the woman labeled herself as either a “victim” or a “survivor” at the end of the vignette, and the participants assessed her responsibility for the event (i.e., “How likely do you think it is that the victim [survivor] could have prevented the rape from happening?”), outcome severity (i.e., “How likely do you think it is that the victim [survivor] will need social support to recover from the rape,” “How likely do you think it is that the victim [survivor] will suffer from psychological problems?”), and appropriateness of support (i.e., “How likely do you think it is that the victim [survivor] fully recovers from the event,” and “How appropriate do you think it is that the victim [survivor] sought psychological help after the rape;” Papendick & Bohner, 2017). In the English sample, when the woman labeled herself as a “victim,” the participants perceived
the woman as significantly less psychologically stable and perceived outcomes of the rape to be more severe, as compared to when the woman labeled herself in the vignette as a “survivor” (Thompson, 2000). This suggests that women who are labeled by others may begin to take on those identities and suffer from additional consequences. Therefore, when an individual adopts the term “victim,” it appears that “the sexual incident becomes the controlling and dominating event in [his or her] life” (McCarthy, 1986, p. 323-324). Depending on how the individual perceives the labels, other individuals can significantly impact their recovery process.

**Impacts of Labeling**

Labeling theories have suggested that individuals may begin to internalize the identities associated with a label, which can lead to negative outcomes (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989; Thoits, 2011). Few studies have explored the idea of individuals who have experienced a sexual assault labeling themselves as “victims” or “survivors” and how the label impacts their lives. Even fewer studies have empirically studied the question. Wood and Rennie (1994) interviewed eight women who were recruited through a European university newspaper announcement. Seven of these women were university students, and one woman was a faculty member. All of these women were raped at least once when they were teenagers. These women were interviewed by the second author about their sexual assault (i.e., their own reactions, disclosure, reactions of others, relationships with men after the experience, overall impact on their lives) using open-ended questions. The authors coded major themes that appeared in all the women’s interviews, including issues of identity. In relation to this study, the identities coded were victim/non-victim (Wood & Rennie, 1994). The authors found that all eight women attributed the term “victim” to negative language suggesting they were powerless during and after the rape. One woman viewed the label “victim’ as temporary; therefore, she did not adopt
the negative implications of the term. The authors stated that the women in the study felt that when others labeled them, it took the power out of their hands, rather than allowing them to process the event at their own pace and attribute individual factors that to their label (Wood & Rennie, 1994). Although this study examines “victim” as a label, the authors did not examine possible discrepancies between “victims” and “survivors” that may exist.

According to Thompson (2000), the labels “victim” and “survivor” have different connotations associated with them. Thompson (2000) identified common themes among five women, who had been raped and had not sought therapy services. These five women were all from the United Kingdom and had completed a survey through the mail. The women went through an in-person interview using open-ended questions after completion of the survey. The authors found corresponding themes, using a feminist driven perspective, from the five interviews and categorized the themes into “dominant themes,” which were salient themes throughout all the interviews and “sub-themes,” which consisted of commonalities and less frequent responses in the interviews (Thompson, 2000). Most women throughout the interview used both the terms “victim” and “survivor” to describe themselves. The themes that emerged relevant to this study were two dominant themes: “victim and survivor conceptualizations” and “the process from victim to survivor” (Thompson, 2000). The interviewees concluded that the term “victim” could have two different connotations: negative and innocent. First, using the term “victim” was a negative connotation (e.g. weak, powerless); however, as the women discussed, many of them agreed that the label suggested their innocence and did not belittle their experiences. Some of the women in the sample did not like being called a “survivor” because it overemphasizes the rape and “minimizes the impact” of the rape (Thompson, 2000). Although
this study examined both “victim” and “survivor,” empirically it did not address or compare the labels and did not examine possible outcomes in relation to these labels.

Further, Williamson and Serna (2017) empirically examined the labels “victim” and “survivor” regarding potential attitudes and outcomes of the lives’ of individuals who had been sexually assaulted. The authors identified a sample of 75 females and 10 males ($M_{age} = 23, SD = 7$) who had been sexually assaulted, with the majority being White ($n = 70$). Participants consisted of undergraduate students who received course credit for participation, as well as individuals who were recruited through the general public from social media sites. Participants completed the Updated Illinois Rape Myth Acceptance scale (UIRMA; McMahon & Farmer, 2011) which assesses victim-blaming perceptions, the Attributions of Rape scale (AOR; Meyer & Taylor, 1986) to assess self-blaming factors, and the Self-Compassion Scale (SCS), which assesses self-kindness, mindfulness, and common humanity (Neff, 2003). The participants were also asked to fill in a blank, open-entry textbox to address any label or identity related to their sexual assault. In the sample, 35 participants referred to themselves as “survivors,” 24 participants referred to themselves as “victims,” and 26 participants referred to themselves as neither “victim” nor “survivor” (Williamson & Serna, 2017). When the authors controlled for the years since the sexual assault, the authors did not find a significant difference in self-blame, victim-blaming, or self-compassion between “victims,” “survivors,” or any other labels (Williamson & Serna, 2017). Although these authors did not find differences between the groups, it is important to look at other outcomes related to sexual assault regarding whether the different labels matter.

The Current Study
According to NISVS, 19.3% of women have been raped during their lifetime (Breiding et al., 2014). Additionally, approximately 43.9% of women have experienced other forms of sexual violence; 78.7% of these women were assaulted before the age of 25, suggesting that sexual assault is a major problem among young women (Breiding et al., 2014). Women who are sexually assaulted have an increased risk of developing symptoms of psychological disorders such as PTSD and depression (Peter-Hagene & Ullman, 2015). Previous research has indicated that women tend to have negative outlooks on life after the sexual assault, and more positive views of life tend to come later, as fewer PTSD symptoms are prevalent in their lives (Ullman & Peter-Hagene, 2014). However, very few studies link the outlook of life and PTSD severity back to how the individual internalizes the label given to them. Although the terms “victim” and “survivor” have been debated in the literature, there are still inconsistencies in the literature about what label is the proper one to use, or if there is a correct label to use. One consistency is that the label “survivor” has been linked to positive adjectives such as “empowerment, resilience, and recovery” and “victim” has been associated with “weak,” “powerless,” and “helpless” (Leisenring, 2006). Only two empirical studies address the topic of the labeling individuals who experience a sexual assault as either “victim” or “survivor.” However, these studies address the labels through an observer’s point of view of a vignette. One published study to date has addressed the individuals who have experienced an unwanted sexual encounter and asked their views of the labels. The current study attempted to identify which label individuals affected by sexual assault are more likely to associate themselves with, as well as investigate if their preferred label predicts more or less PTSD symptomatology. It was hypothesized that participants who self-identify as “victim” will endorse significantly more PTSD symptom severity compared to those who self-identify as “survivor.”
Chapter II: Methods

Participants

Participants were recruited from two sources: through undergraduate psychology courses at Murray State University (n = 48) and online through multiple social networks and collection sites (n = 66). At Murray State University, female undergraduates, who had been sexually assaulted were recruited through SONA, a data collection and recruitment system maintained by the Psychology Department. The students were given online credit for their participation. For the non-SONA sample, females who had been sexually assaulted were recruited through personal Facebook pages, Facebook support groups, subreddits, and “Psych on the Net.” Both surveys were housed in Surveymonkey.com, and links from SONA and other online sources directed participants to the survey.

