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WOMEN AS VICTIMS OR SURVIVORS

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WOMEN AS VICTIMS OR SURVIVORS

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Criminal Justice

by
Shelby Nicole Swanson
December 2014

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ABSTRACT

Research shows that women who have been sexually assaulted once are more likely to be sexually assaulted again (revictimized). Several factors contribute to the likelihood of a woman being revictimized, including social support, personal behavior, and psychological health. This research proposes that a combination of these factors contributes to a woman's self-perception as a victim or survivor of sexual assault. It is this self-perception that determines revictimization. Twenty women were interviewed to explore the victim or survivor mentality and its relation to revictimization. All women had negative consequences of the assault. Negative consequences lead some women to develop a victim mentality. Some women were able to find positive consequences out of their assault and developed a survivor mentality. Revictimization was linked to negative consequences of the initial victimization and the victim mentality that resulted from the negative consequences. Reasons for non-revictimization were somewhat the opposite of the reasons for revictimization and were linked to positive consequences of the assault and the survivor mentality that resulted from the positive consequences. The overall attitudes and behaviors of a sexual assault victim determines whether she views herself as a victim or survivor which significantly impacts the likelihood of her revictimization.

DEDICATION

To my dad and mom (Jack and Rhonda), my sister (Emily), Grandma and Papa, Grandma Betty, Uncle Scott, Aunt Brenda, and Cooper:

You all have been tremendously supportive in everything I have strived for in my life. Throughout my life you have provided me with unconditional love and support. Every time I felt overwhelmed or struggled with the trials of the past few years, you encouraged me to be strong and put my faith in God, who, through Him, makes all things possible. I want to make a special dedication to my mom. Though you are going through a scary and difficult time in your life fighting cancer, you are my solid rock. I would never have been able to accomplish everything I have, if you were not here to encourage, love, and support me. I love you all so much. Thank you for your love, faith, trust, and support.

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CHAPTER ONE

INTRODUCTION

Prevalence of the Problem

One of the biggest problems in our society today is the prevalence of sexual assault. Official police records of female sexual assault differ greatly from the actual occurrence of female sexual assault. The Uniform Crime Report (UCR) states that throughout the United States 58.6 per 100,000 female inhabitants were forcibly raped (which includes attempts or assaults to commit rape) in 2008 (U.S. Department of Justice, 2009). The NCVS (National Crime Victimization Survey) found that 140 per 100,000 females over the age of 12 were raped or sexually assaulted in 2008 and only 47% were reported to the police (Bureau of Justice Statistics, 2009). While these numbers are high, the actual occurrence of rape is even higher than that reported by the NCVS because the NCVS only includes the statistics for women who acknowledge that they were sexually assaulted or raped. Furthermore, the NCVS only collects data for children age 12 and older, so children under the age of 12 who are sexually assaulted or raped are not included in these statistics.

There are several important questions to ask in regard to the problem of sexual assault and rape in our society: What is sexual assault? What is rape? Who is susceptible to gaining the attention of a voyeur, being sexually assaulted,

or raped? What happens after a rape is committed? The Bureau of Justice Statistics (2010) provides this definition of sexual assault:

These crimes include attacks or attempted attacks generally involving unwanted sexual contact between victim and offender. Sexual assaults may or may not involve force and include such things as grabbing or fondling. Sexual assault also includes verbal threats. (p.7)

According to this definition, it is reasonable to assume that many women have been sexually assaulted and never reported it to the police. Here is an illustration of a common occurrence of sexual assault by definition: a woman is in a bar and walks by a man who squeezes her buttocks. This is sexual assault that will not likely be reported to the police.

The Bureau of Justice Statistics (2010) provides this definition of rape: Forced sexual intercourse including both psychological coercion as well as physical force . . . This category also includes incidents where the penetration is from a foreign object such as a bottle. Includes attempted rapes . . . [which] includes verbal threats of rape. (p.7)

By this definition of rape, there are many instances where the woman may not even consider that she was raped. For example, a boyfriend threatens to break up with his girlfriend if she does not have sex with him; this is psychological coercion and is rape according to its definition. Many young women in this type of

situation may not believe themselves to have been raped and would not report this to the police or in a victimization survey.

All women are susceptible to sexual assault and rape. However, after a woman is raped or sexually assaulted, either as a child or an adult, she is significantly more susceptible to additional incidents of rape or sexual assault (i.e. revictimization). Instances of revictimization in victims of child sexual abuse, adolescent sexual assault, and adult sexual assault range from 15% to 72% (Mason, Ullman, Long, Long, & Starzynski, 2009). In a report from the Department of Justice, women who were not raped prior to age 18 had a 9% victimization rate; women who were raped prior to age 18 were twice as likely to be raped after age 18, an 18% revictimization rate (Tjaden & Thoennes, 1998).

Statement of the Problem

Research shows that that revictimization is more likely than an initial victimization. There are many theories as to why revictimization occurs and the literature on revictimization is widespread. There are studies which have examined various factors associated with revictimization such as: social support (Macy, Nurius, & Norris, 2006; Ullman, Starzynski, Long, Mason, & Long, 2008; Phanichrat & Townshend, 2010; Ullman, 1996; Mason et al., 2009), self-blame and/or self-perception (Burt, 1980; Niehaus, Jackson, and Davies, 2010), substance use (Kilpatrick et al., 1997) alcohol use (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Koss & Dinero, 1989; Combs-Lane & Smith, 2002;

Fargo, 2009) and acknowledgment status (Littleton, Axsom, & Grils-Taquechel, 2009), and PTSD symptoms (Messman-Moore, Ward, & Brown, 2009; Fortier, DiLillo, Messman-Moore, Peugh, DeNardi, & Gaffey, 2009).

Though many studies delve into revictimization and one other element, they do not conduct an overall assessment of factors leading to revictimization (Macey et al., 2006; Mason et al., 2009;; Combs-Lane & Smith, 2002; Messman-Moore, Walsh, & DiLillo, 2010; Phanichrat & Townshend, 2010; Niehaus et al., 2010). It would be naive to think that only one factor leads to revictimization. Rather it is a combination of situational factors and behavioral tendencies. If these factors are included into one research study, the ability to predict revictimization will increase substantially, as will the ability to protect women from revictimization.

Purpose of the Study

In the present study, in-depth interviews will be conducted with 20 participants to learn about their victimization and whether their victimization and self-perception lead to a second victimization. The present study is an exploratory research design to identify the important combined factors. Using factors identified in previous research commonly associated with revictimization (e.g., social support, self-blame, social reactions, substance use, alcohol use, risk taking behavior, risky sexual behavior, acknowledgment status, PTSD symptoms, and coping strategies). Analysis of the interviews will determine if

such factors combined with self-perception of victim or self-perception of survivor increased vulnerability to revictimization or insulated them from revictimization. Many of these factors are interrelated, such as social reactions to a woman's victimization and the use of alcohol or acknowledgment status and PTSD symptomology. Through previous research, it is clear that these factors each have a high correlation to revictimization. This research will look into how each factor affected the victim herself, how these aspects influenced her perception of herself, and which factors she believes had the most significant impact on her revictimization or non-revictimized. Central themes of revictimization, survivor or victim mentality, and the women's perception of herself will be assessed.

The present study suggests that the overall attitudes and behaviors of a sexual assault victim determines whether she views herself as a victim or survivor which significantly impacts the likelihood of her revictimization. The information gathered from previous literature will demonstrate that various characteristics associated with a woman viewing herself as a victim predispose her to revictimization; whereas the characteristics associated with a woman viewing herself as a survivor insulates her from revictimization.

CHAPTER TWO

LITERATURE REVIEW

Survivor or Victim

After a person has been sexually abused, many factors have the potential to contribute to her revictimization. Social support, self-blame, social reactions, substance use, alcohol use, risk taking behavior, risky sexual behavior, acknowledgment status, PTSD symptoms, and coping strategies all impact a woman's experience after her sexual assault and lead to her becoming either a survivor or a victim. A woman who has been sexually abused and is supported by family and police; blames the perpetrator rather than herself; refrains from substance use and alcohol abuse; does not engage in risky behavior and utilizes constructive coping strategies will be substantially less likely to be revictimized.

Healthy management strategies can help a woman better understand her victimization. In better understanding her victimization she has the potential to live (survive) in a way that puts her less at risk for being revictimized. A person who does not understand her victimization has little potential to change the circumstances she finds herself in and will remain at risk for revictimization.

There are two ways a woman can view her victimization: she can be a survivor or a victim. A woman who is a survivor of sexual victimization has learned to deal with her victimization in a positive way, rather than allow her victimization to define who she is as a person. A woman who is a victim has not

yet learned to deal with her victimization in a positive way and allows her victimization to define who she is.

The terms “victim” and “survivor” are utilized in many different areas of study, such as in domestic violence, sexual abuse, and in the medical field in relation to cancer diagnoses. Throughout various research studies, a woman with a victim mentality is described as being powerless, hopeless, passive, feelings of worthlessness, and having a lack of agency in the circumstances of her life (Dunn, 2005; Kuban & Steele, 2011; Brosi & Rolling, 2010; Park, Zlateva & Blank, 2009). A survivor mentality is depicted as a woman being empowered, creating a meaning out of her experiences, being equipped with choice, participating in her own healing, feeling safe and validated, having hope, and living after a traumatic experience (Hunter, 2010; Kuban & Steele, 2011; Brosi & Rolling, 2010; Park et al., 2009). In general, a victim mentality is when a person allows things to happen to him/her; whereas a survivor mentality is when a person takes control of the circumstances.

Revictimization Defined

Current literature has inconsistent definitions of revictimization. Stevens, Ruggiero, Kilpatrick, Resnick and Saunders (2005) create a distinction between multiple victimization and subsequent victimization. Multiple victimization is when a person is exposed to several different types of violence, such as sexual abuse and physical abuse; however, subsequent victimization is within the same

violence category, such as child sexual assault leading to adult sexual assault (Stevens et al., 2005). According to other sources, “revictimization refers to the blame and stigmatizing responses to victims by police or others and the trauma that victims experience following the rape itself” (Maier, 2008, p. 787).

Revictimization is most often defined as a subsequent abuse in the same violence category (i.e. being sexually victimized and then being sexually victimized again at a later time) (Barnes, Noll, Putnam, & Trickett, 2009; Ullman, 1996; Macy et al., 2006; Ullman et al., 2008; Mason et al., 2009; Combs-Lane & Smith, 2002). While some scholars agree on the definition of revictimization, society as a whole differs on what is classified as revictimization. In this report, the term revictimization will refer to sexual victimization that occurs in more than one incident.

Social Support

Social support is one important factor that contributes to a victim’s mentality of being a victim or survivor and, in turn, the risk of her being revictimized. Empowering a woman to place the blame on the assailant has significant positive effects on the woman during and after sexual aggression (Macy et al., 2006). Women who place the blame on herself rather than the assailant for her victimization is more likely to be revictimized (Macy et al., 2006) and have a higher correlation to more negative social reactions (Ullman et al., 2008).

Our society often blames victims of sexual assault for their victimization, unlike other victims of crime (Burt, 1980). For example: if a person's house is broken into, society rarely blames the homeowner for their victimization. Society sometimes believes that a woman who has been sexually assaulted brought it upon herself by being in certain situations, such as a fraternity party and drinking excessively, which leads to her sexual assault. If she had not put herself in that situation, she would not have been assaulted; therefore, the blame is on the victimized woman. It is this societal ideology that can damage the victim's recovery process. The "stigma attached to the abuse, the fear of social implications, rejection, and negative connotation of the self-image" may inhibit victims from disclosing their victimization and seeking social support (Phanichrat & Townshend, 2010, p. 73). Rather, the victims suffer the abuse without seeking social support.

Self-blame is tied to problem drinking, which will later be discussed as a personal behavior linked to revictimization. However, problem drinking impacts self-blame and the social reactions to a woman's sexual assault. Self-blame and problem drinking have a reciprocal relationship: women who blame themselves for the sexual assault are more likely to have problem drinking and women who have problem drinking are more likely to blame themselves for the sexual assault (Macy et al., 2006; Ullman et al., 2008). Additionally, problem drinkers who are victims of sexual assault disclosed their sexual assault to more formal and informal support sources, resulting in more positive and negative social reactions

to their sexual assault (Ullman et al., 2008). For example, a woman who tells her friends, parents, police, and peers about her sexual assault will have more reactions (negative and positive) from these people compared to a woman who solely reports her victimization to one friend.

Negative social reactions, such as being treated differently, not being believed, and having someone take control, were related to psychological symptoms and poor recovery from the sexual assault (Ullman, 1996).

