

SELF BLAME IN SEXUAL ASSAULT SURVIVORS AND ATTRIBUTIONS  
TO OTHER SEXUAL ASSAULT SURVIVORS

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Previous research indicates that survivors of sexual assault often blame themselves for the assault. Research has also shown that people blame the perpetrator in some situations and the survivor in other situations involving sexual assault. The purpose of this study was to discover if survivors of sexual assault who blame themselves tend to blame other survivors (survivor blame) in situations different from their own. Another purpose was to assess whether or not sexual assault survivors who do not blame themselves for their attack tend to blame other survivors. The participants' attributional style was also assessed in order to understand the relations between self-blame and survivor blame in situations involving sexual assault. Findings indicated that certain types of attributional style are related to self-blame in sexual assault survivors and blame toward sexual assault survivors depicted in vignettes. This indicates that attributional style may have important implications in the clinical setting to aid sexual assault survivors who experience self-blame, as well in educating society about sexual assault and the ultimate responsibility of perpetrators.

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## CHAPTER 1

### INTRODUCTION

Sexual assault is defined in the literature as nonconsensual sexual activity obtained through coercion, force, or threat of force (Cwik, 1996). The terms rape and sexual assault are often used interchangeably in the literature (Cwik, 1996). The current study uses the term sexual assault, however the term rape is also applicable. The prevalence rate of sexual assault in the United States, especially on college campuses, is staggering, initiating many studies in this area. Among these studies, several have focused on whether a person will attribute blame to the survivor or the perpetrator when reading different sexual assault vignettes. These studies have also focused on numerous variables that could impact whether a person blames the survivor or the perpetrator when reading a vignette that depicts a sexual assault. The present study will explore how sexual assault survivors who blame themselves for their assault differ from survivors who do not blame themselves. Differences will be examined in their attributions of blame to other survivors and in their attributional styles.

The present paper first discusses the prevalence of sexual assault in both females and males. Next survivor blame in instances of sexual assault is discussed. Then, multiple predictors of survivor blame is explored including: gender, gender roles, gender hostility, perceived vulnerability, the use of alcohol or drugs, perceived characteristics about the sexual assault survivor, the survivor's relationship to the assailant, belief in a just world (just world hypothesis), empathy, and the acceptance of rape myths. Next, self-blame in sexual assault survivors is discussed. Then an explanation of attributional style will be discussed and the Attributional Style

Questionnaire is presented. The present study's methodology is then detailed, followed by the findings. Finally, the results of the study are provided evaluating attributional style and survivor blame in college students with and without a history of sexual assault. Among the participants with a history of sexual assault, self-blame is also examined.

### Prevalence of Sexual Assault

The National Crime Victimization Survey (NCVS) (2008) reported that 10 out of every 1000 people (1%) over the age of 12 in the United States were victims of sexual assault in 2007. They used face-to-face interviews with persons over the age of 12 who have and have not reported crimes to law enforcement to compile their data. It is reasonable to consider that not all people who have experienced a sexual assault would feel comfortable revealing that they had been sexually assaulted in an interview, especially if they did not previously report this. Therefore, these observations may be lower than what is actually occurring. However, the NCVS has observed a steady decrease in crime rates including sexual assaults over the last several years. From 1998-2007, sexual assault decreased 33.3%. The Federal Bureau of Investigations (FBI) has observed a similar trend in the amount of forcible sexual assaults reported over the years. They observed a 14% decrease in the forcible sexual assault rate from the years of 1997 to 2006.

Basile, Black, Chen, and Saltzman (2007) point out that surveys administered by organizations such as the NCVS and FBI use the word "rape" in their questions, and that many people will not identify their sexual assault experience with the word "rape,"



particularly when they know their attacker. Their study for the Center for Disease Control (CDC), that took place between 2001-2003, found that one in 15 adults in the United States have been sexually assaulted during their lifetime. Their findings indicate that rates of sexual violence have remained steady since 1990. Casey and Nurius (2006) found that the lifetime prevalence of sexual assault has not significantly changed for women between the ages of 20 and 50 and that sexual victimization has decreased in children, but increased in adolescents. They also found that sexual assault survivors are seeking help more than in the past.