The original sample consisted of 167 female participants. However, three participants did not consent to complete the study, 24 participants terminated the survey after the demographic questionnaire, 22 participants did not endorse any item on the Sexual Experiences Survey or any questions asked about the chronicity of sexual assault, and four participants did not choose to label themselves as either “victim” or “survivor” in relation to sexual assault. This resulted in a final sample of 114 participants who were used in the current analyses. The current study only included females who endorsed at least one item on the Sexual Experiences Survey or indicated they had experienced at least one sexual assault by providing a numerical value when asked how many times they had been sexually assaulted. These limitations were due to the fact that research regarding a sample of individuals who have encountered a sexual assault in relation to labeling is scarce.
In the final sample (N = 114), the mean age in the SONA sample was 19.50 (SD = 1.94) and in the non-SONA sample the mean age was 29.79 (SD = 11.13; see Table 1). Participants from the SONA sample and non-SONA sample significantly differed on age, as was expected with the majority of Introductory Psychology students are college aged students. The variables of time passed since the first sexual assault, time passed since most recent sexual assault, and duration between the first and most recent sexual assault also differed between the SONA and non-SONA samples. Duration between the first and most recent sexual assaults was computed from subtracting the participants’ age they were first sexually assaulted from their age they were most recently sexually assaulted. Not all participants experienced more than one sexual assault and in this case the duration was zero (n = 31). Correlation analyses exhibited that these three variables were very closely related, and therefore, the duration between the most recent and first sexual assault was controlled for in the final analyses. Also, time passed since first sexual assault (r = .823, p < .001) and time passed since most recent sexual assault (r = .667, p < .001) were both highly correlated with age, which suggested that these variables were measuring similar constructs. Therefore, in addition to duration between the most recent and first sexual assault, only age was controlled for in the final analyses. When the SONA and non-SONA samples were examined individually for “have you been diagnosed with a psychological disorder/mental illness” and “have you ever been treated for a psychological disorder/mental illness,” the results were very similar. Comparisons between the two samples can be found in Table 1. A correlation demonstrated that having been diagnosed and treated with a mental illness were positively associated (r = .74, p < .001). Due to this correlation, only “have you ever been treated for a psychological disorder/mental illness” was controlled for in the final analyses. Finally, the participants’ satisfaction with their chosen label was significantly related to the
chosen label ($r = .41, p < .001$) and was controlled for in the final analyses. All correlations between the variables can be found in Table 2. The total sample was also examined by chosen label to investigate any differences between “victim” and “survivor” (see Table 3). Similar patterns of significance emerged, as age, diagnosis of mental illness, treatment of mental illness, time passed since first sexual assault, and duration between the first and most recent sexual assault differed significantly between groups. Furthermore, race was significantly different between these two groups ($\chi^2(3) = 10.33, p = .016$) and was controlled for in the final analyses.

Overall, the two samples did not differ in the number of sexual assaults they reported (see Table 1). The whole sample had a mean Sexual Experiences Survey-Short Form Victimization score of 3.12 ($SD = 1.94$) with a range from one victimization to eight victimizations. In regard to chosen label for themselves, participants’ number of sexual assaults did not significantly differ between those who identified as “victim” or “survivor” ($M = 3.12, SD = 1.94$; see Table 3). The most commonly endorsed item was “someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent,” as a total of 91 participants (79.8%) of the total sample endorsed this item (see Table 4). This was also the most endorsed item for individuals who labeled themselves as either “victim” (88.3%) or “survivor” (70.4%). A majority of these participants reported the most recent encounter did not happen in the past 12 months (69%). Approximately half of the participants endorsed “a man put his penis into my vagina, or someone inserted fingers or object without my consent” (50.9%) and “have you ever been raped?” (50.0%; see Table 4).

**Materials and Procedure**

Females who were at least 18 years old and had experienced an unwanted, unintended, or uncomfortable sexual encounter were able to participate in this study. Participants were asked to
complete an online survey regarding unwanted sexual experiences, PTSD symptomology, and labeling themselves. The students accessed the informed consent (see Appendix A) and a brief description of the study through SONA. The non-SONA sample read a brief description (see Appendix B) of the study on multiple online sites and followed the link to gained access to the informed consent (see Appendix C). The informed consent form that explained the purpose, benefits, and risks of the study. Participants were instructed to click the “yes” button, as it confirmed they were female and at least 18 years old to participate. Identities of individuals remained anonymous. After the participant agreed to the consenting statement, they were directed to the survey, which included the materials that follow in this section and can be found in the appendices (see Appendix D-G). Overall, the study took approximately 30 minutes for participants to complete. After completion of the study, SONA participants were debriefed and asked to follow a link to enter their SONA identification number. For the non-SONA sample, participants who were interested in the opportunity to enter to win a $20 Amazon gift card followed a link to enter in the drawing. Following the closure of the study, the winner of the gift card was randomly chosen and received the gift card via email.

**Demographic Questionnaire.** The first portion of the study was a demographic survey, which was used to collect general information about the participants (see Appendix D). The questionnaire asked the participants to respond to questions about their age, race/ethnicity, college year, and religiosity. Furthermore, participants were asked if they had ever been diagnosed with a psychological disorder and if they had ever have received mental health treatment and how long the treatment lasted. Regarding the participant’s mental health diagnoses and treatment, items were coded as yes (1), no (0), and not sure (missing).
Unwanted Sexual Experiences. The Sexual Experiences Survey-Short Form Victimization (SES-SFV; Koss et al., 2006) was used to measure the participant’s exposure to unwanted sexual experiences (see Appendix E). The SES was originally created by Koss and Oros (1982) to identify the high number of sexual assaults on college campuses that were not being reported to the police. Later, Koss and Gidycz (1985) reworded some of the questions and limited the survey to 10 items. Women’s self-report and responses to the interview questions demonstrated interrelated correlations as evidenced by the Pearson correlation coefficient of .73 ($p < .001$; Koss & Gidycz, 1985). The SES was then revised by Koss, Gidycz, and Wisniewski (1987) to assess whether the experience occurred after age 14. The latest revision of the SES in 2007 addressed the problems regarding language, heterosexist biases, sexual coercion and contact, alcohol-associated rape, cueing disclosure, and reference period and response format (Koss et al., 2007). This revision added two different perspectives of sexual exposure: as the victim or perpetrator. Johnson, Murphy, and Gidycz (2017) administered the SES-SFV to 433 college females, as women are at more risk for experiencing an unwanted sexual encounter, which supported reliability and validity for the measure in this population.

The SES-SFV contains 10 items that are rated from “0” to “3+” indicating how many times that item has occurred in the past 12 months (Koss et al., 2006). The two time periods asked about in the SES-SFV show internal consistency at 0.92 and significantly correlate with the original SES, $r = 0.52$, $p < .01$ (Johnson et al., 2017). Acceptable test-retest reliability was demonstrated, as evidenced by 73% of women indicating the exact same sexual assault history during the first and third assessment (Johnson et al., 2017). By conducting one-way MANOVAs, the SES-SFV was significantly found to be correlated with trauma symptoms that
are associated with a history of sexual assault both since age 14 ($F(7, 289) = 4.55, p < .001$) and in the past year ($F(7,293) = 3.33, p < .008$; Johnson et al., 2017).

In the current study, participants were asked to respond to eight of the items included in the SES-SFV and indicate whether these experiences have ever occurred, whether they occurred in the past 12 months using dichotomous answer options, and whether or not the participant or perpetrator was intoxicated during the experience. An endorsement of “yes” to any of the eight items from the SES-SFV constituted sexual assault for this study. Participants were also asked some additional questions around the chronicity of their sexual assault experiences (e.g., number of assaults, age at first and last assault; see Appendix E). If a participant did not endorse any of the eight items on the SES-SFV, but she did endorse a specific number of times she was sexually assaulted, she was included in the study. Because this study looks at individuals who label themselves, those who believe they have experienced a sexual assault are an important part of this sample, as they could have similar psychological outcomes with the use of the label.

**Post-Traumatic Stress Symptoms.** Participants’ post-traumatic stress symptoms were measured using the Posttraumatic Stress Disorder Checklist for the DSM-5 (PCL-5; see Appendix F; Weathers et al., 2013). The PCL was originally created by Weathers, Litz, Herman, Huska, and Keane (1993) to assess for post-traumatic stress disorder in correspondence with the DSM-III-R criteria for PTSD.