Unfortunately, positive social reactions toward a victim of sexual assault have had mixed results, whereas negative social reactions (Borja, Callahan, & Long, 2006) and societal blame of the victim (Ullman, 1996) have had destructive effects on recovery. The pattern within these studies is that victims who have self-blame and problem drinking are not given social support, whether the lack of social support comes before or after the self-blame and problem drinking is still to be determined. As a society, the mentality of victim blame must shift to a mentality of assailant blame in an effort to help evolve the recovery of the victim into the life of a survivor.

Social support alone has varied results. The type of social support sought by the sexual assault victim has varying degrees of effectiveness. Almost three quarters of respondents in a study on social support and sexual assault revictimization disclosed to formal and/or informal sources about the assault (Mason et al., 2009). Of those sources, religious sources were rated as the most supportive by nearly 80% of the respondents who disclosed to this source;

medical professionals, police, and parents were the least supportive— all were rated as being helpful less than 60% of the time, according to those who disclosed to this source (Mason et al., 2009). Though reasons for reporting to the police vary, the most common reason women reported their sexual assault to the police was the desire to prevent their offender from raping another woman or themselves (Patterson & Campbell, 2010).

Interestingly, revictimized survivors were less likely to disclose to parents, police, and rape crisis centers than non-revictimized survivors (Mason et al., 2009). Even though police, medical professionals, and parents were considered least supportive, victims who disclosed to these sources were less likely to be revictimized, leading to the conclusion that these sources were actually the most helpful. Women who felt they were listened to had fewer psychological symptoms and better recovery from the sexual assault (Ullman, 1996). “Survivors who receive less positive support in the form of information and emotional support may be more susceptible to being reassaulted” (Mason et al., 2009, p. 69).

Personal Behavior

In addition to social support, a woman’s personal behavior after a sexual victimization contributes to her victim mentality or survivor mentality. There has been much research on the types of personal behaviors that increase the risk of sexual revictimization; such as substance use, alcohol use, sexual behavior, and the victim’s acknowledgement status. Victimization itself may not be the main

factor linked to revictimization; rather it is the behaviors subsequent to victimization that leads to revictimization.

Victimization in a sexual assault incident can initiate or maintain substance use. In a two-year analysis on the relationship between substance use and sexual assault in women, Kilpatrick et al. (1997) found that substance use lead to assault and assault lead to substance use. A reciprocal relationship was supported, indicating that “assault and substance use might each increase risk of experiencing the other” (Kilpatrick et al., 1997, p. 841). This study found that revictimization was most likely in women who used drugs and had previously been assaulted. The relationship between substance use and sexual victimization may be due to the illegal transaction that must occur to obtain illegal drugs and the people they associate with when they use the drugs. The people who sell the illegal drugs or associate with the drug dealers may be more predatory and the drug purchaser (the woman victim) is a “safe” target or easy prey because she may be less likely to inform the police due to her involvement in illegal behavior (Kilpatrick et al., 1997).

Another personal behavior, which has been strongly linked to revictimization, is alcohol use (Kilpatrick et al., 1997; Koss & Dinero, 1989; Combs-Lane & Smith, 2002; Fargo, 2009) and intentions to engage in risky behaviors. The moderate use of alcohol does not predict revictimization, rather the quantity of alcohol use was found to be a predictor of revictimization (Combs-Lane & Smith, 2002). “Newly victimized women reported more than 3 times as

many average binge-drinking days” compared to women who were not revictimized (Combs-Lane & Smith, 2002, p. 178). As previously discussed, women who have problem drinking are more likely to receive negative social reactions to their sexual assault, which has destructive effects on the sexual assault victim’s recovery. To clarify, sexually victimized women are more likely to be revictimized when they engage in excessive drinking; likewise, women who engage in excessive drinking receive negative social reaction, which is linked to revictimization.

Risk taking behavior is a mediator between a person’s victimization and a subsequent victimization (Fargo, 2009). In fact, no direct pathway between childhood sexual abuse, adolescent sexual abuse, and adult sexual abuse existed in a study on the pathways to adult revictimization; however, risky behavior and risky sexual behavior were linked to revictimization (Fargo, 2009). Messman-Moore et al. (2010) conducted a study on emotional dysregulation that yielded similar results. They found that childhood sexual abuse was not significantly correlated with rape; yet childhood sexual abuse was associated with emotion dysregulation, which influenced risky sexual behavior and number of lifetime sexual intercourse partners, and increased vulnerability for adult rape (Messman-Moore et al., 2010). These findings suggest that the person’s reaction to the childhood sexual abuse leads to revictimization, not the childhood sexual abuse itself.

Not surprisingly, women who knew they would engage in risky behaviors (such as drinking heavily, risky sexual behavior, and activities involving exposure to potential perpetrators) were actually involved in more risky behaviors (Fargo, 2009). Additionally, women who expected to be involved in risky behaviors were associated with new victimizations. One way to indicate revictimization may be to question victims of their intentions to be involved in risky behaviors (Combs-Lane & Smith, 2002).

The acknowledgement status of a victim of sexual assault can be a predictor of revictimization. Unacknowledged rape victims are individuals who have conceptualized their experience as something less significant than rape (Layman, Gidycz, & Lynn, 1996), such as a miscommunication, seduction, or bad sex, perhaps due to a rape script of a violent, stranger rape (Kahn, Mathie, & Torgler, 1994). In a study of acknowledged and unacknowledged rape victims, unacknowledged victims were significantly more likely to report hazardous drinking than acknowledged victims (Littleton et al., 2009) which is known to be a predictor of revictimization (Kilpatrick et al., 1997; Koss & Dinero, 1989; Combs-Lane & Smith, 2002; Fargo, 2009). Though there was no significant difference in the proportion of victims reporting completed rape, unacknowledged rape victims were significantly more likely than acknowledged victims to experience an attempted rape (Littleton et al., 2009).

Littleton et al.'s (2009) study revealed unacknowledged assaults were significantly more likely to involve binge drinking by the victim than acknowledged

assaults. Unacknowledged victims were significantly more likely to report continuing the relationship with the assailant after the assault and less likely to change their behavior after the assault to prevent future victimization (Littleton et al., 2009). Because unacknowledged victims have not recognized their victimization, there is no opportunity for them to have engaged in positive coping strategies to survive the traumatic event. Those who have acknowledged their victimization may or may not have altered their behavior, but the possibility of a change from victim to survivor exists for that person.

Psychological Health

As much of the literature has found, the factors that contribute to revictimization are interlinked. The psychological health of a woman who experienced sexual assault is no exception. Post-Traumatic Stress Disorder (PTSD) is intertwined with many other factors associated with revictimization, including social support, risky personal behavior, risky sexual behavior, and acknowledgement status. In their study on social support and sexual assault revictimization, Mason et al. (2009) found that revictimized participants had significantly higher PTSD symptom severity scores than non-revictimized participants. PTSD is related to alcohol consumption and social reactions. Ullman et al. (2008) found that problem drinkers had higher levels of PTSD symptoms; additionally, participants who exhibited PTSD symptoms had more negative social reactions. Those with PTSD symptoms disclosed their sexual assault more

often, and, in turn, received more negative social reactions; however this disclosure may not have occurred directly after the assault and delayed disclosure was related to more severe PTSD symptoms (Ullman et al., 2008). Those who acknowledged their victimization were more likely to exhibit greater PTSD symptomology (Littleton et al., 2009; Layman et al., 1996). Of the acknowledged victims, 19% experienced an attempted rape and 31% experienced a completed rape within a six-month follow-up period (Littleton et al., 2009).

PTSD is highly associated with revictimization as well as many other factors also linked with revictimization. Substance use and sexual behavior was predicted by PTSD symptomology; in this study the women who experienced PTSD symptoms may have engaged in substance use or risky sexual behavior to reduce the stress (Messman-Moore et al., 2009). Both PTSD symptoms and substance use was a factor highly associated with revictimization; however, the causal relationship between substance use and PTSD symptoms is unknown (Messman-Moore et al., 2009). The women experiencing PTSD symptoms were more likely to engage in risky sexual behavior, which is linked to revictimization (Fargo, 2009). Perhaps it is necessary to address the PTSD symptoms of women who have experienced sexual assault to better understand other issues such as alcohol consumption, negative social reactions, acknowledgement status, substance use, and risky sexual behavior.

After a person has been sexually assaulted there are limitless ways to cope with the traumatic event. People can cope in two broad categories: constructively or destructively. Constructive coping strategies are aimed at gaining family and social support, whereas destructive coping strategies include increased drinking, smoking, or staying away from friends and family members (He, Zhao, & Ren, 2005). In a study on the role of coping strategies in relation to sexual abuse and revictimization, coping was defined as “cognitions reflecting a desire to avoid” (Fortier et al., 2009, p. 316). Avoidant coping is the most frequent strategy used by childhood sexual abuse survivors (Sigmon, Greene, Rohan, & Nichols, 1996). As severity of childhood sexual abuse and trauma symptoms increased, avoidant coping increased (Fortier et al., 2009). The level of childhood sexual abuse severity predicts avoidant coping, which predicts trauma symptoms, which predicts revictimization severity (Fortier et al., 2009).

Another study by Phanichrat and Townshend (2010) on coping strategies utilized by victims of sexual assault found that avoidance coping is characterized by three themes: suppression of thoughts and feelings, escapism, and dissociation. Suppression of thoughts and feelings included: denial, keeping busy, substance abuse, alcohol, and self-harm. Escapism is a conscious process that included: hiding, running away, finding a safe place, and attempted suicide. Dissociation is an unconscious process that includes floating off, disconnection, and forgetfulness. All participants in this study undertook avoidance coping prior to utilizing problem-focused coping (a more healthy form of coping). Problem-

focused coping can be separated into four categories: seeking support, cognitive engagement, acceptance, and seeking meaning. Seeking support included: sharing with others, disclosure, joining survivors groups, and spiritual support. Cognitive engagement included: reframing, self-reflective strategies, positive thinking, and external attribution of abuse responsibility. Acceptance included: self-acceptance, acceptance of the abuse, and life-long process of coping. Seeking meaning included: helping others/survivors and advocacy. Avoidant coping was a temporary necessity to prepare the participants to cope with the sexual abuse in a healthy manner (Phanichrat & Townshend, 2010).

Sexual assault can have a significant effect on the way a woman views herself and her actions in the future, contributing to her self-perception as a victim or survivor. Niehaus et al. (2010) found that childhood sexual abuse has an emotional impact on the survivor and can affect the way she views her sexuality. Survivors were more likely than non-victims to have a negative perception of their own sexuality (i.e. describing their sexual behavior as immoral or dirty rather than passionate and loving); yet survivors were “less inhibited and more likely to approach rather than avoid sexuality and sexual situations when compared to nonvictims” (Niehaus et al., 2010, p. 1370). As has been discussed above, engaging in greater amounts of sexual activity increases the risk of revictimization. Therefore, the way a person views herself and her sexuality after her initial sexual assault can be an influential factor in revictimization.

Conclusion

The literature has demonstrated that the factors that contribute to revictimization are extremely complex and interrelated. Each element linked with revictimization is correlated to another element linked with revictimization; however, there has not been a study conducted that involves all of these factors. Therefore, it is important to discover which factors are the most important and which factors combined together most significantly influences revictimization. The purpose of this study is to discover if overall healthy management strategies help a woman better understand her victimization, live in a way that puts her less at risk for being victimized, and view herself as a survivor rather than a victim. The self-perception as survivor and healthy management strategies may insulate a woman from revictimization.

Research Questions

Several research questions can stem from the previous literature presented. The literature clearly illustrates that numerous factors (i.e. social support (Macy et al., 2006; Phanichrat & Townshend, 2010; Niehaus et al., 2010), self-blame (Burt. 1980), disclosure (Ullman et al., 2008; Ullman, 1996; Mason et al., 2009), alcohol abuse (Kilpatrick et al., 1997; Koss & Dinero, 1989; Combs-Lane & Smith, 2002; Fargo, 2009), substance use (Kilpatrick et al., 1997), risk taking behavior (Fargo, 2009; Messman-Moore et al., 2009), risky sexual behavior (Niehaus et al., 2010), acknowledgement status (Littleton et al.,

2009), PTSD symptoms (Messman-Moore et al., 2009; Fortier et al., 2009), and coping strategies (Phanichrat & Townshend, 2010) can influence revictimization. There are two major research questions to be asked in this qualitative research, which are directly related to the relationship between revictimization and victim/survivor status.

Research Question 1: Is a woman with a survivor mentality of her sexual assault protected from revictimization?

Research Question 2: Is a woman with a victim mentality of her sexual assault vulnerable to revictimization?