### *Prevalence in Men*

Less research has been conducted on the prevalence of sexual assault against males in the general population. However, some studies have shown that approximately 3-10% of sexual assault survivors are male (Tjaden & Thoennes, 2000; Kassing & Prieto, 2003; Pino & Meier, 1999). These prevalence rates are likely inaccurate however, because current research indicates that males who are survivors of a sexual assault are very unlikely to report the assault, due to fears about not being believed and the fear of having their sexuality called into question (Tewksbury, 2007). According to Davies (2002), the prevalence rates of male sexual assault are extremely difficult to calculate, because although sexual assault against males is relatively common, very few male sexual assaults are found in police files or other official records. Elliott, Mok, and Briere (2004) found that prevalence rates were lower for men (3.8%) than women (22%) in the general population. Basile et al. (2007) found that 2.1% of men in the United States have been sexually assaulted. Because males are unlikely to report their

assaults via currently available assessment tools and appear to be less likely to be survivors of a sexual assault, the present study focused exclusively on female survivors of sexual assault.

### *Prevalence in Women*

According to Buchwald, Fletcher and Roth (1993), approximately 600,000 sexual assaults occur each year. However, according to Hill and Fischer (2001), the correct number is closer to 1,200,000 due to survivors not reporting assaults. A study by Kilpatrick, Edmunds, and Seymour (1992) indicated that 1 in 8 women in the United States have been sexual assaulted. More recently, Elliott, Mok, and Briere (2004) found that 22% of women in the general population reported a history of sexual assault. Basile et al. (2007) found that 10.6% of women in the United States have been sexually assaulted. The disparate estimates presented in the literature may be due to differences in the samples, differences in definitions of sexual assault (broad or narrow), and differences in the methods used to collect data (anonymous or not).

### *Prevalence in College Women*

Koss, Gidycz, and Wisniewski (1987) conducted one of the most thorough studies on the prevalence rates of sexual assault. They focused on college students because they considered this group at “high risk” for experiencing sexual assault. They collected self-report questionnaires from 6,159 students at 32 United States colleges. Of the students surveyed, 3,187 were women and 2,972 were men. They found that 53.7% of the women had experienced some form of sexual victimization and 27.5% of

women reported being the survivor of an attempted (12.1 %) or a completed sexual assault (15.4%). Of the men surveyed, 25.1% indicated that they had been involved in some form of sexual aggression. The study also examined the incidence of sexual aggression or victimization occurring in a 12 month period. They found that 207 women out of the 3,187 (6.5%) had been involved in 353 incidents of sexual assault in one year.

The United States Department of Justice, published a report that specifically addressed the sexual victimization of college women (Fisher, Cullen, & Turner, 2000). This report published data from research conducted in the spring of 1997. The researchers surveyed 4,446 college women across the nation in randomly selected colleges and universities. The women were asked to report sexual assault they had experienced since the beginning of the fall 1996 semester (during a 7 month period). The study found 2.8 percent (1 in 36 students) had experienced an attempted or completed sexual assault. Because the time period the participants were asked about was a little over half a year, the researchers estimated that 5% of college females are assaulted each year. The researchers pointed out that during the course of a 4-5 year college career completed and attempted sexual assaults of women could be as high as 20-25%.

### Survivor Blame in Instances of Sexual Assault

It is not uncommon for survivors of a sexual assault to be blamed by others for the assault. This is sometimes referred to as “secondary victimization” (Feldman, Ullman, & Dunkel-Schetter, 1998). Survivors are most often blamed in instances of date

rape, or when the sexual assault survivor knew her attacker (Cowan, 2000). The fear of the reactions of others toward the sexual assault survivor can cause them to not tell anyone about the incident or wait longer to report it (Hensley, 2002). Ahrens and Campbell (2000) found that this is more prevalent in acquaintance rape survivors than in stranger rape survivors. They found that survivors of acquaintance rape did not tell anyone about the incident for an average of 7 months after it occurred.