The PCL-5 consists of 20 self-report Likert scale items (0= *not at all* to 4= *extremely*) that correspond to the DSM-5 symptoms for PTSD. Scores can range from 0 to 80 indicating symptom severity by summing the 20 items. Higher scores indicate that individuals are experiencing more severity in their symptoms. These 20 items address symptoms of reexperiencing, avoidance, negative alterations in cognitions and mood, hyperarousal, anhedonia,
dysphoric arousal, anxious arousal, negative affect, and externalizing behaviors. According to Biehn, Elhai, Seligman, Tamburrino, Armour, and Forbes (2013), confirmatory factor analysis loadings for each of the nine symptoms ranged from 0.46 to 0.93. Cronbach’s alphas for the PCL-5 responses ranged from 0.94 in a sample of undergraduate college students (Blevins, Weathers, Davis, Witte, & Domino, 2015) to 0.96 in samples recruited from the Veteran’s Administrative Healthcare Systems (Bovin et al., 2016). Over a period of a week, test-retest reliability for the overall scale was 0.82, and subscale test-retest reliability ranged from 0.39 to 0.83 (Blevins et al., 2015). Additionally, strong associations between the original PCL and the revised PCL-5 are indicated by high correlations between items ($r = 0.56$ to $0.84$; Blevins et al., 2015). Furthermore, the PCL-5 is strongly correlated with other measures of PTSD. The PCL-5 demonstrated strong convergent and discriminate validity, with moderate correlations with co-morbid disorders like depression ($r = 0.60$) and low correlations with unrelated disorders such as antisocial personality disorder ($r = 0.39$; Blevins et al., 2015; Bovin et al., 2016).

In the current study, participants were asked to indicate how much they have been bothered by these various symptoms in the past month as the symptoms relate to their unwanted sexual experience(s). Items were summed in order to gain a continuous score for PTSD symptom severity as a whole, with higher scores indicating greater symptom severity.

**Labels.** Participants were asked about their preferences regarding being referred to and self-identifying as either “victim” or “survivor” (see Appendix G). The labels victim and survivor were chosen in accordance with the literature that uses this terminology to describe individuals affected by different forms of sexual assault. Participants were first asked on a scale from zero percent to 100 percent of how much they felt like a “victim” and how much they felt like a “survivor.” One question regarded self-identified labeling (i.e., “If you had to choose one
option, how would you prefer to identify yourself?”) and one was related to their preferred label that others used to refer to them (i.e., “If you had to choose one option, how would you prefer others to identify you?”). These two questions were dichotomized, and the variable were coded as Victim (0) and Survivor (1). Further, they were asked on a continuous sliding scale from a “victim” to a “survivor” how much they consider themselves one label versus the other (i.e., “How much do you feel like a victim or a survivor?”). This scale ranged from zero (“victim”) to 100 (“survivor”). After each of these questions, participants were asked how satisfied they felt with their chosen label. Additionally, questions regarding their opinions of using “victim” and “survivor” were asked in order to gain more information about their perspective on using these terms.

**Analytic Strategy**

All statistical analyses were conducted using the Statistical Package for Social Sciences (SPSS). It was hypothesized that those who self-identify as “victims” would report greater PTSD symptom severity than those who self-identify as “survivors.” To assess this, correlation analyses were conducted with the labels (i.e., victim, survivor) as both a dichotomous variable and a continuous variable, the outcome (i.e., PTSD symptoms) and possible covariates (e.g., demographic variables, sexual assault chronicity, receiving a mental health diagnosis, receiving psychological treatment). Because some of the covariates were significantly correlated with the predictor and outcome variables, a one-way between-groups analysis of covariance (ANCOVA) was conducted. ANCOVAs were used to control for age, race, treatment of a mental illness, duration between the first and most recent sexual assaults, and satisfaction with their chosen label. All the results of the correlation analyses can be seen in Table 2.
An a priori power analysis was conducted in G Power (v 3.1.9.2) to determine the appropriate number of participants needed to power the current study. This analysis revealed that 128 participants were needed to provide adequate power for this statistical test, evidenced by a moderate effect size of .50, an alpha of .05, and a power ratio of .80. As mentioned previously, 167 participants were recruited for this study, but 53 participants were excluded based on study requirements. Therefore, it is possible that this study is slightly underpowered.
Chapter III: Results

The analyses below were run for the total sample as well as separately for the two subsamples (i.e., the college student sample from SONA and women from internet sources). Because the results were the same for both subsamples, only the results from the total sample were reported. Table 1 presents the description of the sample and subsamples with the means and standard deviations of the demographics and main variables, along with any significant differences between the subsamples. The majority of women identified as Caucasian/White (86.0%), had been diagnosed with a mental illness (57.9%), and had been treated for a mental illness (75.4%). In addition to what is presented below, women from both samples were first assaulted around 14 years old and endorsed approximately three sexual assaults.

It was hypothesized that participants who self-identify with “victim” would endorse significantly higher PTSD symptom severity compared to those self-identifying as “survivor.” As significant correlations were found between the predictor, the outcome variables, and some of the other variables measured in this study, an ANCOVA was conducted to control for those variables (i.e., participant age, race, treatment of a mental illness, duration between first and most recent sexual assaults, and satisfaction with their chosen label). Results of the ANCOVA indicated that the full model was significant $F(6, 111) = 4.68, p < .001$. However, the self-identifying label groups “victim” ($N = 58$) and “survivor” ($N = 53$) did not differ in PTSD symptom severity ($F(1,111) = 1.01, p = .318$). Treatment of a mental illness ($F(1,111) = 10.99, p = .001$) and duration between the first and most recent sexual assaults ($F(1,111) = 6.67, p = .01$) significantly differed in PTSD symptom severity. The results of this ANCOVA can be seen in Table 5. This suggests that self-identifying labels are not associated with symptom severity of PTSD.
After nonsignificant findings, some additional exploratory post hoc tests were performed in order to investigate the possible explanations for the results. More specifically, the labels “victim” and “survivor” were explored as a continuous variable by using the question that asked the participants to place on a scale to how much they felt like either a “victim” or a “survivor.” The continuous score ranged from “victim” (zero) to “survivor” (100), such that a higher score indicated that the participant felt more of a “survivor” than a “victim.” The mean was 45.88, indicating that more of the total sample (N = 114) indicated that they felt like a “victim” more so than a “survivor.”

Pearson’s correlations were again analyzed to view how demographic factors and sexual assault chronicity played a role in the predictor (i.e., continuous label) and outcome variables (PTSD symptom severity). The same variables (i.e., age, race, treatment for mental illness, duration between the first and most recent sexual assault and label satisfaction) were significantly correlated with the new predictor. Therefore, these items were controlled for when running the analysis. A multiple linear regression was used to predict PTSD symptom severity on self-identified labels after experiencing unwanted, unintended, or uncomfortable sexual encounters. The results were significant (F(6,102) = 5.64)), with an R² = .249. Participants’ average PCL-5 score increased by .15 for every unit increase on the victim-survivor continuous scale, which was significant (B = .15, SE = .06, t = 2.37)). These results indicate that as the participants’ felt more like a “survivor” their PTSD symptom severity increased. In addition, the duration between the first and most recent sexual assaults (B = .65, SE = .26, t = 2.50)) and treatment of a mental illness (B = 13.00, SE = 4.23, t = 3.07)) significantly predicted PTSD symptom severity. These results can be seen in Table 6.
Chapter IV: Discussion

This study attempted to examine the relationships between the labels that individuals use related to experiencing an unwanted, unintended, or uncomfortable sexual encounter and their PTSD symptom severity. Labeling theories have suggested that, although labels do not lead to a disorder, individuals may begin to internalize these identities, which can lead to negative outcomes (Link et al., 1989; Thoits, 2011). As the term “victim” has been associated with negative connotations, such as weak, powerless, and less psychologically stable, advocates promote the term “survivor” to be used to describe these individuals because it has more positive associations (Papendick & Bohner, 2017; Thompson, 2000; Wood & Rennie, 1994). As labeling theorists would suggest, individuals who relate to the more positive label would take on its preconceived meanings. Although literature has examined the role of labels on mental illness, and others have conducted qualitative studies on individuals who have been sexually assaulted, little research has been conducted converging the two ideas. Therefore, it was originally hypothesized that if an individual labels herself a “victim” after experiencing sexual assault, she will have higher PTSD symptom severity than those individuals who label themselves a “survivor.” This hypothesis was not supported. Conversely to what was predicted, neither of the labels, “victim” or “survivor,” significantly differed in PTSD symptom severity.