For this research, the terms “victim” and “survivor” will be defined based on the descriptions used throughout various research studies. A woman with a victim mentality is defined as being powerless, hopeless, passive, feelings of worthlessness, and having a lack of agency in the circumstances of her life (Dunn, 2005; Kuban & Steele, 2011; Brosi & Rolling, 2010; Park et al., 2009). In summary, a person with a victim mentality allows things to happen to her. A survivor mentality is defined as a woman being empowered, creating a meaning out of her experiences, being equipped with choice, participating in her own healing, feeling safe and validated, having hope, and living after a traumatic experience (Hunter, 2010; Kuban & Steele, 2011; Brosi & Rolling, 2010; Park et al., 2009). In other terms, a person with a survivor mentality takes control of the circumstances of her life.

CHAPTER THREE

METHODS

Sampling/Participants

The purpose of this study is to obtain in-depth interviews and ferret out central themes of how outside factors affected the victim herself, how these aspects influenced her perception of herself, and which factors she believes had the most significant impact on her revictimization or non-revictimized. The participants in this study are women who have been sexually assaulted or raped and women who have been revictimized (or sexually assaulted or raped on more than one occasion). These women were selected through snowball sampling and found through various means. Psychologists, sexual assault victim's advocates, and personal acquaintances were asked to inquire if the sexual assault victims were willing to participate in a confidential survey. The research sought to obtain a survey representative of the women within the sampling frame. The sampling frame is women who have been sexually victimized and revictimized. Snowball sampling is one method to find victims of a crime that is not openly discussed and often bound by confidentiality (Patten, 2009). Each woman participating in the survey was distributed a demographic survey (see Appendix A) and interviewed by me. In ethnographic research, or participant research with in-depth interviews, the participants are typically few in number (Hughes, King, Rodden, & Andersen, 1995). This research's goal is to gather in-depth interviews

from twenty women participants in total to discover their personal stories of sexual assault.

Interview Schedule

The materials to be used in the research experiment are relatively few. One of the materials used was previous literature. Through the literature, many questions about the women's perceptions of her sexual assault arose. The previous research facilitated the discovery of different interview questions to be asked.

Another material used was a tape recording device. An important aspect of the interview process is recording the interview either through the use of a voice recorder, thorough note taking, or a combination of the two; some participants may initially be uneasy with the recorder, but later become more comfortable with the device (Francis, 2004). The use of a recorder allowed me to return to the interview when analyzing certain themes at a later stage of the research process (Francis, 2004). The interviewee was asked if she had any issues with being recorded throughout the interview, informed that any questions could be skipped if necessary, and, most importantly, that the interview could be terminated at any time (see Appendix C). The interviewee was provided a list of emergency contacts with professionals who are available to them 24 hours a day (see Appendix D). The interview process was recorded, including the questions asked and the answers given by the respondents. The tape recorder was set up

directly between the interviewer and the interviewee. The interview asks questions about the women's perception of the important factors that influenced her revictimization or non-revictimization, including: social support, alcohol use, substance use, personal behavior, and psychological health. No other technical equipment was used throughout the interview process.

Design

Though quantitative research provides more data, it typically provides more data that is not as in-depth and personal as qualitative research, especially when discussing highly personal topics such as sexual assault and rape, and the factors that may have contributed to revictimization (Babbie, 2005). In-depth interviews are useful because they "allow for exploration, reflexivity, creativity, mutual exchange and interaction" between the researcher and the participants (Caine, Davison, & Stewart, 2009, p. 489). For these reasons, this research study is constructed as qualitative research, rather than quantitative research. The purpose of this research is to discover personal stories and the women's perception of her victimization. Qualitative research was chosen for this research project because the in-depth interviews with these women produces original answers that cannot be predicted and incorporated into a multiple choice questionnaire (that a quantitative study would employ).

Conducting interviews produces a better understanding of the women's experience of sexual assault or rape because every incident is different and

unique. The story-telling nature of qualitative research is more desirable in understanding the woman's sexual victimization and the factors that lead to her revictimization or lack thereof. When a factor appears to be important, more time can be spent on that topic or if a factor is not as applicable to a certain person that factor can be discussed to a lesser degree and the interview continued. The disadvantages of using a qualitative research technique are the limited number of interviews that can be conducted because of time, access, and monetary limits. This research is exploratory in nature and can be utilized to shape future quantitative research. It is generalizable to populations who have been sexually assaulted on one or more occasions. Table 1 below describes the design and rationale for developing the questionnaire I used when interviewing the participants.

Table 1. Questionnaire Design and Rationale

Questionnaire Item	Supporting Study	Rationale for Question
1. At what age did your first experience of sexual assault occur?	N/A	Background information
2. How old was the perpetrator?	N/A	Background information

Questionnaire Item	Supporting Study	Rationale for Question
3. Can you describe your first experience of sexual assault?	N/A	Background information
4. Whom did you disclose this assault to and how soon after the assault did you report it? 4a. If you did not report it to anyone, why not?	Mason et al., 2009; Ullman, 1996; Borja et al., 2006	These studies discuss the importance of disclosure, who the woman disclosed to, and revictimization.
5. What types of people did you tell? Friends, family, police, rape crisis centers?	Mason et al., 2009	This study discusses various different forms of social support, how helpful the women perceived these disclosures and revictimization rates. Women perceived informal social support to be more helpful; however, women who disclosed to formal social support systems were less likely to be revictimized.

Questionnaire Item	Supporting Study	Rationale for Question
6. How did those you told react to your disclosure?	Ullman, 1996; Borja et al., 2006; Mason et al., 2009	Ullman’s study shows that negative social reactions lead to poor recovery from the assault. Borja’s study shows that positive social reactions had mixed results with neutral and positive effects on recovery. Mason’s study suggests that women who receive less positive social support may be more likely to be revictimized.
7. In what ways did each of their reactions affect you? If it was a positive reaction, how did it help you? If it was a negative reaction, how did it impact you?	Ullman, 1996; Borja et al., 2006	This study shows that negative social reactions lead to poor recovery from the assault. Borja’s study shows positive social reactions had mixed results with neutral and positive effects on recovery. Mason’s study suggests that women who have less positive social support may be more likely to be revictimized.

Questionnaire Item	Supporting Study	Rationale for Question
8. What types of ways did you deal with your first sexual assault?	Macy et al., 2006; Ullman et al., 2008; Phanichrat & Townshend, 2010	<p>These studies suggest that self-blame leads to revictimization.</p> <p>This question allows the participant the opportunity to provide her own perception of how she coped with the trauma.</p>
9. Do you feel there is anything that could have been done that may have made you less likely a target for sexual assault?	Macy et al., 2006; Ullman et al., 2008; Phanichrat & Townshend, 2010	<p>Macy's study found that placing the blame on the assailant has significant positive effects on the woman during and after sexual aggression and women who place blame on herself are more likely to be revictimized. Ullman's study found that women who place blame on herself have more negative social reactions.</p> <p>Phanichrat's study suggests that the stigma of abuse and fear of rejection and public perception may inhibit a victim from disclosing their assault.</p>

Questionnaire Item	Supporting Study	Rationale for Question
<p>10. Thinking back, is there anything you believe you could have done to prevent the assault?</p>	<p>Macy et al., 2006; Ullman et al., 2008; Phanichrat & Townshend, 2010</p>	<p>Macy's study found that placing the blame on the assailant has significant positive effects on the woman during and after sexual aggression and women who place blame on herself are more likely to be revictimized. Ullman's study found that women who place blame on herself have more negative social reactions. Phanichrat's study suggests that the stigma of abuse and fear of rejection and public perception may inhibit a victim from disclosing their assault.</p>

Questionnaire Item	Supporting Study	Rationale for Question
<p>11. Initially, who did you think was responsible for the assault? Has that changed for you today?</p>	<p>Macy et al., 2006; Ullman et al., 2008; Phanichrat & Townshend, 2010</p>	<p>Macy's study found that placing the blame on the assailant has significant positive effects on the woman during and after sexual aggression and women who place blame on herself are more likely to be revictimized. Ullman's study found that women who place blame on herself have more negative social reactions. Phanichrat's study suggests that the stigma of abuse and fear of rejection and public perception may inhibit a victim from disclosing their assault.</p>

Questionnaire Item	Supporting Study	Rationale for Question
<p>12. Did you drink alcohol or use substances prior to your first sexual assault?</p> <p>12a. If so, approximately how much did you consume? How often?</p>	<p>Koss & Dinero, 1989; Kilpatrick et al., 1997; Combs-Lane & Smith, 2002</p>	<p>Koss's study found a link between alcohol use and revictimization. Kilpatrick's study found a reciprocal relationship between alcohol use and sexual assault. Kilpatrick's study found that revictimization was most likely in women who used drugs and had previously been assaulted. Comb's study found that the quantity of alcohol use was found to be a predictor of revictimization.</p>

Questionnaire Item	Supporting Study	Rationale for Question
<p>13. Did you drink alcohol after your first sexual assault?</p> <p>Substance use?</p> <p>13a. If so, how much did you consume? How often?</p> <p>13b. Has your drinking or substance use put you in risky situations?</p> <p>13c. In what ways has drinking/substance use impacted your behavior?</p> <p>13d. In what ways has drinking/substance use impacted your self-perception?</p>	<p>Koss & Dinero, 1989; Kilpatrick et al., 1997; Combs-Lane & Smith, 2002</p>	<p>Koss's study found a link between alcohol use and revictimization. Kilpatrick's study found a reciprocal relationship between alcohol use and sexual assault. Kilpatrick's study found that revictimization was most likely in women who used drugs and had previously been assaulted. Comb's study found that the quantity of alcohol use was found to be a predictor of revictimization.</p>

Questionnaire Item	Supporting Study	Rationale for Question
<p>14. Did your personal behavior remain the same as prior to your first sexual assault or did it change? What is your typical behavior?</p>	<p>Fargo, 2009; Messman-Moore et al., 2010</p>	<p>Fargo’s study found that risky behavior and risky sexual behavior were linked to revictimization. Messman’s study found emotion dysregulation influenced risky sexual behavior and number of lifetime sexual intercourse partners and increased vulnerability for revictimization.</p>

Questionnaire Item	Supporting Study	Rationale for Question
<p>15. After your first sexual victimization, did you intend on drinking heavily? Engaging in sexual behavior?</p> <p>Participate in activities involving exposure to potential perpetrators?</p>	<p>Combs-Lane & Smith, 2002;</p> <p>Fargo, 2009;</p> <p>Kilpatrick et al., 1997</p>	<p>Comb's study stated that one way to indicate revictimization may be to question victims of their intentions to be involved in risky behaviors. Fargo's study found women who knew they would engage in risky behaviors were actually involved in more risky behaviors. Kilpatrick's study suggested that women who are in contact with drug dealers are more likely to be revictimized because they are around potential predators.</p>
<p>16. How has being a victim of sexual assault impacted your sexual behavior?</p>	<p>Fargo, 2009;</p> <p>Messman-Moore et al., 2010;</p> <p>Combs-Lane & Smith, 2002;</p> <p>Kilpatrick et al., 1997</p>	<p>These studies all discuss sexual behavior and revictimization and this question allows the respondent to give an account of how the sexual assault impacted her sexual behavior.</p>

Questionnaire Item	Supporting Study	Rationale for Question
17. Do you have nightmares about being victimized? How often?	Mason et al., 2009; Ullman et al., 2008; Messman-Moore et al., 2010; Fargo, 2009	Mason's study found that women who were revictimized had higher PTSD symptom severity scores than women who were not revictimized. Ullman's study found that PTSD is related to alcohol consumption and social reactions. Mossman-Moore's study found a link between PTSD symptoms and substance use or risky sexual behavior. Fargo's study found a link between PTSD and risky sexual behavior which is linked to revictimization.

Questionnaire Item	Supporting Study	Rationale for Question
<p>18. Do you avoid doing certain things because of your victimization? If so, please describe the things you avoid and the reasons for avoiding them.</p>	<p>-Mason et al., 2009; Ullman et al., 2008; Messman-Moore et al., 2010; Fargo, 2009</p>	<p>Mason's study found that women who were revictimized had higher PTSD symptom severity scores than women who were not revictimized. Ullman's study found that PTSD is related to alcohol consumption and social reactions. Mossman-Moore's study found a link between PTSD symptoms and substance use or risky sexual behavior. Fargo's study found a link between PTSD and risky sexual behavior which is linked to revictimization.</p>

Questionnaire Item	Supporting Study	Rationale for Question
19. What is the most detrimental aspect of your sexual assault?	Sigmon et al., 1996; Fortier et al., 2009	Sigmon and Fortier's studies found that avoidant coping is used by victims of childhood sexual abuse. Fortier's study found that childhood sexual abuse leads to avoidant coping which leads to trauma symptoms, which leads to revictimization severity.
20. Has anything positive resulted from your sexual assault?	Phanichrat & Townshend 2010	Phanichrat's study found that avoidance coping (thought suppression, escapism, and dissociation) was a temporary necessity to prepare victims to cope with the sexual abuse in a healthy manner or using problem-focused coping (seeking support, cognitive engagement, acceptance, and seeking meaning).