### *Predictors of Survivor Blame*

Previous studies have examined possible predictors of survivor blame regarding sexual assault. Possible predictors that have been found contribute to survivor blame are: gender, gender roles, gender hostility, perceived vulnerability, the use of alcohol or drugs, perceived characteristics about the sexual assault survivor, the survivor's relationship to the assailant, belief in a just world (just world hypothesis), empathy, and the acceptance of rape myths. These factors will be discussed separately below.

### *Gender and Gender Roles*

Research has found that gender and gender roles can play a role in the blaming of survivors in a sexual assault scenario. Anderson and Lyons (2005) found that men blamed the survivor in a sexual assault scenario more than women did. They also found that gender roles played a role in men blaming the survivors, because the men endorsed more traditional gender roles than the females did. Other studies (Frese, Moya, & Megías, 2004; Newcombe, Van Den Eynde, Hafner, & Jolly, 2008) have found no differences in victim blaming between genders.

Howard (1984) found that that across various types of sexual assault situations; participants blamed female survivors more than male survivors. She also found that participants attributed blame related to the females' character, whereas for male survivors, they attributed blame to behavior.

Luddy and Thompson (1997) found that traditional gender ideas correlated with survivor blame in sexual assault scenarios in a study with college males and their fathers. Surprisingly there were not significant differences in survivor blame across the different generations. The differences occurred between the participants who endorsed traditional masculine roles and those who did not. The males who endorsed more traditional masculine roles blamed the survivor in sexual assault scenarios more than the males who did not endorse traditional gender roles as much.

Simonson and Subich (1999) surveyed 105 men and 114 women. They administered several measures, including the Sex-Role Egalitarianism Scale (SRES; Beere, King, Beere & King, 1984) and scenarios depicting sexual assault. Sex-role egalitarianism is defined as "an attitude that causes one to view another individual independently of the other individual's sex" (Beere et al., 1984). Simonson and Subich found that participants who held less traditional gender-role stereotypes (had higher egalitarian gender-role beliefs) perceived sexual assault scenarios they read as more serious and did not blame the survivor of the assaults as much as those who had more traditional gender-role stereotypes (had lower egalitarian gender-role beliefs).

Sexism can be defined as gender role ideation that views women in ways that are unequal to men; thus "traditional" gender roles are considered sexist. Evaluating sexism as a predictor for survivor blame in sexual assault scenarios, Viki and Abrams

(2002) found that women who violated traditional gender role expectations in sexual assault scenarios were blamed more often than women who did not. Similarly, Abrams, Viki, Masser and Bohner (2003) discovered that men who had higher levels of sexism were more likely to blame the survivor in a sexual assault scenario. They also discovered that the type of sexism mediated the men's levels of blame in differing scenarios. For example, Men who were higher in benevolent sexism (e.g., Believing that women should not need to lift heavy objects, because they are weak) blamed sexual assault survivors more in acquaintance rape scenarios, whereas men who were higher in hostile sexism (e.g., Believing that women should not work outside of the home, because they are not as intelligent as men) tended to blame sexual assault survivors more in stranger rape scenarios.

#### *Women's Hostility Toward Women*

Despite the gender differences described above, Cowan (2000) found women often blame other women who are survivors of sexual assaults. Some women have negative stereotypes and hostility toward other women. These women often hold beliefs such as, sexual assault is a result of men's sexual desires and drives, sexual assault survivors cause sexual assaults and harassment to occur, and rapist's actions are due to mental illness. Cowan (2000) found that women who blame sexual assault survivors seem to dislike or distrust women in general.