The initial results were consistent with the one previous study that assessed labeling following sexual assault in a similar way as the current study, but with different outcome variables. For example, Williamson and Serna (2017) demonstrated that regardless of the self-identification labels chosen (i.e., “victim” or “survivor”), participants were not exhibiting statistically significant differences in victim-blaming, self-blaming, or self-compassion. These labeled groups still did not significantly differ after adding those participants who labeled
themselves as “neither victim nor survivor” or after the authors conducted Bayesian analyses to address their small sample size (Williamson & Serna, 2017). Although the current study assessed a different outcome variable, the ending result is similar, when examining the labels as separate groups. Although the label groups were not significantly different, it is important to note that treatment of a mental illness and the duration between the first and most recent sexual assault were significantly and positively associated with PTSD symptom severity. This suggests that participants who engaged in treatment and had longer duration between their first and most recent sexual assault had more symptoms present. Additionally, age, time passed since first and most recent sexual assault, and satisfaction with the chosen label were positively and significantly related to feeling like a “victim” or a “survivor.” Therefore, the longer the time between the first and last sexual assault and the older the individual, the more they perceive themselves as a “survivor,” which may indicate that time or cohort effects are influential factors in choosing a self-identifying label in relation to sexual assault.

After additional exploratory analyses were conducted, when participants were able to select their self-identifying label as a range between “victim” and “survivor,” results were positively significant, which implied that those who identified closer to “survivor” had more PTSD symptom severity. Additionally, treatment of a mental illness significantly predicted PTSD symptom severity. Therefore, this could suggest that those who identified as a “survivor” were more educated to recognize their symptoms and understand the effects of sexual assault. Thus, with positively significant associations with age, time passed since first sexual assault, and satisfaction with label, the terms “victim” and “survivor” may change over time and represent more of a trajectory toward healing from the trauma. This idea may be lost when these labels are forced into a category of “victim” or “survivor.” The continuous variable allows for
interpretation of the self-identified label, whereas individuals in the same categorized group label are treated equally. Importantly, not all sexual assaults are inferred the same and are context dependent. Those who experience danger or a threat to their lives, may feel as they are more of a “survivor” in comparison to an individual who was rubbed against. Categorized groups reduces the variance and the variability of the self-identified label group, whereas the continuous variable assumes linearity in the variable. Also, forcing participants into a category results in a loss of power in the predictor variable, which could have resulted in null findings.

**Limitations**

There are several limitations to the current study. The initial power analysis conducted showed that 128 participants were needed to properly power the analyses. Due to time restraints, as well as a loss of 53 people from the original sample, only 114 participants were used in the current study. Therefore, it is possible that the current analyses were underpowered. Additionally, the two groups were similar in racial/ethnic background despite using university students and various internet recruitment strategies. A more diverse sample would be needed to appropriately explain how self-identifying labels predict psychological outcomes, especially considering that minority participants were more likely to identify as “survivors.” Also, because this sample consisted only of females, it is not generalizable to male and transgender populations.

A further limitation in this study may have resulted from the overall nature of self-report questionnaires and the recruitment process. In the current study, some of the items asked for memory recall of events that may have been several years ago for some participants. Research has found that memories for emotional events tend to be more inaccurate than factual information (Zoellner, Sacks, Foa, 2001). Therefore, when asked to gather more information
about the participants’ unwanted sexual experience(s), a question was asked about how many times they had been sexually assaulted. This question was left as an open-ended item, which resulted in a variety of answers (responses ranged from numbers to “too many to count,” “too much,” and “a lot”). Because it was left open for participants to enter a customized answer, and in many cases the researchers were unable to adequately make sense of the answers, it was not possible to control for this variable in the analyses or explore the variable further. Regarding the sample’s PCL-5 scores, the sample at a whole was below the clinical cutoff (33 or higher) to diagnose PTSD (Weathers et al., 2013). Hence, the sample was subclinical, which could have impacted the results of this study in which the results would not be generalizable to those with more symptomology. In addition, no other potentially traumatic events, outside of sexual assault, were assessed. This could have impacted the way these participants answered questions in relation to their symptoms or self-identifying labels and should be assessed for in future studies.

In addition, the SES-SFV asks participants about a wide variety of sexual experiences from unwanted touching to rape. This suggests that SES-SFV may be valid for initial screening, but additional measures or questions may be needed in order to provide a clearer picture about these experiences. However, for the purpose of this study, participants who endorsed at least one of the SES-SFV items were included in the analyses. Conversely, an additional six participants did not endorse any items on the SES-SFV but stated they had been sexually assaulted by responding to other questions about their sexual assault experiences. These individuals were also included in the final analyses. This suggests that maybe other women who also have been sexually assaulted were excluded from the study because they did not endorse any of the sexual assault questions chosen for the current study. Additional assessments of sexual assault might be
warranted in future studies. Also, the SES-SFV has a heterosexual bias, as it begins most items with “has a man…” which may have made participants disregard the overall question (Koss et al., 2007). However, this measure is commonly used in much of the literature assessing unwanted sexual experiences and was therefore also used in the current study.

Another limitation consisted of forcing the participants to choose between only two labels (i.e., victim or survivor). Both of these labels have been examined extensively in the literature and are believed to have strong connotations (Leisenring, 2006; Papendick & Bohner, 2017; Thompson, 2000; Wood & Rennie, 1994). However, analyzing qualitative data could have explained some of the other choices participants had while completing the survey. Although the participants were given an opportunity to scale how much they felt like a “victim” or a “survivor,” other options could have been preferred and may have reduced the overall effect of the two labels. Labeling was also viewed as a continuous variable, as the participants chose extent to which they felt like a “victim” or a “survivor.” Using this measurement, with a sliding scale, participants could have measured the distance from each label differently, which would affect the numerical value used in the analyses. Both of these measurements to assess how a participant felt about a certain label could have limited those who did not feel like either a “victim” or a “survivor.” Finally, these labels could be a dynamic construct, changing daily depending on how these participants were feeling on the day the survey was completed.

**Future Directions**

This study demonstrated many areas where more research should be conducted. As literature and society keep using labels to describe individuals who have encountered an unwanted sexual experience, more information needs to be obtained in order to determine if self-labeling with this population affects their overall wellbeing and psychological functioning.
Future studies need to use large, diverse samples in order to appropriately identify what labels should or should not be used and their relation to possible outcomes. Therefore, if individuals who have been sexually assaulted are portraying what they feel like the label means, authors and researchers can use the preferred and less stigmatizing labels. Further, this research could explore the differences among males, females, and transgender populations and how each group may have differences. In addition, other studies should look at the other factors that could predict individuals’ decisions to take on their chosen identity. Because the SES-SFV clearly has its limits, the literature would benefit from an understanding of the acts included regarding sexual assault or sexual violence. This would provide consistency and clarity among research in this topic and help identify the components that make up these terms. Finally, a study should look at these labels as a trajectory, through a longitudinal study to see the progression and impact these labels have over time. Additionally, more labels should be explored with this population of individuals, as these two labels may not be the only ones used.