Questionnaire Item	Supporting Study	Rationale for Question
21. Do you consider yourself a victim of sexual assault? Why?	Dunn, 2005; Kuban & Steele, 2011; Brosi & Rolling, 2010; Park et al., 2009	These studies describe a victim mentality as powerless, hopeless, passive, feelings of worthlessness, and having a lack of agency in the circumstances of her life. This question allows the participant to state how she views herself and why she views herself in that light.
22. Do you consider yourself a survivor of sexual assault? Why?	Hunter, 2010; Kuban & Steele, 2011; Brosi & Rolling, 2010; Park et al., 2009	These studies describe a survivor mentality as being empowered, creating a meaning out of her experiences, equipped with choice, participating in her own healing, feeling safe and validated, having hope, and living after a traumatic experience.
23. After your first experience of sexual assault, did you have a second sexual assault?	N/A	This question is to determine revictimization status.

Questionnaire Item	Supporting Study	Rationale for Question
24. What do you think was an important factor in being revictimized or not being revictimized?	N/A	Allows the participant to provide her own perspective of the reasons for revictimization or non-revictimization.
25. Can you describe your second experience of sexual assault?	N/A	Background information
26. If there were following incidents of sexual assault, ask questions 4 through 20 again.	N/A	This question allows the participant to answer each question based on the time when the additional assault occurred.

Procedures

In recent years, there have been some significant improvements and software development of qualitative data analysis used by research today. The SAGE Qualitative Research Kit is an example of one of the programs developed for qualitative data analysis. These programs do not do the analysis for the researcher, but they do help organize and sort large amounts of data for the researcher. Even with the use of these programs, ultimately the analysis is the

responsibility of the researcher. Because of the rather small sample size, the information was able to be managed and analyzed by me. I developed charts to help organize and sort the data. With a larger sample of participants and the many variables, it might be advantages for other qualitative researchers to explore the use of the many options available today for qualitative research and analysis, such as The SAGE Qualitative Research Kit.

I interviewed each woman in a library near a rape crisis center in order to provide immediate access to professionals if necessary. I talked with the participant briefly before the interview to make the participant more comfortable and willing to talk openly. The participants were informed that they were not expected to answer in a specific manner and that honesty was the desired goal. The participants were aware that the interview was confidential and that their names would not be used in the research report. The participants were notified that they could discontinue the interview at any time if they chose to do so.

The survey (see Appendix B) consisted of two sections. First was a demographic survey to gain basic background information on the participant. The second portion was the interview, which included all the questions desired to gain a better understanding of the woman's perception of her sexual assault and the important factors in her revictimization or non-revictimized. The interview lasted approximately one to two hours.

Limitations

Qualitative research is extremely valid because the participants are able to provide the answers, rather than choose an answer the researcher predetermined in a multiple-choice selection (Babbie, 2005). I will be able to gain a more valid description of the phenomena studied with qualitative research, instead of quantitative research. The answers provided by participants are unlikely to be superficial, which is a great advantage to the researcher (Babbie, 2005).

The research questions being asked have strong face validity, meaning the questions “appear to measure what [they purport] to measure” (Patten, 2009, p. 63). The purpose of the research is to discover central themes of how outside factors affected the victim herself, how these aspects influenced her perception of herself, and which factors she believes had the most significant impact on her revictimization or non-revictimization. The research questions ask these questions specifically and include extra questions that seek more in-depth knowledge on these topics. In addition, the research questions have strong content validity, meaning the questions cover a large range of meanings within a concept (Babbie, 2005). The questions asked of the participants were specifically designed to discover the amount of social support they were given, their personal behavior and how it varied because of their experience of sexual assault or rape, their psychological health and how they dealt with the emotions that accompany

a traumatic experience, and their perception of themselves as a victim or survivor. There are several questions that target each of those specific topics.

Although there are numerous advantages to in-depth interviews, there are a few limitations. The participants in the study are limited to those who are willing to discuss her sexual assault, which indicates that she had acknowledged her sexual assault. Additionally, the participants are limited to those found through the psychologists, victim's advocates, and personal connections which are skewed towards those women who have, at least in part, sought social support for their sexual assault. Those who do not acknowledge their sexual assault or have not spoken to others about their sexual assault were not included in the interview.

The interview is limited by the questions asked and the honesty of the women responding to the interview questions. If the women believe that the answers to the questions are indeed confidential, her answers will be more honest. If the women believe that their story can be identified through the research report, she may not respond honestly. Another limiting factor is that the participants may answer the questions based on what they think the "right" answer is or what I wants to hear.

The answers could potentially be biased based on the mood of the participant, the chemistry between the participant and the interviewer, or the willingness of the participant to disclose personal information to another person. If a woman has previously had a negative experience with disclosing her assault,

the results may be different than if the participant had a positive or neutral experience with disclosing her assault.

Though there are numerous advantages to using qualitative research, there are a few disadvantages. Qualitative research is time consuming; it takes time to interview all the participants and compile it into cohesive data. Qualitative research can put a mental and physical toll on the researcher (Morris & Marquart, 2010). It can also pose ethical and moral dilemmas for the researcher, such as when the researcher knows she is being lied to and whether the researcher should confront the participant about those lies (Wood, 2006).

Qualitative research can be found to have weak reliability, if the researcher is not careful to account for his/her own biases and points of view (Babbie, 2005). However, if the researcher makes comparative statements about the research opposed to simply descriptive measurements, reliability can be maintained (Babbie, 2005). This research surveys twenty women who have been sexually assaulted or raped on at least one occasion and can be generalized to populations that have been sexually assaulted on one or more occasions. This qualitative data cannot provide the level of statistical data that quantitative research allows, meaning it cannot be used to provide statistical descriptions of large populations; however, it can shape future quantitative research (Babbie, 2005).

CHAPTER FOUR

RESULTS

Introduction to Participants

I conducted 20 interviews with 20 women who have previously been raped or sexually assaulted on one or more than one occasion. The names of the women have been changed to ensure confidentiality. Using a false identity protects the confidentiality of the women and gives the participants greater dimensionality and allows for ease of flow in the discussion. Table 2 below is a chart depicting the general demographics of the participants.

Table 2. Demographics of Participants

Age		Children	
Average Age	43.9	Average Number	1.65
Age Range	20-67	Range of Number	0-6
Religious Status		Marital Status	
Christian	85%	Single	35%
Catholic	5%	Married	50%
Other	10%	Divorced	15%
Education		Race	
High School	15%	White	95%
Associates	35%	American Indian	5%
Some College	35%		
Masters	10%		
Some Masters	5%		

Table 3 below is a chart depicting a short summary of each woman's experience of sexual assault.

Table 3. Summary of Assault History

Name	Summary of Assault History
Betty	At 8 years old, her 32-year-old step-dad assaulted her and her sister multiple times. At 10 years old her mom's 28-year-old boyfriend assaulted her multiple times. When she was 12 years old her 32-year-old father assaulted her while her father's mother-in-law sat by her idly.
Cara	When Cara was 11 years old her uncle, who was in his 40's, read to her and her brother from Tijuana Bibles and sexually assaulted her about 3 times. Two years later a different uncle, who was in his 30's, assaulted her in a car. When she was 14 years old, a 19-year-old stalker raped her multiple times, eventually causing her to get pregnant. Her parents later forced her to marry her stalker because of the pregnancy.

Name	Summary of Assault History
Chelsea	<p>When Chelsea was 6 years old, a 16-year-old, Drew, attempted to have intercourse with her. Two years later her uncle Tom assaulted her along with her two brothers and her cousins. He also made his daughter and Chelsea's brother have sex in a bathtub. At the age of 10 she was assaulted by a soldier in his 50's.</p>
Colleen	<p>Colleen was 2 1/2 years old when she was first assaulted by her mother's friends – one male and one female – in the front seat of a car while her mother sat idly in the backseat. When she was 5 years old, her uncle assaulted her in a swimming pool. At the age of 15, she was beaten and raped on a daily basis by a 16-year-old who eventually impregnated her. He later kidnapped her from a maternity home and took her to New Mexico where his girlfriend stabbed her several times while she was pregnant.</p>
Denise	<p>Denise was drugged and sexually assaulted by her 40-year-old step-father when she was 13 years old on a monthly basis. The drugs caused her to be unconscious for three days at a time. Her 26 year old husband beat and raped her when she was 18 years old.</p>

Name	Summary of Assault History
Heather	<p>Heather was 18 years old when her 35-year-old coworker sexually assaulted her by grabbing her by the waist and humping her.</p> <p>When she was 20 years old she was attacked by three men in their 20's, one of whom was a police officer.</p>
Jane	<p>Jane's 68-year-old grandfather sexually assaulted her when she was 8 years old. Her grandmother stood frozen when Jane asked her for help during the assault. Jane told her parents who told the police and got her counseling to deal with the trauma.</p>
Julia	<p>Julia's 35-year-old teacher sexually assaulted her and her friend at least three times per week when she was 13 years old. He made them stay after class because they were "in trouble." Julia was at a club and had been using copious amounts of drugs and alcohol, when she was assaulted, beaten, and raped by numerous perpetrators. She only remembers parts of the assault but had significant bruising around her neck and on her body.</p>
Karen	<p>Karen was 20 years old when she was sexually assaulted by her 19-year-old friend in a cemetery. She had been sexting with him the night before, which caused her to pause before saying no.</p>

Name	Summary of Assault History
Kasey	<p>When Kasey was 18 years old, she was stalked by a 25-year-old who made a book with pictures of him and her stitched together. While she was still 18 years old a 45-year-old man pushed her down and licked her toes. When she was 20 years old a 40-year-old man showed her inappropriate pictures and grabbed her.</p>
Kelsey	<p>Kelsey was first sexually assaulted while she was playing the piano by her 60-year-old grandfather when she was 11 years old. When she was 13 years old, she was sexually assaulted by two 13-year-old boys at school. She ran into the bathroom to escape them, but they followed her in and pulled her panties down. She then ran to a janitor and the boys scattered. A 30-year-old man also assaulted her at the age of 17 when she chose to stay at her friend's house after a party rather than driving home drunk.</p>
Kim	<p>Kim was assaulted by her stepfather from the age of 5 until she was 12 years old. One time specifically, he tried to "fuck her in the ass and pacify her with candy." Another time he made her and her two sisters perform oral sex on him.</p>

Name	Summary of Assault History
Kristy	<p>Kristy's 32-year-old uncle sexually assaulted her when she was 9 years old once a week for nearly a year. After he moved up north, she was made to move with him and her aunt to help take care of their new baby. While there, he raped her on multiple occasions.</p>
Lara	<p>Lara was 11 years old when she was assaulted by her 55-year-old grandfather while they were on a camping trip and her brother was sleeping on the bed next to them.</p>
Lillian	<p>Lillian was 7 years old when a man in his 60's dragged her into a closet and sexually assaulted her. When she was 12 years old, her 16 year old step-brother raped her and continued to rape her at least once a week for two years.</p>
Linda	<p>When she was 9 years old, Linda was sexually assaulted by a 30-year-old worker at the YMCA. At 14 1/2 years old, she was forced to do oral copulation at a park with her cousin's 24-year-old friend. When she was 16 years old, a classmate raped her in the bathroom at a party. A few months later she was date raped by yet another assailant while in a car in the woods. When she was 22 years old, she was held at gunpoint then raped by a serial rapist.</p>

Name	Summary of Assault History
Mia	Mia's 20-year-old boyfriend orally and anally raped her when she was 17 years old. She thought this was "revenge sex." While she was still 17 years old, another 20-year-old boyfriend anally raped her.
Samantha	Samantha's 33-year-old step-brother forced her to perform oral copulation at a slumber party when she was 14-years-old.
Stacy	Stacy was 27 years old when her husband raped her. He showed no signs of violent behavior prior to their wedding, but on their honeymoon he started acting controlling and having violent outbursts.
Tina	Tina was 7 years old when a 17 1/2-year-old boy sexually assaulted her and her friend on multiple occasions. He would rub himself on her to the point of pain.