#### *Perceived Vulnerability*

Some studies suggest that perceived vulnerability may cause survivor blame

(Dunkel-Schetter & Wortman, 1981; Wortman & Dunkel-Schetter, 1979). By blaming survivors in situations that make a person feel vulnerable, they are theoretically able to decrease their feelings of vulnerability. Feldman, Ullman, and Dunkel-Schetter (1998) tested the hypothesis that college women who experienced perceived vulnerability to sexual assault would blame a survivor when encountering a sexual assault scenario, in order to relieve their feelings of perceived vulnerability. The 128 college female participants read about the statistics of sexual assault and read that someone they know well or that they themselves could become a survivor of sexual assault. The participants then indicated the amount of blame toward a survivor after hearing a tape describing the circumstances surrounding a sexual assault. This study showed that higher levels of perceived vulnerability were linked to higher levels of support toward the sexual assault survivors, and that there was not a direct or indirect relationship between perceived vulnerability and survivor blame. Given the lack of empirical support for this theory to date, the present study will not manipulate vulnerability. Rather, actual sexual assault survivors' feelings of self-blame will be evaluated in relation to how they attribute blame to other survivors of sexual assault. Also, similar attributions by women who have no history of sexual assault will be evaluated for comparison purposes.

### *The Use of Alcohol and/or Drugs*

A small number of studies have found that when sexual assault survivors are portrayed as intoxicated (through drugs or alcohol) in sexual assault scenarios, they are perceived as more responsible for the occurrence of the assault than in scenarios in which survivors were portrayed as sober. Paradoxically, less blame is attributed to an

assailant when he is intoxicated (Angelone, Mitchell, & Pilafova, 2007; Castello, Coomer, Stillwell, & Cate, 2006; Hammock & Richardson, 1997; Norris & Cubbins, 1992; Richardson & Campbell, 1982; Sims, Noel, & Maisto, 2007).

Angelone, Mitchell, and Pilafova (2007) found that participants were less likely to attribute blame to sexual assault survivors in scenarios when they were unknowingly given drugs or alcohol, than those survivors who chose to use drugs or alcohol. Norris and Cubbins (1992) found that the use of alcohol by the assailant and the sexual assault survivor, by the survivor alone, and by the assailant alone all led participants in their study to interpret sexual assault scenarios as not constituting sexual assault *per se*. They found that the scenario that depicted use of alcohol by both the assailant and the sexual assault survivor was significantly less likely to be perceived as a sexual assault by participants than the other scenarios. Castello, Coomer, Stillwell, and Cate (2006) had similar findings in their study in which participants read scenarios depicting an acquaintance rape involving the drug, Ecstasy. They found that when both the assailant and the survivor had taken Ecstasy in a scenario, more blame was attributed to the survivor than in other situations. Likewise, they found that more responsibility was attributed to the survivor when the assailant had used Ecstasy than in a scenario where the survivor and assailant were both sober. Sims, Noel, and Maisto (2007) found that more blame was attributed to a sexual assault survivor when she had been drinking than when she had not even when she was depicted in the scenario physically resisting and yelling at her assailant.



### *Perceived Survivor Characteristics*

Several studies have found that various perceived characteristics about the survivor impact survivor blame. For example, more blame is attributed when the survivor is perceived as being provocative through actions or dress (Best & Demmin, 1982; Johnson, 1995; Kanekar & Kolsawalla, 1981; Kanekar, Kolsawalla, & D'Souza, 1981; Schult and Schneider, 1991; Whatley, 2005). Research has shown that less blame is attributed to sexual assault survivors the more they are perceived as physically resisting their attacker (Deitz, Littman, & Bentley, 1984; Krulewitz & Nash, 1979; Krulewitz & Payne, 1978; Ryckman, Kaczor, & Thornton, 1992). Studies have found that sexual assault survivors who are perceived as physically attractive receive less blame than those who are perceived as physically unattractive and that assailants receive less blame when a physically unattractive female is assaulted (Deitz, Littman, & Bentley, 1984; Ferguson, Duthie, & Graf, 1987; Gerdes, Dammann, & Heilig, 1988) Other studies have shown no significant effects of physical attractiveness (Best & Demmin, 1982; Smith, Keating, Hester & Mitchell, 1976) on blame or found that physically attractive survivors are assigned more blame than physically unattractive survivors (Calhoun, Selby, Cann, & Keller, 1978). Research has also indicated that people are often less likely to attribute responsibility to survivors of a sexual assault who are perceived as being similar to themselves in some way, such as having the same gender, age, ethnicity, or other factors (Bell, Kuriloff, & Lottes, 1994; Fulero & DeLara, 1976; Krebs, 1975; Thornton, 1984).