Conclusion

Though the specific hypothesis posed in this study was not supported, this should not deflect from the future research that should be explored in this area, as the continuous variable yielded significant findings. Regarding the forced choice between “victim” and “survivor,” null findings may shine a positive light on the inconsistencies of using these two labels with individuals who have experienced sexual assault in the literature and among practitioners. These findings suggest, regardless of what label they choose, individuals do not endorse higher PTSD symptom severity. However, as discussed, the current study was underpowered and had a lack of diversity, which possibly could have impacted the results reported and may not be representing the full impact of labels. Conversely, the continuous measurement detected those
who identified more as a “survivor” to have more PTSD symptom severity and indicates that individuals may recognize their symptoms in relation to their experiences. Future studies should continue to investigate the potential determinants and outcomes of self-identifying labels of individuals who have experienced sexual assault. This might help mental health professionals to recognize these patterns and be better able to better support these individuals.
References


Table 1

*Demographic Characteristics of Participants and the Differences between SONA and Non-SONA Samples*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total</th>
<th>SONA</th>
<th>Non-SONA</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, in years***</td>
<td>25.46 (9.95)</td>
<td>19.50 (1.94)</td>
<td>29.79 (11.13)</td>
<td>$t (112) = -6.33, p &lt; .001$</td>
</tr>
<tr>
<td>Race/ethnicity**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>98 (86.0%)</td>
<td>43 (89.6%)</td>
<td>55 (83.3%)</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>4 (3.5%)</td>
<td>2 (4.2%)</td>
<td>2 (3.0%)</td>
<td></td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>3 (2.6%)</td>
<td>1 (2.1%)</td>
<td>2 (3.0%)</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td>9 (7.9%)</td>
<td>2 (4.2%)</td>
<td>7 (10.6%)</td>
<td></td>
</tr>
<tr>
<td>Diagnosed with a mental illness***</td>
<td>66 (57.9%)</td>
<td>23 (47.9%)</td>
<td>43 (65.2%)</td>
<td>$t (101) = -2.19, p = .001$</td>
</tr>
<tr>
<td>Treated for a mental illness***</td>
<td>86 (75.4%)</td>
<td>32 (66.7%)</td>
<td>54 (81.8%)</td>
<td>$t (112) = -1.87, p &lt; .001$</td>
</tr>
<tr>
<td>Age first sexually assaulted</td>
<td>14.86 (6.09)</td>
<td>14.47 (3.67)</td>
<td>15.14 (7.38)</td>
<td>$t (110) = -0.58, p = .568$</td>
</tr>
<tr>
<td>Time passed since first sexual assault***</td>
<td>10.68 (10.41)</td>
<td>5.00 (4.32)</td>
<td>14.78 (11.56)</td>
<td>$t (110) = -5.23, p &lt; .001$</td>
</tr>
<tr>
<td>Time passed since most recent sexual assault**</td>
<td>4.59 (7.02)</td>
<td>2.59 (3.07)</td>
<td>6.07 (8.62)</td>
<td>$t (108) = -2.65, p = .009$</td>
</tr>
<tr>
<td>Duration between first and most recent sexual</td>
<td>6.05 (7.80)</td>
<td>2.40 (3.03)</td>
<td>8.72 (9.08)</td>
<td>$t (109) = -4.58, p &lt; .001$</td>
</tr>
<tr>
<td>assaults***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SES-SFV total items endorsed</td>
<td>3.12 (1.94)</td>
<td>2.78 (1.84)</td>
<td>3.35 (2.00)</td>
<td>$\chi^2 (8) = 9.38, p = .311$</td>
</tr>
</tbody>
</table>
PCL-5** 32.57 (20.93) 25.65 (17.95) 37.61 (21.61) \( t(112) = -3.13, p = .002 \)

Note: * \( p < .05 \), ** \( p < .01 \), *** \( p < .001 \); \( M = \) mean, \( \text{SES-SFV} = \) Sexual Experiences Survey-Short Form Victimization, \( \text{PCL-5} = \) Posttraumatic Checklist for the DSM-5.

Note: Numbers from the SONA sample and Non-SONA sample do not add up to the total sample, due to several participants missing data on which group they belong to.
Table 2

*Intercorrelations Among All Regressed Variables*

<table>
<thead>
<tr>
<th></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>
<th>11.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>___</td>
<td>.065</td>
<td>.107</td>
<td>.823***</td>
<td>.667***</td>
<td>.476***</td>
<td>.144</td>
<td>.187*</td>
<td>.308***</td>
<td>.150</td>
<td>.249**</td>
</tr>
<tr>
<td>2. Diagnosed Mental Illness</td>
<td>___</td>
<td>.736***</td>
<td>.097</td>
<td>-.046</td>
<td>.166</td>
<td>.352***</td>
<td>.360***</td>
<td>-.086</td>
<td>-.064</td>
<td>.031</td>
<td></td>
</tr>
<tr>
<td>3. Treatment Mental Illness</td>
<td>___</td>
<td>.360</td>
<td>.004</td>
<td>.151</td>
<td>.242**</td>
<td>.361***</td>
<td>-.030</td>
<td>.012</td>
<td>.120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Time passed since first sexual assault</td>
<td>___</td>
<td>.655***</td>
<td>.728***</td>
<td>.146</td>
<td>.220*</td>
<td>.275**</td>
<td>.150</td>
<td>.195*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Time passed since most recent sexual assault</td>
<td>___</td>
<td>-.041</td>
<td>.106</td>
<td>-.027</td>
<td>.119</td>
<td>.119</td>
<td>.064</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Duration of Between first and most recent sexual assault</td>
<td>___</td>
<td>.111</td>
<td>.343***</td>
<td>.241**</td>
<td>.079</td>
<td>.173</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. SES-SFV Sum</td>
<td>___</td>
<td>.414***</td>
<td>.030</td>
<td>.008</td>
<td>.185</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. PCL-5</td>
<td>___</td>
<td>.127</td>
<td>.007</td>
<td>.231*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Victim-Survivor (Dichotomous)</td>
<td>___</td>
<td>.405***</td>
<td>.578***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. Satisfaction with Label

11. Victim-Survivor

(Continuous)

Note: * p < .05, ** p < .01, *** p < .001; SES-SFV = Sexual Experiences Survey-Short Form Victimization, PCL-5 = Posttraumatic Checklist for the DSM-5.
Table 3

Demographic Characteristics of Participants and the Differences between Participants Who Endorsed the “Victim” versus “Survivor” Self-Labels

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total</th>
<th>Victim</th>
<th>Survivor</th>
<th>Test Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, in years***</td>
<td>25.46 (9.95)</td>
<td>22.57 (6.13)</td>
<td>28.67 (12.21)</td>
<td>$t(112) = -6.33, p &lt; .001$</td>
</tr>
<tr>
<td>Race/ethnicity*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>98 (86.0%)</td>
<td>57 (95.0%)</td>
<td>41 (75.9%)</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>4 (3.5%)</td>
<td>0 (0.0%)</td>
<td>4 (7.4%)</td>
<td></td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>3 (2.6%)</td>
<td>0 (0.0%)</td>
<td>3 (5.6%)</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td>9 (7.9%)</td>
<td>3 (5.0%)</td>
<td>6 (11.1%)</td>
<td></td>
</tr>
<tr>
<td>Diagnosed with a mental illness***</td>
<td>66 (57.9%)</td>
<td>38 (63.3%)</td>
<td>28 (51.9%)</td>
<td>$t(101) = -2.19, p = .001$</td>
</tr>
<tr>
<td>Treated for a mental illness***</td>
<td>86 (75.4%)</td>
<td>46 (76.7%)</td>
<td>40 (74.1%)</td>
<td>$t(112) = -1.87, p &lt; .001$</td>
</tr>
<tr>
<td>Age first sexually assaulted</td>
<td>14.86 (6.09)</td>
<td>14.69 (4.41)</td>
<td>15.04 (7.54)</td>
<td>$t(110) = -.30, p = .765$</td>
</tr>
<tr>
<td>Time passed since first sexual assault*</td>
<td>10.68 (10.41)</td>
<td>7.93 (7.93)</td>
<td>13.63 (11.92)</td>
<td>$t(110) = -3.00, p = .003$</td>
</tr>
<tr>
<td>Time passed since most recent sexual assault</td>
<td>4.59 (7.02)</td>
<td>3.67 (5.21)</td>
<td>5.62 (8.54)</td>
<td>$t(108) = -1.46, p = .148$</td>
</tr>
</tbody>
</table>
### LABELING SEXUAL ASSAULT AND PTSD SEVERITY