Introduction to Results

As previously stated, I conducted 20 interviews with 20 women who have previously been raped or sexually assaulted on one or more than one occasion. Of those 20 women, 15 were revictimized and only 5 were victimized on one occasion. Within the group, there were a total of 27 revictimizations; meaning,

there was a total of 47 sexual assaults or rapes amongst the 20 women. Out of all 47 sexual assaults or rapes, only two qualify as stranger rape. In all other instances, the woman was familiar with the perpetrator in some aspect. He may have been a relative, a friend, or an acquaintance.

There was a significant difference in the average age of the victim and the average age of the perpetrator. Many of the women were victimized during their childhood; however, many of the men who victimized them were much older. The youngest woman who was victimized was 2 1/2 years old and the oldest woman victimized was 27 years old. The average age of victimization was 12.65 years old. The youngest perpetrator was 13 years old and the oldest perpetrator was about 65 years old. The average age of the perpetrator was 31.8 years old. The average age difference between the victim and perpetrator was 19.19 years. On average, the perpetrator was 19 years older than the woman he victimized. There was only one case in which the perpetrator was younger than the victim. In this instance, the victim was 20 years old and the perpetrator was 19 years old.

Throughout the interviews, four categories became evident. The four categories are as follows: victim thoughts, survivor thoughts, reasons for revictimization, and reasons for non-revictimization. Table 4 on page 68 is a chart that summarizes each woman and her status as victim, survivor, or a person who transformed from a victim to a survivor. It also describes how each woman was linked to that category.

Victim Thoughts

The women in the study had both victim thoughts and survivor thoughts. Some women had only victim thoughts, some women only had survivor thoughts, while other women had victim thoughts at one point in her life and then had a transformation where she began developing survivor thoughts.

Believed She Deserved It

Victim thoughts were passive or hopeless or powerless. Every woman had negative consequences resulting from her victimization. These negative consequences lead some of the women to develop a victim mentality.

Some women wondered what they did to deserve to be assaulted. Two women actually believed they asked to be assaulted. Denise, who was sexually assaulted by her step-father and raped by her husband, believed she “made her bed and now she had to lay in it” (Denise, personal communication, November 2013). Cara, the teenager who was impregnated by her assaulter, believed her husband, also her perpetrator, was taking her parent’s burden away. These feelings of believing they deserved to be sexually assaulted are victim thoughts of being hopeless and powerless and passive.

Negative Self-Perception

The sexual assault affected women in regard to how they view themselves and their emotional health as well. Five women reported feeling dirty or disgusting. Eight had feelings of low self-esteem. Denise, who was sexually assaulted by her step-father and raped by her husband, said, “Boys told me they

wanted to put a bag over my head and screw me” (Denise, personal communication, November 2013).

Six women felt numb inside. Stacy, for example, whose physically abusive husband raped her, said she felt numb inside and simply went through the motions. Five women dissociated themselves from the event. Six were insecure. Linda, who was sexually assaulted on five occasions, said, “I became very insecure; I became the girl that everyone liked to pick on ... the loser” (Linda, personal communication, February 2013). One woman was nervous and one was depressed.

Self-blame was a prominent negative consequence of the assault; a startling twelve women blamed herself for the assault in some aspect. Kelsey, at 13 years old ran into the bathroom in an attempt to escape her two 13 year old assailants, said the sexual assault changed her perception of herself because she “felt crappy and ashamed” (Kelsey, personal communication, August 2013). These thoughts of self-blame, numbness, dissociation, insecurity, and low self-esteem are evidence of a woman with a victim mentality.

Emotionally Damaged

Some women believed they were emotionally damaged, thought they were a nobody, or that nobody cared about her so she should not care about herself. Some women felt so hopeless that they did not think anyone would believe what happened to them. Betty, who was assaulted by her step-father, mother's boyfriend, and father, thought the “only way for men to love you is

through sex” (Betty, personal communication, August 2013). These skewed and faulty beliefs are evidence of feelings of worthlessness which is an indicator of a woman who has a victim mentality.

Sexual Remission/Promiscuity

There were numerous negative consequences relating to the sexuality of the women. Thirteen women became promiscuous or engaged in sexual experimentation after the assault. Chelsea, who was assaulted three times before she was 11 years old, says, “If it had pants on, I would jump into bed” (Chelsea, personal communication, December 2013). Lillian, who was dragged into a closet and assaulted at 7 years old, said, “I became promiscuous because I liked the power I held over other boys who would become interested and I could get things from them” (Lillian, personal communication, July 2013).

Eight women experienced a sexual remission or a lack of initiation. Kim, who was assaulted by her step-father from the age of 5 to age 12, had the motto, “Wine me, dine me, but you're never gonna find me” (Kim, personal communication, September 2013).

Several women stated they experienced both promiscuity and remission at different points after the assault. Julia, whose teacher made her stay after class because she was “in trouble” and assaulted her, said, “I would just fuck anybody” (Julia, personal communication, April 2013). Julia also said, “I’d have sex everywhere and anywhere, but when I was married, I didn’t want to have sex anymore” (Julia, personal communication, April 2013).

Two women believe they entered into an inappropriate marriage due to being sexually assaulted. Kristy, who was made to move in with her uncle who raped her, said the most detrimental aspect of the assault was the inappropriate marriage she entered into. She was 19 when she married someone who was 17 years older than her, which lead her to a “whole new world of victimization and abuse” (Kristy, personal communication, May 2013). Cara was 14 years old when she was continually stalked and assaulted by a 19 year old man. Cara became pregnant by her perpetrator and her parents forced her into marriage with the perpetrator. Cara said, “I felt like Brian [her husband/perpetrator] was taking her parent’s burden away” (Cara, personal communication, August 2013). These feelings of insecurity or having a lack of agency in their lives portray a woman who has a victim mentality rather than a survivor mentality.

Substance Abuse and Physical Repercussions

Many of the women had a victim mentality that revealed itself through their substance abuse and the physical repercussions. Mia, who thought her rape was “revenge sex,” has a victim mentality (Mia, personal communication, December 2013). She says she lost part of herself through the assaults that she has not been able to regain back. After the assaults, Mia drank to get drunk. She said she is “pretty much always a victim” and she isn’t a strong person (Mia, personal communication, December 2013). “I’m not a survivor. I’m a victim. I lost a huge part of me that I’m not going to get back and I’m emotionally damaged from it. I didn’t survive. I dragged myself along” (Mia, personal communication, December

2013). Mia has had a victim mentality throughout her victimizations. She was sexually assaulted two times, but has not been revictimized for over a year. Mia is one of the few victims that had a victim mentality but was not sexually assaulted again. When Mia was asked why she was not sexually assaulted again, she said she was not sure why and believed it would probably happen again.

There were numerous women who had physical repercussions from the sexual assault. Five women turned to drugs. Kristy (who was made to move in with her uncle who raped her), Julia (whose teacher made her stay after class because she was “in trouble” and assaulted her (Julia, personal communication, April 2013)), and Linda (who was sexually assaulted on five occasions) said they used drugs on a daily basis. Linda’s substance use aided in her “ever-plummeting self-perception,” she became more and more insecure (Linda, personal communication, February 2013). Seven women turned to drinking and two developed eating disorders. Mia, who thought her rape was “revenge sex,” began cutting herself (Mia, personal communication, December 2013).

Eleven women experienced nightmares about their assault. Kristy, who was made to move in with her uncle who raped her, said she had nightmares about being victimized two to three times a week and she constantly felt like someone was watching her at nighttime. Chelsea, who was assaulted three times before she was 11 years old, blocked the memories of her uncle, Tom, forcing oral sex and forcing her brother and her cousin to have sex in a bathtub.

Although Chelsea blocked these memories, she was still affected by the assault because she acted out sex scenes with her Barbie dolls.

Colleen, who was first assaulted at 2 1/2 years old, was victimized by three different perpetrators throughout her life. After her assault, Colleen became pregnant and was kidnapped by her assailant, taken to another state, and then stabbed by his girlfriend. Another female went to juvenile detention and another had a negative experience with law enforcement.

Personal Relations and Perceptions

Other women had victim mentalities that were brought on by their lack of support from their families and friends. Negative consequences of the assault as a result of the lack of support altered the way women related to people and how they perceived them. Ten women stated they had issues trusting people after the assault. Jane was assaulted by her grandfather at the age of eight and her grandmother walked in on the assault, but did nothing to protect her; Jane said because of this incident and her grandmother's flippant reaction she developed issues with trusting people. Karen, whose sexting led to a fear and delayed reaction of saying "no" to the perpetrator, said she became more distrusting of men; "I now see all men as having the potential to be a perpetrator or rapist" (Karen, personal communication, December 2013).

Five women became introverted and two became perfectionists or overachievers. Two women became attention seeking or extroverted and five became rebellious. Kristy, who was made to move in with her uncle who raped

her, said her drinking made her be rebellious and mean, but she never wanted to hurt other people. Three women became controlling and six stated they had anger management issues. Julia, whose teacher made her stay after class because she was "in trouble" and assaulted her, said she was constantly angry and acted out violently (Julia, personal communication, April 2013).

Survivor Thoughts

Moving On From the Assault

The survivor thoughts women had were significantly different from the victim thoughts. There were numerous positive consequences resulting from the assaults the women experienced. They were able to see how they positively changed due to the negative experience in their lives. Typically the positive changes due to the assault were highlighted with the development of survivor thoughts. Some of the survivor thoughts were indicative of moving on from the experience. Two women believed the positive aspects of the assault involved the consequences for the perpetrators. When asked about a positive aspect of the assault, Colleen, who was first assaulted at 2 1/2 years old, said the person who assaulted her went to jail and later committed suicide while incarcerated. Another woman stated a positive aspect was that her perpetrator went to jail for a significant amount of time.

Empowered by the Experience

Other survivor thoughts were indicative of being empowered by the experience. The sexual assault positively affected how these women identified with other people. Six women believe they were better mothers due to the sexual assault. Eight women either became victim's advocates or helped others to be less prone to abuse through their careers or volunteer work. Betty, who was assaulted by her step-father, mother's boyfriend, and father, became a law enforcement officer and Lillian, who was dragged into a closet and assaulted at 7 years old, became a teacher. Both Betty and Lillian said they can better identify children who are being abused. Three women think they can spot perpetrators better than they could prior to the assault.

Two women believe they have a better understanding of men and the world. Heather, who was sexually assaulted by a coworker and three other men (including a police officer), stated, "I am more aware of risky situations, so it will not happen again" (Heather, personal communication, May 2013). Lillian said she was able to develop new relationships had it not been for the assault. She connected with other people who had similar experiences; they had similar topics to discuss and feelings toward the incidents. Two women believe they are more aware of their surroundings.

Positive Impact on Her Character

Some survivor thoughts were indicative of being active in their own healing. Some women were positively affected by the assault because of how it

impacted them as a person. Six women believe they are stronger as a person due to the assault. One woman said she became a writer and another woman said she developed faith. Two women said a positive result of the victimization was her children. Two women are more patient than they were prior to the assault.

The following are a few of the survivor thoughts that the women had. Tina, whose assailant rubbed himself on her to the point of pain, said, "I got through it" (Tina, personal communication, April 2013). Lara, who was assaulted by her grandfather in a cabin, says, „it didn't affect me horribly; I came through it well" (Lara, personal communication, December 2013). Kristy, who was made to move in with her uncle who raped her, says, "I am blessed and fortunate" (Kristy, personal communication, May 2013). Lillian, who was dragged into a closet and assaulted at 7 years old, said, "I am a success; I have my Master's Degree, a house, two children, and two grandchildren" (Lillian, personal communication, July 2013). Samantha, whose 33 year old step-brother forced her to perform oral sex at a slumber party, said, "the assault won't hold me down" (Samantha, personal communication, December 2012).

I Am Not a Victim

When asked if she considered herself a victim, two women said they are survivors instead. Chelsea, who was assaulted three times before she was 11 years old, said in reference to being asked if she considers herself a victim, "It is the reality but I choose to think more that I am a survivor. To be a victim lets the

incident control your behavior. The survivor takes that experience and recognizes that it happened but won't let it control her" (Chelsea, personal communication, December 2013). Kim, who was assaulted by her step-father from the age of 5 to age 12, said plainly, "I am a thriver" (Kim, personal communication, September 2013). Another woman said she is victorious and a conqueror. Kim said, "I am a victor, I was a victim ... not anymore ... otherwise, Christ's death is in vain" (Kim, personal communication, September 2013). Colleen said, "I became a fighter inside and I had enough. Enough is enough" (Colleen, personal communication, October 2013).

Reasons for Revictimization

The women interviewed had many reasons they believe they were either revictimized or not revictimized. The revictimization was linked to the negative consequences of the initial victimization and the victim mentality that resulted from the negative consequences. The women believed they were predisposed for a second victimization because of their initial victimization.