**Duration between first and most recent sexual assaults**

<table>
<thead>
<tr>
<th>Mean (SD)</th>
<th>t (df)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.05 (7.80)</td>
<td>-2.59</td>
<td>.011</td>
</tr>
<tr>
<td>4.26 (5.62)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.00 (9.32)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SES-SFV total**

<table>
<thead>
<tr>
<th>Mean (SD)</th>
<th>χ² (df)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.12 (1.94)</td>
<td>5.26</td>
<td>.729</td>
</tr>
<tr>
<td>3.05 (1.85)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.17 (2.06)</td>
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</tbody>
</table>

**PCL-5**

<table>
<thead>
<tr>
<th>Mean (SD)</th>
<th>t (df)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.57 (20.93)</td>
<td>-1.35</td>
<td>.202</td>
</tr>
<tr>
<td>30.07 (22.21)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35.35 (19.22)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: *p < .05, **p < .01, ***p < .001; M = mean, SES-SFV = Sexual Experiences Survey-Short Form Victimization, PCL-5 = Posttraumatic Checklist for the DSM-5.*

*Note: Numbers from the “Victim” sample and “Survivor” sample do not add up to the total sample, due to several participants missing data on which group they belong to.*
Table 4

Frequencies of Each Item on the Sexual Experiences Survey

<table>
<thead>
<tr>
<th>Item</th>
<th>Total</th>
<th>In the past</th>
<th>Victim</th>
<th>In the past</th>
<th>Survivor</th>
<th>In the past 12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 114</td>
<td>N (%)</td>
<td>n = 60</td>
<td>N (%)</td>
<td>n = 54</td>
<td>N (%)</td>
</tr>
<tr>
<td>Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (<em>but did not attempt sexual penetration</em>)</td>
<td>91 (79.8%)</td>
<td>36 (31.6%)</td>
<td>53 (88.3%)</td>
<td>24 (40.0%)</td>
<td>38 (70.4%)</td>
<td>12 (22.2%)</td>
</tr>
<tr>
<td>Someone had oral sex with me or made me have oral sex with them without my consent</td>
<td>31 (27.2%)</td>
<td>11 (9.6%)</td>
<td>15 (25.0%)</td>
<td>6 (10.0%)</td>
<td>16 (29.6%)</td>
<td>5 (9.3%)</td>
</tr>
<tr>
<td>A man put his penis into my vagina, or someone inserted fingers or objects without my consent</td>
<td>58 (50.9%)</td>
<td>19 (16.7%)</td>
<td>27 (45.0%)</td>
<td>10 (16.7%)</td>
<td>31 (57.4%)</td>
<td>9 (16.7%)</td>
</tr>
<tr>
<td>A man put his penis into my butt, or someone inserted fingers or objects without my consent</td>
<td>28 (24.6%)</td>
<td>8 (7.0%)</td>
<td>13 (21.7%)</td>
<td>5 (8.3%)</td>
<td>15 (27.8%)</td>
<td>3 (5.6%)</td>
</tr>
<tr>
<td>Event</td>
<td>Count</td>
<td>Percentage</td>
<td>Count</td>
<td>Percentage</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-------</td>
<td>------------</td>
<td>-------</td>
<td>------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Even though it didn’t happen, someone tried to have oral sex with me, or make me have oral sex with them without my consent</td>
<td>35</td>
<td>30.7%</td>
<td>10</td>
<td>8.8%</td>
<td>17</td>
<td>28.3%</td>
</tr>
<tr>
<td>Even though it didn’t happen, a man tried to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent</td>
<td>37</td>
<td>32.5%</td>
<td>12</td>
<td>10.5%</td>
<td>20</td>
<td>33.3%</td>
</tr>
<tr>
<td>Even though it didn’t happen, a man tried to put his penis into my butt, or someone tried to stick in objects or fingers without my consent</td>
<td>17</td>
<td>14.9%</td>
<td>8</td>
<td>7.0%</td>
<td>12</td>
<td>20.0%</td>
</tr>
<tr>
<td>Have you ever been raped?</td>
<td>57</td>
<td>50.0%</td>
<td>10</td>
<td>8.8%</td>
<td>26</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

*Note: Not all numbers add up due to participants responding that they had experienced the item but not indicating when the item happened.*
### Table 5

*ANCOVA Results for Self-Labels of “Victim” versus “Survivor” by PCL-5 Scores*

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>31.38</td>
<td>1</td>
<td>31.38</td>
<td>.77</td>
</tr>
<tr>
<td>Race</td>
<td>89.98</td>
<td>1</td>
<td>89.98</td>
<td>.25</td>
</tr>
<tr>
<td>Treatment of MI</td>
<td>3948.09</td>
<td>1</td>
<td>3948.09</td>
<td>10.99***</td>
</tr>
<tr>
<td>Duration between first and most recent sexual assault</td>
<td>2395.21</td>
<td>1</td>
<td>2395.21</td>
<td>6.67**</td>
</tr>
<tr>
<td>Satisfaction with Label</td>
<td>257.60</td>
<td>1</td>
<td>257.60</td>
<td>.72</td>
</tr>
<tr>
<td>Victim-Survivor (Dichotomous)</td>
<td>362.33</td>
<td>1</td>
<td>362.33</td>
<td>1.01</td>
</tr>
<tr>
<td>Error</td>
<td>37363.28</td>
<td>104</td>
<td>359.26</td>
<td></td>
</tr>
</tbody>
</table>

*Note. $R^2 = .21$, Adj $R^2 = .17$, $p < .05$, $** p < .01$, $*** p < .001$; MI = mental illness, SES-SFV = Sexual Experiences Survey-Short Form Victimization, PCL-5 = Posttraumatic Checklist for the DSM-5.*
Table 6.
*Multiple Regression Predicting PCL-5 Scores from Self-Labels as Continuous “Victim-Survivor”*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Model 1</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>SE B</td>
<td>β</td>
</tr>
<tr>
<td>Age</td>
<td>.06</td>
<td>.21</td>
<td>.03</td>
<td>.27</td>
</tr>
<tr>
<td>Race</td>
<td>.91</td>
<td>1.52</td>
<td>.05</td>
<td>.60</td>
</tr>
<tr>
<td>Duration between first and most recent sexual assaults</td>
<td>.65</td>
<td>.26</td>
<td>.25</td>
<td>2.50*</td>
</tr>
<tr>
<td>Treatment of MI</td>
<td>13.00</td>
<td>4.23</td>
<td>.27</td>
<td>3.07**</td>
</tr>
<tr>
<td>Satisfaction with Label</td>
<td>-2.90</td>
<td>1.92</td>
<td>-.14</td>
<td>-1.51</td>
</tr>
<tr>
<td>Victim-Survivor (Continuous)</td>
<td>.15</td>
<td>.06</td>
<td>.23</td>
<td>2.37*</td>
</tr>
<tr>
<td>R²</td>
<td>.25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>5.64***</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: * p < .05, ** p < .01, *** p < .001; MI = mental illness, PCL-5 = Posttraumatic Checklist for the DSM-5.*
Appendix A: Informed Consent (MSU Sample)

**Title:** Perceptions of Sexual Assault Identity and Associations with Psychological Outcomes  
**Investigator:** Shania Cole, Graduate Student, Clinical Psychology  
**Faculty Mentor:** Marie Karlsson, Ph.D., Dept. of Psychology, mkarlsson@murraystate.edu (270) 809-2317

You are being invited to participate in a research study conducted through Murray State University. You must be at least 18 years of age, female, and have experienced an unwanted or unintended sexual encounter in order to participate in this study. Below is an explanation of the purpose of this project, the procedures to be used, and the potential benefits and possible risks of participation.