Parenting/Guardianship

While interviewing the women, there were numerous reasons they believe they were initially assaulted. Many of those reasons had to do with parenting, which is logical, considering the average age of assault is approximately 12 years old. Nine women said the reason they were assaulted was because of poor parenting, two said it was because of an unstable childhood, and one said it was

because of drug use in the home. Tina, whose assailant rubbed himself on her to the point of pain, said her father was involved in shootouts with gang members, and her mother was held at gun point by robbers while they searched for the drugs in her house. Tina was assaulted by her friend's brother and believes she would not have been assaulted if her mother did not use drugs. Tina's mother's lack of supervision and overall unawareness of her children's welfare contributed to Tina's sexual assault and the continuation of that assault.

Six women said they were sexually assaulted because there was a lack of protection when they were assaulted, whether that be from a parent, sibling, or person in charge of her care. Lillian was 7 years old when she was checking into a hotel room with her parents and an old man dragged her into a nearby closet and sexually assaulted her. Lillian believes that if her parents' paid more attention to her, she would have been protected from the sexual assault.

Many of the women believe they were initially assaulted because of their parents. Similarly, many of the women who were assaulted as a child believe the reason they were revictimized was often related to their parent or guardian. Five women said they were revictimized due to a lack of protection by others, five women said it was because of a lack of family support or awareness. One woman said she was revictimized due to the quality of people her parents' associated with on a daily basis.

Altruistic Reasons

Several women believe they were initially assaulted and revictimized for more altruistic reasons. Four women wanted to protect their parent or another sibling. Kristy was sexually assaulted by her uncle Mark. Mark was afraid Kristy's father would murder him if he found out he assaulted Kristy. Mark told Kristy that if she told anyone (especially her father), he would kill her brothers and sisters before her father was able to kill him. Kristy was worried that her father would kill Mark and go to prison so she never told anyone about the assault. If Kristy had told her father, she likely would not have been revictimized by Mark. This concept that she was protecting her father from prison was likely the reason she was revictimized. Had her father been more stable and less aggressive or violent toward others, she may have been insulated from another victimization.

Circumstances Out of Her Control

A few women believe they were assaulted because of circumstances which were not fully within their control. Linda, who was sexually assaulted on five occasions, believes she was assaulted because she was not observant; she was kicking a can while walking to her car when she was kidnapped and raped at gun point. Another woman believes she was assaulted because she did not follow her instincts. Two women believe they were assaulted because they were in the wrong place at the wrong time and it was an unlucky circumstance.

Previous Assault

Many women stated they were revictimized due to their previous assault. Six women said she was revictimized because of her first victimization; Colleen, who was first assaulted at 2 1/2 years old, said it was because “you look or act vulnerable, you’re scared and intimidated ... easy prey” (Colleen, personal communication, October 2013). Two women said they were revictimized because they were perfect prey. Another woman said she was revictimized because she had a victim mentality.

Linda, who was sexually assaulted on five occasions, believes she was revictimized due to rumors about the previous rape and because she did not tell anyone about that rape. Linda was a teenager when she was raped by a fellow classmate at a dance club. Linda did not tell anyone about the rape. A few months later, she went on a date with another person who was in the same group of friends as the previous assailant. The person she went on the date with also raped Linda. She believes that if she had disclosed her rape to the police, the person she went on a date with would not have raped her.

Linda was not the only one who believed she was revictimized because she did not disclose the assault to anyone; Kim, who was assaulted by her step-father from the age of 5 to age 12, also said she was revictimized because she did not tell anyone about a previous assault. Kim stated if she had “not been assaulted, [she] would have been more aware of mixed messages. [My previous assault] had everything to do with my revictimization” (Kim, personal

communication, September 2013). Lillian, who was dragged into a closet and assaulted at 7 years old, said, “People who are raped are walking wounded” (Lillian, personal communication, July 2013). The previous assault and the damage it does to the woman’s perception of herself leads her to believe she is a victim.

Faulty Beliefs

Faulty beliefs were another reason women believe they were assaulted. Five women stated that a faulty belief was a reason for their assault. Some of these faulty beliefs include: an abusive husband would change, being financially insecure if she were on her own, hope for change, thinking it was deserved, or trusting the abuser. Mia said John was really manipulative and had Mia fully convinced that she deserved it; it was not rape, it was “revenge sex” for Mia dating another man while she and John were on a break (Mia, personal communication, December 2013).

Actions or Attitude

Other women said they were revictimized because of their actions or attitude. Julia, whose teacher made her stay after class because she was “in trouble” and assaulted her, said she was revictimized because of her “screw it” attitude, which put her in risky situations and lead to her sexual assault (Julia, personal communication, April 2013). Karen, whose sexting lead to a fear and delayed reaction of saying no to the perpetrator, said she let the situation go too

far and it was because she did not stand up for herself sooner that she was assaulted. Another woman said it was because she was vulnerable.

Reasons for Non-Revictimization

Positive Social Support

The reasons why the women believe they were not revictimized are somewhat the opposite of the reasons for revictimization. Seven women believe they were not revictimized because of supportive people; eight women believe it was because they went through counseling. Chelsea, who was assaulted three times before she was 11 years old, was able to recover many of her memories while going through counseling. The counselor helped her deal with the emotions in a healthy way, which ultimately reinforced her survivor mentality. Two women, including Stacy, whose physically abusive husband raped her, believe it was because they got divorced from their assaulter. Two women, including Kim, who was assaulted by her step-father from the age of 5 to age 12, believe it was because of faith in God. Five women believe they were not revictimized because they told the police.

Positive Changes in Character

Other women believe they were not assaulted because of changes they made within themselves. Three believe it was because of increased self-esteem; one woman believes it is because she found a reason to care again; four women believe it was because they gained a sense of control.

Three women believe they were not revictimized because they had a change in their attitude: they became stronger, found their voice, and found self-awareness. Three women believe they were not revictimized because they became smarter and able to recognize negative behavior and stay away from it. Karen, whose sexting led to a fear and delayed reaction of saying no to the perpetrator, believes she was not revictimized because “I pay more attention to red flags and know when to stay away from a person now” (Karen, personal communication, December 2013). Heather, who was sexually assaulted by a coworker and three men including a police officer, said she listens to her instincts now and gets out of a situation when she feels uncomfortable.

Saying No to Sexual Advances

One of the reasons women believe they were sexually assaulted was due to their actions, including: dating bad people, drinking, and sexting or sexual promiscuity. Karen was only victimized on one occasion and was able to develop the survivor mentality after her assault. Karen had been sexting Austin the previous night, but no longer wanted to do anything sexual with him. Austin continually kissed Karen and digitally penetrated her even with her refusals and telling him to stop. Karen thought it was her fault and that she provoked the situation and thought it was wrong to stop it when she had previously given him indications that she wanted a physical relationship. Karen learned she can say no to sexual intimacy at any point. This was one of the major reasons Karen was

not revictimized. She learned she can say no to sexual intimacy, even if she thinks she previously promised it to that person.

Transformation from Victim Mentality to Survivor Mentality

A main reason for non-revictimization was a transformation from a victim mentality to a survivor mentality. Eleven women had a victim mentality but then had a transformation into a survivor mentality. The many negative factors lead to a victim mentality unless some other factor intervened and allowed the woman to develop a survivor mentality. Cara, the teenager who was impregnated by her assaulter, had a victim mentality but transitioned to a survivor mentality. Cara said, she “grew up and had more control and was able to think things through” (Cara, personal communication, August 2013). The women who were able to discover the positive consequences of the assault and identify with them were often able to develop survivor mentalities. Because they made this transition from victim to survivor they were not revictimized from their last incident of victimization.

The status of each woman (victim, survivor, or transition) is indicated in Table 4 which begins on the following page. This table also provides information and quotes from each woman which supports the selected status.