**Nature and Purpose of the Project:** We are interested in examining sexual assault experiences, reactions to specific labels given to individuals who have experienced sexual assault, and mental health outcomes following these experiences.

**Explanation of Procedures:** You will begin by answering some basic questions about yourself. Following this, you will complete a series of brief measures about sexual assault, mental health outcomes, and labeling of individuals who experience sexual assault. Answering these questions will take approximately 30 minutes.

**Discomforts and Risks:** The risks to you as a participant are minimal. The risks involved are limited to the possible stress of completing the questionnaires. As some of the questions might be personal and sensitive for some people, it is a possible that you might feel some distress as a result of participation. Please know that you can choose to skip any questions that you do not want to answer and can withdraw from the study at any time without penalty. Also, remember that no one will be able to connect your answers back to you. Please feel comfortable to answer honestly, as your answers are completely anonymous.

To protect participants, all data will be collected anonymously, which means that computer/browser information, location (i.e. IP addresses), and date/time of survey submissions will not be recorded. Participants will be recruited through SONA, an online system in the Murray State University Psychological Department, but then re-directed to a secure online survey website. Once participants complete the primary survey, they will be directed to a secondary survey where they will be asked to enter their SONA ID. Information on the secondary survey (i.e. SONA ID) will only be used to grant credit for participation and will not be linked back to responses on the primary survey. The only individuals who will have access to the data are members of the research team, and no personal identifiers (i.e. SONA ID) will ever be stored in or linked to the primary survey database. Personal identifiers stored in the secondary survey database (i.e. SONA IDs) will be destroyed after data collection and SONA crediting are complete.
**Benefits:** There are no direct individual benefits to you beyond the opportunity to learn first-hand what it is like to participate in a research study and to learn about some of the methods involved in psychological research. A general benefit is that you will add to our knowledge of this research area.

**Required Statement on Internet Research:** All survey responses that the researcher receives will be treated confidentially and stored on a secure server or hard drive. However, we are unable to guarantee the security of the computer on which you choose to enter your responses. Information (or data) you enter, and websites you visit online can be tracked, captured, corrupted, lost, or otherwise misused.

**Refusal/Withdraw:** You do not have to take part in this study and may withdraw from the study at any time without penalty or prejudice. If you start the study and decide that you do not want to finish, all you have to do is close the survey. Whether or not you choose to participate or to withdraw will not affect your standing with the Department of Psychology or with the University. It will also not cause you to lose any benefits to which you are entitled. Earned experimental inducements will be granted at the end of the study.

Checking “Yes” indicates that this study has been explained to you, that your questions have been answered, and that you agree to take part in this study.

______ Yes, I am 18 years of age or older, have read this document in its entirety, and would like to participate in this study.

This project has been reviewed and approved by the Murray State University Institutional Review Board (IRB) for the Protection of Human Subjects. If you have any questions about your rights as a research participant, you should contact the MSU IRB Coordinator at (270) 809-2916 or msu.irb@murraystate.edu.
Appendix B: Additional Internet Recruitment Description

Post Title: Perceptions of Sexual Assault Identity and Associations with Psychological Outcomes (Chance to Win $20 Amazon Gift Card)

I am a graduate student in the Clinical Psychology program pursuing my master’s degree. As I am a second-year student, I am required to complete a thesis. My thesis project is focused on Perceptions of Sexual Assault Identity and Associations with Psychological Outcomes.

I am writing to you to request your participation in an online survey for my thesis research. Your total participation should take no longer than 30 minutes.

Participants, at least 18 years of age or older, will complete a series of short questionnaires about their psychological functioning, experience with unwanted or unintended sexual encounter(s) and labeling of such experiences. In order to participate, participants must be female, at least 18 years of age, and have experienced an unwanted or unintended sexual encounter. The study is completely anonymous, and participants will have an opportunity to win a $20 Amazon gift card.

Thank you for taking the time to assist me in my educational endeavors. Your participation is greatly appreciated.
Appendix C: Consent to Participate (Additional Internet Recruitment Sample)

**Title:** Perceptions of Sexual Assault Identity and Associations with Psychological Outcomes

**Investigator**
Shania Cole  
Graduate Student, Clinical Psychology  
Department of Psychology  
Murray State University

**Faculty Mentor**
Marie Karlsson, Ph.D.  
Assistant Professor  
Department of Psychology  
Murray State University  
401A Wells Hall  
Murray, KY 42071  
mkarlsson@murraystate.edu  
(270) 809-2317

You are being invited to participate in a research study conducted through Murray State University. In order to comply with federal regulations, if you choose to participate in this study, your informed agreement to participate in this study is necessary. You must be at least 18 years of age, female, have experienced an unwanted or unintended sexual encounter in order to participate. A basic explanation of the study is written below, and you can contact the faculty mentor (contact information above) if you have any questions or concerns about this study. If after reviewing the information provided you wish to participate, please check “yes” at the bottom of this page.

**Nature and Purpose of the Project:** We are interested in examining sexual assault experiences, reactions to specific labels given to individuals who have experienced sexual assault, and mental health outcomes following these experiences.

**Explanation of Procedures:** You will begin by answering some basic questions about yourself. Following this, you will complete a series of brief measures about sexual assault, mental health outcomes, and labeling of individuals who experience sexual assault. Answering these questions will take approximately 30 minutes.

**Discomforts and Risks:** The risks to you as a participant are minimal. The risks involved are limited to the possible stress of completing the questionnaires. As some of the questions might be personal and sensitive for some people, it is a possible that you might feel some distress as a result of participation. Please know that you can choose to skip any questions that you do not
want to answer and can withdraw from the study at any time without penalty. Also, remember that no one will be able to connect your answers back to you. Please feel comfortable to answer honestly, as your answers are completely anonymous.

To protect participants, all data will be collected anonymously, which means that computer/browser information, location (i.e. IP addresses), and date/time of survey submissions will not be recorded. Participants will be recruited through Amazon MTurk, email distribution, online networking sites and social media, and participant recruiting sites and then be re-directed to a secure online survey website. Once the participant consents, they will be forwarded to the survey. Once participants complete the primary survey, they will be directed to a secondary survey where they will be asked to enter their name and email address, which is optional and will only be used for the gift card drawing. Information on the secondary survey (i.e. name and email address) will only be used for the drawing. The only individuals who will have access to the data are members of the research team, and no personal identifiers (i.e. name and email address) will ever be stored in or linked to the primary survey database. Personal identifiers stored in the secondary survey database (i.e. name and email addresses) will be destroyed after the data collection is complete.

Benefits: There are no direct individual benefits to you beyond the opportunity to learn first-hand what it is like to participate in a research study and to learn about some of the methods involved in psychological research. A general benefit is that you will add to our knowledge of this research area.

Required Statement on Internet Research: All survey responses that the researcher receives will be treated confidentially and stored on a secure server or hard drive. However, we are unable to guarantee the security of the computer on which you choose to enter your responses. Information (or data) you enter, and websites you visit online can be tracked, captured, corrupted, lost, or otherwise misused.

Refusal/Withdrawal: You do not have to take part in this study and may withdraw from the study at any time without penalty or prejudice. If you start the study and decide that you do not want to finish, all you have to do is close the survey.

Checking “Yes” indicates that this study has been explained to you, that your questions have been answered, and that you agree to take part in this study.

______ Yes, I am 18 years of age or older, have read this document in its entirety, and would like to participate in this study.

This project has been reviewed and approved by the Murray State University Institutional Review Board (IRB) for the Protection of Human Subjects. If you have any questions about your rights as a research participant, you should contact the MSU IRB Coordinator at (270) 809-2916 or msu.irb@murraystate.edu.
Appendix D: Demographic Questionnaire

1. What is your age? ______
2. What is your race/ethnic identity? Please select ALL that apply:
   a. White/Caucasian
   b. Black/African/African-American
   c. Hispanic/Latino
   d. Asian/Asian-American
   e. Alaskan/Pacific Islander
   f. Other (please specify)
3. Year in college:
   a. Freshman
   b. Sophomore
   c. Junior
   d. Senior
   e. N/A (i.e., not currently in college)
4. How religious are you?
   a. Not religious at all
   b. Somewhat religious
   c. Very religious
5. Were you raised in a religious household?
   a. Yes
   b. No
6. Have you ever been diagnosed with a psychological disorder/mental illness?
   a. Yes
   b. No
   c. Not sure
7. If yes, what diagnoses did you receive?
   a. ____________________________
   b. Not Sure
8. Have you ever received any mental health treatment/counseling/therapy?
   a. Yes
   b. No
   c. Not sure
9. If yes, how were you in treatment/counseling/therapy?
   a. Less than 6 months
   b. 6 months - 12 months
   c. 1 year – 2 years
   d. More than 2 years
   e. N/A because I am still in treatment/counseling/therapy
10. If you are currently receiving treatment/counseling/therapy, how long has that lasted so far?
    a. Less than 6 months
    b. 6 months - 12 months
c. 1 year - 2 years

d. More than 2 years

e. N/A because I am not currently in treatment/counseling/therapy
Appendix E: Sexual Experiences Survey—Short Form Victimization (SES-SFV)

SES-SFV

The following questions concern sexual experiences that you may have had that were unwanted or unintended. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Please select the “yes” option if this experience has ever happened to you. Otherwise select “no.” If you select “yes” for one or more items then please make a check mark for whether this happened to you in the past 12 months. The past 12 months refers to the past year going back from today. Also, please indicate whether you and/or the other person was intoxicated.

<table>
<thead>
<tr>
<th>Question</th>
<th>If YES: In the past 12 months?</th>
<th>If YES: Were you intoxicated?</th>
<th>If YES: Was the other person intoxicated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Someone fondled, kissed, or rubbed up against the private areas of my body (hips, breast/chest, crotch or butt) or removed some of my clothes without my consent <em>(but did not attempt sexual penetration)</em></td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2. Someone had oral sex with me or made me have oral sex with them without my consent.</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3. A man put his penis into my vagina, or someone inserted fingers or objects without my consent.</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>4. A man put his penis into my butt, or someone inserted fingers or objects without my consent.</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5. Even though it didn’t happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent.</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>6. Even though it didn’t happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent.</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>7. Even though it didn’t happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent.</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>8. Have you ever been raped?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
The previous questions all refer to sexual assault experiences that you may have experienced. When completing the rest of the survey, please keep these experiences in mind when we ask you about other types of experiences.

1. To the best of your knowledge, how many times have you been sexually assaulted?
   ______________

2. To the best of your knowledge, how old were you the first time you were sexually assaulted?
   ______________

3. To the best of your knowledge, how old were you the most recent time you were sexually assaulted?
   ______________

4. How many different individuals have sexually assaulted you (e.g., how many different perpetrators)?
   ______________

5. What was your relationship with the perpetrator (select all that apply if there were multiple perpetrators)?
   a. Stranger
   b. Acquaintance
   c. Boyfriend/girlfriend/intimate partner
   d. Husband/wife/spouse
   e. Other

6. Do you know someone else who has been sexually assaulted?
   a. Yes
   b. No
   c. Not sure

7. Do you feel any shame in relation to your sexual assault experience(s)?
   a. Yes
   b. No
   c. Not sure

8. Do you feel any embarrassment in relation to your sexual assault experience(s)?
   a. Yes
   b. No
   c. Not sure

9. Do you feel any regret in relation to your sexual assault experience(s)?
   a. Yes
   b. No
   c. Not sure
Appendix F: The Posttraumatic Stress Disorder Checklist for the DSM-5 (PCL-5)

Instructions: Keeping in mind the sexual assault experience(s) you have had, read each of the problems below and then select one of the answer options to the right to indicate how much you have been bothered by that problem in the past month.

<table>
<thead>
<tr>
<th>In the past month, how much were you bothered by:</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing, and unwanted memories of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Repeated, disturbing dreams of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Feeling very upset when something reminded you of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Avoiding memories, thoughts, or feelings related to the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Trouble remembering important parts of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Blaming yourself or someone else for the stressful experience or what happened after it?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Loss of interest in activities that you used to enjoy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Feeling distant or cut off from other people?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Question</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Irritable behavior, angry outbursts, or acting aggressively?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Taking too many risks or doing things that could cause you harm?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Being “superalert” or watchful or on guard?</td>
<td></td>
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<td>18. Feeling jumpy or easily startled?</td>
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<td>19. Having difficulty concentrating?</td>
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<td>20. Trouble falling or staying asleep?</td>
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Appendix G: Victim or Survivor Scale

1. How much do you feel like/identify with the label **Victim** of sexual assault?
   
   0% ------------------------50%------------------------------------------100%

2. How much do you feel like/identify with the label **Survivor** of sexual assault?
   
   0%-----------------------------50%------------------------------------100%

3. How much do you feel like a victim or survivor?
   
   Victim----------------------------50%--------------------------Survivor

4. If you had to choose one option, how would you prefer to identify yourself?
   
   a. Victim
   b. Survivor

5. How satisfied are you with the label you chose above (i.e., victim or survivor)?
   
   a. Not at all
   b. A little satisfied
   c. Somewhat satisfied
   d. Very satisfied

6. If you had to choose one option, how would you prefer others to identify you?
   
   a. Victim
   b. Survivor

7. How satisfied are you with the label other would use (i.e., victim or survivor)?
   
   a. Not at all
   b. A little satisfied
   c. Somewhat satisfied
   d. Very satisfied

8. In the past, have you ever identified as a victim, but now identify as a survivor?
   
   a. Yes
   b. No
   c. Not sure

9. In the past, have you ever identified as a survivor, but now identify as a victim?
   
   a. Yes
   b. No
   c. Not sure

10. What makes you choose whatever label you prefer (e.g., victim, survivor, maybe something else)?

11. How satisfied are you with the label you chose (e.g., victim, survivor, or maybe something else)?
Appendix H: IRB Application Approval Letter

MURRAY STATE
UNIVERSITY
Institutional Review Board
328 Wells Hall
Murray, KY 42071-3918
270-809-2916 • irb@murraystate.edu

TO: Marie Karlsson, Psychology
FROM: Jonathan Baskin, IRB Coordinator
DATE: 1/31/2019

The IRB has completed its review of your student’s Level 1 protocol entitled Perceptions of Sexual Assault Identity Association with Psychological Disorders. After review and consideration, the IRB has determined that the research, as described in the protocol form, will be conducted in compliance with Murray State University guidelines for the protection of human participants.

The forms and materials that have been approved for use in this research study are attached to the email containing this letter. These are the forms and materials that must be presented to the subjects. Use of any process or forms other than those approved by the IRB will be considered misconduct in research as stated in the MSU IRB Procedures and Guidelines section 20.3.

Your stated data collection period is from 1/31/2019 to 5/10/2019.

If data collection extends beyond this period, please submit an Amendment to an Approved Protocol form detailing the new data collection period and the reason for the change.

This Level 1 approval is valid until 1/30/2020.

If data collection and analysis extends beyond this date, the research project must be reviewed as a continuation project by the IRB prior to the end of the approval period, 1/30/2020. You must reapply for IRB approval by submitting a Project Update and Closure form (available at murraystate.edu/irb). You must allow ample time for IRB processing and decision prior to your expiration date, or your research must stop until such time that IRB approval is received. If the research project is completed by the end of the approval period, then a Project Update and Closure form must be submitted for IRB review so that your protocol may be closed. It is your responsibility to submit the appropriate paperwork in a timely manner.

The protocol is approved. You may begin data collection now.

murraystate.edu