Table 4. Victim, Survivor, or Transition Status

Name Classification	REASONS FOR STATUS CLASSIFICATION
Denise Victim	<p>Denise has a victim mentality. Her mother did not believe her which caused her “not to believe herself.” She became “sheltered and withdrawn,” “put herself in situations she shouldn’t have been in,” and “thought the only way to be loved was to act sexually.” She “didn’t feel like she was worth anything,” “felt like an outcast,” and is “withdrawn when it comes to sex.” She entered a physically and sexually abusive marriage and thought “she had made her bed and she needed to lay in it.” She had anger issues and nightmares. Denise had some survivor type thoughts; however, her mentality was indicative of a victim. She believes she has not been revictimized since her divorce because she is smarter, “saw signs of negative behavior,” and “learned to stay away from those people.”</p> <p>(Denise, personal communication, November 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Kasey Victim	<p>Kasey had a victim mentality. She had no thoughts that were indicative of a survivor mentality. She said she felt “unsafe and insecure,” “scared” and angry that she did not prevent the assault. She “was a mess” and was uneasy and had nightmares. Kasey “thinks [the assault] was her fault.” (Kasey, personal communication, May 2013)</p>
Mia Victim	<p>Mia has a victim mentality. She had one positive outcome from the sexual assaults; it inspired her writings. Mia said she is “emotionally numb and distant from [herself]” and cut herself to cope with the trauma. She “lost connection with who she is” and was “fully convinced that [she] deserved it.” She “hated [herself],” became promiscuous then celibate. “I’m not a survivor. I’m a victim. I lost a huge part of me that I’m not going to get back and I’m emotionally damaged from it. I didn’t survive. I dragged myself along.” Mia says she is “pretty much always a victim” and is “not a strong person.” (Mia, personal communication, December 2013).</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Jane Survivor	<p>Jane was sexually assaulted on one occasion where she did her best to stop the situation. She disclosed her assault to family members who positively supported her and made her “feel safe and secure.” Jane went to counseling after the assault, “dealt with anger by using punching bags in therapy,” and began journaling to deal with emotions. She felt unsafe in her own home; however, her parents “took measures to make [her] feel safe.” This has “made her a stronger person” and because she spoke out about the assault it did not happen to her or anyone else again. (Jane, personal communication, April 2013)</p>
Karen Survivor	<p>Karen had some negative aspects from the assault. Initially she ignored it, and thought it was her fault because she provoked the situation. However, Karen’s overall mentality was that of a survivor. She told a friend and “felt at peace about the situation.” She “accepts that it happened and is moving on.” She “learned it is ok to refuse sex if [she wants] to,” and she is “more assertive when it comes to [her] personal space and sexual intimacy.” She pays “more attention to red flags.” (Karen, personal communication, December 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Lara Survivor	<p>Lara experienced some negative aspect of the assault, such as becoming a “little more moody,” distrust in her elders, and not wanting to initiate sex with her husband. However, Lara’s thoughts were overwhelmingly indicative of a survivor mentality. She told her parents who made her feel “protected, loved, and justified” and vindicated with their attempt to punish her grandfather. Lara is “a strong person.” Through the assault, she is “more aware as a parent,” and “more vigilant with [her] own children.” She “came through it very well” and it didn’t affect [her] horribly.” (Lara, personal communication, December 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Stacy Survivor	<p>Stacy’s husband sexually abused her. Stacy emotionally dealt with the assault by “crying, praying, yelling at God, and now I am angry.” Stacy “put on [her] face and went through the motions.”</p> <p>She realized he would not change and began to develop a survivor mentality. Stacy “got brave,” took the initiative and divorced her husband. It took a lot of strength to divorce him when she was not financially stable and had nowhere to live.</p> <p>She is “happier now that [she is] out of her marriage.” (Stacy, personal communication, May 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Samantha Survivor	<p>Samantha had some negative repercussions from the sexual assault. She “lashed out sexually” and became “promiscuous.”</p> <p>Samantha went to counseling and feels she “learned a lot and grew from it.” She has “got the positive out of it and has a successful marriage and is happy where [she is] at in [her] life.</p> <p>She is a “strong person and has a strong relationship with [her] husband.” “I was victimized, but I am not a victim. Being educated, I realize the psychological aspects of people’s actions and personality theories. I think I did not let the assault hold me down, so I consider myself to be a survivor.” (Samantha, personal communication, December 2012)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Betty Transition	<p>Betty began with a victim mentality because she felt “guilty because of the secretiveness of it,” “withdrew from people” as a coping strategy, thought she was “helpless” and that she allowed the assaults. She became a “wild child” at age 14 with drinking and being brought home by the police and had trust issues. Now Betty has a survivor mentality and believes that there are positives that resulted from the assault. Her interview techniques are better, she is a better police officer, and deals with rape victims more effectively. She learned that “no means no” and that she “can control a situation.” People talk to her more easily due to her assault. (Betty, personal communication, August 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Chelsea Transition	<p>Chelsea had a victim mentality with thoughts. She had an irrational fear and distrust of black people and suppressed memories of the incident. She was also promiscuous and rebellious. She developed survivor thoughts after her last victimization. She found positives of her assault including her perpetrator going to jail, becoming closer to her cousins, is a better mom, protects her children better, is more aware of her surroundings, and knows how to stay away from risky situations.</p> <p>(Chelsea, personal communication, December 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Cara Transition	<p>Cara was sexually assaulted on three separate occasions, the last victimization being at age 14. She did not have a victim mentality for several years and was revictimized while she had that victim mentality; however, later in life she developed a survivor mentality and was not assaulted again. Throughout her younger years, she said she became promiscuous, displayed a loss of control in all of her victimizations, she drank often, her trust in family and men was destroyed, and “she felt like [her perpetrator/husband] was taking her parents’ burden away.”</p> <p>Cara said she grew up, had more control in her life, and was able to think things through. Later in life she found positives of the assault, including her two daughters. Her experience has made her who she is today, believes it was a learning experience, and just a chapter in her life. (Cara, personal communication, August 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Heather Transition	<p>Heather's incidents of sexual assault were somewhat less invasive than some of the other participants. From her first assault, she "avoided dealing with the situation, tried to forget about it and pretended it didn't happen." She thought she could have "made more definitive steps toward preventing further sexual assaults," but never took these steps. She developed a survivor mentality and "listens to her instincts" and makes stronger actions toward preventing assaults. She is "moving on and moving past it," and she "doesn't dwell on it and got over it."</p> <p>(Heather, personal communication, May 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Colleen Transition	<p>Colleen had a victim mentality in which she was introverted, angry, sheltered, had a general lack of trust, was sad and withdrawn, had nightmares, went to juvenile detention, became a daily drinker, cocaine user and seller, put herself in risky situations, had sexual remission, and low self-esteem. Colleen met her husband who saved her and made her detox. She developed a survivor mentality and received counseling, became the head of survivor groups, learned to defend herself, became a fighter, decided “enough is enough,” felt victorious and conquered, and is a “better and stronger person.” (Colleen, personal communication, October 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Julia Transition	<p>Julia had a victim mentality from her sexual assault. She was “angry, got into fights at school, was verbally and physically abusive to [her] sister, and developed an utter disregard for authority.” She felt guilty, drank to get drunk, used drugs, put herself in risky situations and risky sexual situations. She “would just fuck anybody,” and had nightmares. She got counseling which helped lessen her anger issues and she was no longer throwing knives at her sister. Though she had counseling for her anger issues when she was younger, she was assaulted later in life. She was using drugs and alcohol, went home from a bar with someone she did not know, blamed herself, thought “it’s not gonna happen again,” had nightmares and felt numb. Julia met her husband and everything changed. She properly dealt with the rape when she got “married, went to counseling, and developed a relationship with Christ”. She no longer blames herself. Because of her husband, she “found a reason to care again.” (Julia, personal communication, April 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Kelsey Transition	<p>Kelsey had some negative aspects of the assault, such as being afraid, embarrassed, distrust of men, nightmares, and she felt dirty. She began drinking which put her in risky situations.</p> <p>However, Kelsey developed a survivor mentality. Kelsey disclosed the incident to her mother, who was compassionate and understanding. Kelsey fought back against her assailant and placed the blame on the assailant. "It was his illness and his problem, not mine." Kelsey's attitude changed. She "became stronger, found [her] voice, no longer puts [herself] in bad situations, and knows how to get out of them when [she] does end up in a bad situation." She can now "teach kids to be safe." and stay away from vices." (Kelsey, personal communication, August 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Kim Transition	<p>Kim “became an overachiever, was controlling, developed an eating disorder, had an addictive personality and was prudish.”</p> <p>Kim thought it was her fault for “allowing it to happen and being delusional enough to think I could have stopped it.” She experimented with drugs and alcohol which put her in risky situations. Kim developed the motto, “wine me, dine me, but your never gonna find me.” Kim went to counseling and developed a survivor mentality. The assault “made me who I am today.” It is „why [she] writes and why [she] has a ministry.” “I am a victor. I was a victim. Not anymore. Otherwise, Christ’s death is in vain.” “I am a thriver and a survivor.” (Kim, personal communication, September 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Kristy Transition	<p>Kristy became numb and felt powerless. She had a “get it done and get it over with” attitude when she was being assaulted. Her “drinking and drug use put [her] in risky situations.” She felt “like a no-body” and thought “nobody cared so why should I.” She thought she was “perfect prey” and was “vulnerable.” When she became pregnant, she took the risk to protect herself and her child by leaving her husband and moving across country. She is “blessed and fortunate” and says “I am a survivor.” (Kristy, personal communication, May 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Lillian Transition	<p>Due to the assault, Lillian began “overeating, became shy, introverted, afraid of the world, and scared” and her “self-worth was damaged.” Lillian became “boy crazy at an inappropriate age” and promiscuous because she “liked the power [she] held over other boys who would become interested and [she] could get things from them. She lacks the ability to regulate her emotions and stated “people who are raped are walking wounded.” Lillian developed a survivor mentality. She says, “I am alive and well.” Lillian is a teacher and believes she can determine if abuse is occurring with other girls. Lillian worked at a victim hotline and met a friend who had been sexually assaulted as well. They began going to different counseling opportunities. Lillian is now more patient, understanding, and relates to people better. She has processed the incident and has moved forward. She has “become a success;” she has her “Master’s Degree, a house, two children, and 2 grandchildren.”</p> <p>(Lillian, personal communication, July 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Linda Transition	<p>Due to the assault, Linda developed a victim mentality. She was “insecure,” had “low self-esteem,” and was “the loser” in school. She became “promiscuous” and began “using some time of substance every day,” which put her in “dangerous situations with people who could potentially attack her.” Her husband told her, “Rape is no big deal; everybody gets raped.” Linda divorced him. Now Linda is a victim’s advocate and has the “ability to teach others about ways to protect yourself from sexual assault.” She has “increased participation in religion” and actively participates in her own safety. Linda began counseling, then became a rape crisis counselor, then began talking in high schools about her experience. “The more I talked about my sexual assaults, the less power it had over me.” Through counseling, she learned “real self-confidence,” a “sense of real control,” and “increased self-esteem.” (Linda, personal communication, February 2013)</p>

Name Classification	REASONS FOR STATUS CLASSIFICATION
Tina Transition	<p>Tina had a “very unstable childhood” and she “generally has problems remembering much of [her] childhood.” Because of the assault, she felt “dirty” and “gross,” “avoids trusting people,” and had “numerous sex partners.” Tina went through counseling, which helped her place the blame on the assailant, she no longer feels guilt, and now considers herself a survivor. She “got through it.” Tina is also very proud of the fact that she is “the only one in the family that resisted drugs and alcohol.” (Tina, personal communication, April 2013)</p>

CHAPTER FIVE

DISCUSSION AND CONCLUSION

Discussion

The purpose of this study is to obtain in-depth interviews and ferret out central themes of how outside factors affected the victim herself, how these aspects influenced her perception of herself, and which factors she believes had the most significant impact on her revictimization or non-revictimized. The present study suggests that the overall attitudes and behaviors of a sexual assault victim determines whether she views herself as a victim or survivor which significantly impacts the likelihood of her revictimization. Previous research demonstrates that various characteristics associated with a woman viewing herself as a victim predispose her to revictimization; whereas the characteristics associated with a woman viewing herself as a survivor insulate her from revictimization.

The findings of the interviews with the 20 women are consistent with the findings in the research discussed in the literature review section and shed an important light on the two research questions which are directly related to the relationship between revictimization and victim/survivor status. 1) Is a woman with a survivor mentality of her sexual assault protected from revictimization? 2) Is a woman with a victim mentality of her sexual assault vulnerable to revictimization?

The first research question is related to the survivor mentality and if it protects the woman from being revictimized. The results of this research suggest that a survivor mentality does protect the woman from revictimization. A woman with a survivor mentality takes control of the circumstances of her life, creates a meaning out of her experiences, participates in her own healing, has hope, and is equipped with choice. None of the women who had a survivor mentality were revictimized. All 17 of the women with a survivor mentality (including those who transformed from a victim mentality) were not revictimized. Sixteen women had a victim mentality and were revictimized; however, the majority of women developed survivor thoughts and were not revictimized after they embraced a survivor mentality. Even though a woman may have had a victim mentality and was revictimized, the study showed that a change in the thought process is possible after the revictimization. A woman was often able to embrace a survivor mentality and was then not revictimized after that change in mentality.

The second research question is related to the victim mentality and if it makes the woman become vulnerable to revictimization. The results of this research suggest that a victim mentality does make a woman more vulnerable to revictimization. There were numerous positive consequences as a result of being sexually assaulted; however, there were significantly more negative consequences. These negative consequences often had a more profound effect on the woman. A woman with a victim mentality allows things to happen to her, is powerless, hopeless, passive, has a lack of agency in the circumstances of her

life, and/or feels worthless. Three women who had a victim mentality were not revictimized and 27 revictimizations occurred among the women when they had victim mentalities. Three of the women had a victim mentality at the time of the interview but had not been recently revictimized. Cara had a circumstance that set her apart from the other women. Cara had a victim mentality after she was sexually assaulted when she was young. Cara grew up and became more mature before she was assaulted again and in her adulthood developed more control and ability to think things through. Although she had a victim mentality and was not assaulted, she developed a survivor mentality later on in life and she was protected from revictimization. Denise, who was sexually assaulted by her step-father and raped by her husband, described herself as “still here” and lacked agency in her own circumstances in her life. Mia, another person with a victim mentality, said she has not been careful and is not sure why she hasn’t been sexually assaulted again; however, it may be because she has not gone on any dates in the last year. Kasey was the other woman with a victim mentality that had not been revictimized; however, I interviewed her only a few weeks after her most recent victimization.

Conclusion

Previous research had studied revictimization and one specific other factor; however, none of the research did a comprehensive study involving all of the factors included in this study and how that leads to a woman’s perception of

herself whether it is as a survivor or as a victim. Additionally, previous research did not connect how a victim mentality or a survivor mentality affected whether or not a woman was revictimized.

The purpose of the study was to fill in the gap where research was lacking. This study explored the important combined factors that are common in women who have experienced revictimization and how she views herself as a victim or a survivor. The following factors were used to gain a better understanding of a woman's victim mentality or survivor mentality: social support, self-blame, social reactions, substance use, alcohol use, risk taking behavior, risky sexual behavior, acknowledgment status, PTSD symptoms, and coping strategies. I conducted 20 interviews with 20 women who have previously been raped or sexually assaulted on one or more than one occasion.

All of the women had negative consequences of the assault, such as low self-esteem, promiscuity, sexual remission, insecurity, and self-blame. In general, these negative consequences lead to a victim mentality. Some women were able to find positive consequences resulting from the sexual assault, such as becoming a better mother, being more aware of her surroundings, or they were able to keep others from getting assaulted or helping them through it if they were assaulted. The ability to find positive consequences allowed many women to develop a survivor mentality. The women with a victim mentality were revictimized and the women with a survivor mentality were not revictimized. This

research suggests that a survivor mentality protects a woman from revictimization and a victim mentality makes her vulnerable to revictimization.

Because of the rather small sample size, the information was able to be managed and analyzed by me. With a larger sample of participants and the many variables, it might be advantageous for future researchers to explore the use of the many options available today for qualitative research and analysis, such as The SAGE Qualitative Research Kit. The fact that the present research sample was small made the need for such a tool not as critical.

This research largely fills the void in current research, which was lacking a connection between the various factors leading to revictimization. However, future research should continue to be done in the area of survivor and victim mentality. This is a qualitative study where I conducted in-depth interviews with a small sample size. This area of study would benefit from having a quantitative research study conducted with a significant participant pool.

A pathways study on the victim's transition from victim to survivor would be extremely insightful into the reasons why a woman transitions into a survivor mentality. Another beneficial area of research would be for male victims of sexual assault, how a victim or survivor mentality affects them, and if the victim or survivor mentality leads to revictimization or becoming a perpetrator.

Based on the information discovered through the interviews and analysis, many programs and policies can be developed to prevent or lessen the amount of revictimization that occurs. Early counseling for women who have been

victimized would be beneficial in decreasing revictimization as it can lead women to adapting a survivor mentality rather than a victim mentality.

Discussions with elementary age children about appropriate touching from adults would likely teach children what is and what is not appropriate. If children are victimized at a young age, they may begin to normalize inappropriate touching by adults. Chelsea, who was assaulted three times before she was 11 years old, played with her Barbie dolls and made them act out sex scenes. These types of behaviors display a concept that normalizes sex at a young age. Parents and/or schools should discuss appropriate and inappropriate touching. It could create an opportunity for a child to understand that a relationship is not appropriate and want to speak out about that relationship. It could also prevent a child from being sexually assaulted through them learning that certain touching is inappropriate. Early discussion has the potential to help a child from being sexually assaulted, but it also has the potential to help a child from becoming a perpetrator later on in life. The early discussion could also prevent children from learning bad behaviors from role models in their lives. Children may witness sexual, physical, or emotional abuse on a daily basis and they may begin to perceive it as acceptable behavior. Once those behaviors are accepted they may adapt those unacceptable behaviors for themselves. Discussing appropriate touching and appropriate behavior toward others could prevent a child from becoming a perpetrator.

Support systems or groups, especially a group where the woman could remain anonymous and feel safe in sharing her feelings, should be created to help women develop a survivor mentality. These support systems should have the same rules of confidentiality and acceptance as Alcoholics Anonymous or Narcotics Anonymous.

Self-defense classes where women are taught how to walk and talk and act with confidence should be implemented in schools or after school programs. If women learn how to walk and talk with confidence, they will not look like prey to a predator and it will decrease the number of women who are revictimized.

Sexual assault service programs often have advocates who arrive at the hospital after a woman is raped or sexually assaulted. The sexual assault service programs should focus on spending more time with the women who were assaulted and providing counseling services more quickly to help the women develop the survivor mentality sooner rather than later. Every day a woman has a victim mentality is another day she is more likely to be revictimized.

Though this research focuses on the person who was sexually assaulted, there are policy implications that can be drawn, which focus on the perpetrator. Related to the previous suggestion of discussing appropriate touching, classes could be given to grade level students where they discuss appropriate types of behavior in relationships and when a relationship is not a healthy relationship and how to end unhealthy relationships. Often children develop behaviors from observing their parents' relationships and adapting those behaviors for

themselves. If we are able to educate people (for this particular study, it is males), how to treat their significant other and/or women in general, it may prevent a person from adapting unhealthy behaviors.

In addition to preventing perpetrators, implications can be drawn for perpetrators who have already been arrested and sentenced as perpetrators. Though it would be ideal, it is unrealistic to believe that all perpetrators can change their ways. However, it is realistic to believe that some perpetrators can change their ways. If one perpetrator changes his ways and does not assault again, the program would be successful. Perpetrators that have been sentence should be required to attend classes that educate them on how to treat others, deal with anger management, and divert the urge to commit sexual assault into a different, healthier behavior. For those perpetrators that continually sexually assault others, there should be harsher prison sentences and more significant restitution requirements.

In recent months, California has passed a bill which attempts to combat the significant amount of sexual assaults that occur on college campuses. It is often referred to as the "Yes Means Yes" bill. This law affects college state funding and will not allow the college to receive state funds if they do not adhere to these new policy implications. It changes the definition of sexual consent to require "an affirmative, conscious, and voluntary agreement to engage in sexual activity" by all persons involved (Student Safety: Sexual Assault of 2014). The policy states that the complainant cannot consent if he/she is asleep or unconscious, under

the influence of drugs, alcohol, or medication, or is unable to communicate due to a mental or physical condition. Additionally, the standard for determining guilt of the accused is the preponderance of the evidence which is a lower level of certainty than beyond a reasonable doubt (the standard for determining guilt in a court of law). Though this bill has negative and positive aspects, it demonstrates that the public and lawmakers are aware of the ongoing issue and prevalence of sexual assault in our community and are making an effort to effect positive change (Student Safety: Sexual Assault of 2014).

APPENDIX A
DEMOGRAPHIC SURVEY

DEMOGRAPHIC SURVEY

1. Age? _____
2. Race/Ethnicity
 - a. American Indian
 - b. Asian
 - c. Black
 - d. Hispanic
 - e. Pacific Islander
 - f. White
 - g. Other
3. Level of Education
 - Some High School
 - GED
 - High School Graduate
 - Some College
 - Associate Degree
 - Bachelor's Degree
 - Multiple Bachelor's Degrees
 - Some Graduate School
 - Master's Degree
 - Multiple Master's Degrees
 - Some Post-Graduate School
 - Doctorate Degree
4. Occupation? _____
5. Yearly Income (approximate)? _____
6. Year of Graduation from Highest Level of Education? _____
7. Current Marital Status
 - a. Married
 - b. Single
 - c. Divorced
 - d. Separated
8. Number of Children? _____

9. Religion

- a. Catholic
- b. Christian
- c. Hindu
- d. Jewish
- e. Muslim
- f. Other _____

Developed by Shelby Nicole Swanson

APPENDIX B
INTERVIEW QUESTIONS

INTERVIEW QUESTIONS

This interview is going to focus on your experiences of sexual assault. If you have had more than one experience of sexual assault, I am going to ask you to think back in history and answer the questions according to that time frame.

1. At what age did your first experience of sexual assault occur?
2. How old was the perpetrator?
3. Can you describe your first experience of sexual assault?

The next four questions are going to focus on the people you told about the sexual assault, their reactions, and how it affected you.

4. Whom did you disclose this assault to and how soon after the assault did you report it?
 - a) If you did not report it to anyone, why not?
5. What types of people did you tell? Friends, family, police, rape crisis centers?
6. How did those you told react to your disclosure?
7. In what ways did each of their reactions affect you? If it was a positive reaction, how did it help you? If it was a negative reaction, how did it impact you?

The next four questions are going to focus on the way you emotionally dealt with the sexual assault.

8. What types of ways did you deal with your first sexual assault?
9. Do you feel there is anything that could have been done that may have made you less likely a target for sexual assault?
10. Thinking back, is there anything you believe you could have done to prevent the assault?
11. Initially, who did you think was responsible for the assault? Has that changed for you today?

The next five questions are going to focus on the types of activities you participated in before and after the sexual assault.

12. Did you drink alcohol or use substances prior to your first sexual assault?

a) If so, approximately how much did you consume? How often?

13. Did you drink alcohol after your first sexual assault? Substance use?

a) If so, how much did you consume? How often?

b) Has your drinking or substance use put you in risky situations?

c) In what ways has drinking/substance use impacted your behavior?

d) In what ways has drinking/substance use impacted your self-perception?

14. Did your personal behavior remain the same as prior to your first sexual assault or did it change? What is your typical behavior?

15. After your first sexual victimization, did you intend on drinking heavily? Engaging in sexual behavior? Participate in activities involving exposure to potential perpetrators?

16. How has being a victim of sexual assault impacted your sexual behavior?

The next four questions are focused on the psychological aspects of sexual assault.

17. Do you have nightmares about being victimized? How often?

18. Do you avoid doing certain things because of your victimization? If so, please describe the things you avoid and the reasons for avoiding them.

19. What is the most detrimental aspect of your sexual assault?

20. Has anything positive resulted from your sexual assault?

The next few questions are general questions about the ways you perceive yourself in relation to the sexual assault.

- 21 . Do you consider yourself a victim of sexual assault? Why?
- 22 . Do you consider yourself a survivor of sexual assault? Why?
- 23 . After your first experience of sexual assault, did you experience a second sexual assault?
- 24 . What do you think was an important factor in being revictimized or not being revictimized?
- 25 . Can you describe your second experience of sexual assault?
- 26 . If there were following incidents of sexual assault, ask questions 4 through 20 again.

Developed by Shelby Nicole Swanson

APPENDIX C
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate sexual assault and your experiences before and after the sexual assault. This study is being conducted by Shelby Nicole Swanson under the supervision of Prof. Deborah Parsons, Professor of Criminal Justice, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of the research is to understand what happened before and after you were sexually assaulted and how the sexual assault has affected you.

DESCRIPTION: I will ask you about your experience of sexual assault and numerous questions about the way people reacted to your sexual assault, how it affected the things you do, and how it affected you emotionally.

PARTICIPATION: Participation is completely voluntary. If you do not want to participate, you do not need to participate. You can skip any questions you do not want to answer. You can stop the interview at any time if you do not want to continue.

CONFIDENTIALITY: Participation in the interview is confidential; however the interview will be in a secluded yet public area. Eavesdropping by others in the area is a possibility, but at any time you may pause the interview. The researcher will not use your real name in the research. The voice recording of the interview and the notes taken during the interview will be kept in a locked safe. The tapes and notes taken during the interview will be shredded and discarded in separate trash bins one year after the research is completed. The interview will only be recorded if you allow a voice recorder.

DURATION: The interview will last approximately one to two hours.

RISKS: You may experience strong emotions and need professional counseling because of the traumatic events discussed. A contact list with the addresses and phone numbers of counselors and rape crisis centers has been provided. If necessary, these professionals are available to help you at this time.

BENEFITS: Although discussing an experience of sexual assault can be risky, it also has a potential benefit of allowing the participant to gain a sense of purpose in helping others through participating in the research. Another benefit of participating in the research is telling their story, which can alleviate the damage done by the attacker. Society may also benefit from the knowledge gained because the ability to predict revictimization will increase substantially, as will the ability to protect women from revictimization.

AUDIO: I understand that this research will be audio recorded as a note-taking device for the researcher's use only. The audio recording will be destroyed after completion of the thesis. At no time will your name be used with the audio recording. Initials_____

CONTACT: If you have any questions about the research or your rights as a participant, you can contact Deborah Parsons, Professor of Criminal Justice at CSUSB, at (909) 537-7364 or parsons@csusb.edu. If you need to talk to a professional on sexual assault, you can contact the Sexual Assault Services, Yucaipa at (909) 790-9374 or a 24-hour hotline at (800) 656-4673.

RESULTS: You can obtain the results of the research at CSUSB; Department of Criminal Justice 5500 University Parkway, San Bernardino, CA 92407 or phone at (909) 537-5506.

Signature: _____ Date: _____

APPENDIX D
EMERGENCY CONTACT LIST

EMERGENCY CONTACT LIST

Sexual Assault Services, Yucaipa
34282 Yucaipa Boulevard
Yucaipa, CA 92399
(909) 790-9374

24-hour hotline
(800) 656-4673

Redlands Sexual Assault Services: Counseling and Services
30 Cajon St.
Redlands, CA 92373
(909) 335-8777

San Bernardino Sexual Assault
444 N Arrowhead Ave # 101
San Bernardino, CA 92401-1444
(909) 885-8884

Morongo Basin Sexual Assault
57380 29 Palms Hwy,
Yucca Valley, CA 92284
(760) 369-3353

National Toll-Free RAINN (Rape, Abuse, Incest National Network)
1-800-656-4673

APPENDIX E
INSTITUTIONAL REVIEW BOARD APPROVAL

INSTITUTIONAL REVIEW BOARD APPROVAL



Academic Affairs
Office of Academic Research • Institutional Review Board

Ms. Shelby Swanson
c/o: Prof. Deborah Parsons
Department of Criminal Justice
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

CSUSB
INSTITUTIONAL
REVIEW BOARD
Full Board Review
IRB# 12008
Status
APPROVED

Dear Ms. Swanson:

Your application to use human subjects, titled "Women as Victims or Survivors" has been reviewed and approved by the Institutional Review Board (IRB). The attached informed consent document has been stamped and signed by the IRB chairperson. All subsequent copies used must be this officially approved version. A change in your informed consent (no matter how minor the change) requires resubmission of your protocol as amended. **Your application is approved for one year from December 14, 2012 through December 13, 2013. One month prior to the approval end date you need to file for a renewal if you have not completed your research. See additional requirements (Items 1 – 4) of your approval below.**

Your responsibilities as the researcher/investigator reporting to the IRB Committee include the following 4 requirements as mandated by the Code of Federal Regulations 45 CFR 46 listed below. Please note that the protocol change form and renewal form are located on the IRB website under the forms menu. Failure to notify the IRB of the above may result in disciplinary action. You are required to keep copies of the informed consent forms and data for at least three years.

- 1) **Submit a protocol change form if any changes (no matter how minor) are made in your research prospectus/protocol for review and approval of the IRB before implemented in your research.**
- 2) **If any unanticipated/adverse events are experienced by subjects during your research,**
- 3) **Too renew your protocol one month prior to the protocols end date,**
- 4) **When your project has ended by emailing the IRB Coordinator/Compliance Analyst.**

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, IRB Compliance Coordinator. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Sharon A. Ward, Ph.D.
Sharon Ward, Ph.D., Chair
Institutional Review Board

SW/mg

cc: Prof. Deborah Parsons, Department of Criminal Justice

INFORMED CONSENT

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RESULTS: You can obtain the results of the research at CSUSB; Department of Criminal Justice 5500 University Parkway, San Bernardino, CA 92407 or phone at (909) 537-5506.

Signature: _____ Date: 9/25/12

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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