### *The Survivor's Relationship to the Assailant (Type of Sexual Assault)*

Several studies have investigated how the survivor's relationship to the assailant affects way people attribute blame when reading a sexual assault scenario. Another way of conceptualizing this is the type of sexual assault. Most frequently, sexual assaults are categorized as a stranger rape or acquaintance rape. A stranger rape is one in which the survivor does not know her attacker. An acquaintance rape is one in which the survivor knows her attacker. This is sometimes described more specifically as marital rape or date rape. There have been mixed findings regarding the effect of the relationship the survivor and assailant on the amount of responsibility attributed to the survivor. For example, some studies (Calhoun, Selby, & Warring, 1976; Check & Malamuth, 1983; Smith et al., 1976; Tetreault & Barnett, 1987) have found that people attribute blame more to survivors of stranger rape than to survivors who were better acquainted with their attacker. Other studies (Bell, Kuriloff, & Lottes, 1994; Frese, Moya, & Megias, 2004; Gerdes, et al., 1988; Johnson & Russ, 1989; L'Armand & Pepitone, 1982; Quackenbush, 1989; Whatley, 1996) have found that more blame is attributed to survivors of acquaintance rape.

### *Belief in a Just World (Just World Hypothesis)*

The just world hypothesis was first proposed by Lerner and Simmons (1966). This framework states, "if observers can attribute the victim's suffering to something the victim did or failed to do they will have less need to devalue his personal characteristics (other things being equal). The observers' belief in a just and predictable world will not be threatened." In other words, people have a need to view the world as a fair or just

place in order to maintain a sense of control over their own environment and decrease its unpredictability. This hypothesis holds up fairly well in studies of blame toward victims of various crimes, however results are often less clear in studies of sexual assault survivors (Lambert and Raichle, 2000).

Lambert and Raichle (2000) found that the just world hypothesis only had an effect when participants in their study were only asked to judge the sexual assault survivor, and that it only seemed to play a role in the female participants in their study. Murray, Spadafore, and McIntosh (2005), found that women who held stronger beliefs in a just world tended to attribute blame to the sexual assault survivor in a scenario and view her negatively, compared to women who had lower beliefs in a just world. However, another study (Kleinke & Meyer, 1990) had findings that were the complete opposite of these. They found that women who held stronger beliefs in a just world had less negative views toward the sexual assault survivor than women with low just world beliefs. They found that the opposite was true for men. Men in their study who held stronger beliefs in a just world viewed sexual assault survivors more negatively than men with lower just world beliefs. Other studies have found that just world beliefs have no affect on survivor blame (Drout & Gaertner, 1994; Gilmartin-Zena, 1987).

### *Empathy*

A small number of studies have examined empathy and survivor blame. Muller, Caldwell, and Hunter (1994) found that empathy was negatively correlated with victim blame for participants reading scenarios depicting physical child abuse or sexual assault. Coller and Resick (1987), studied the effect of empathy on survivor blame for

college women reading sexual assault scenarios. They found that empathy was not related to survivor blame. They also found that having had experienced a sexual assault was not related to empathy and did not influence survivor blaming differently from participants who had not experienced a sexual assault. Similarly, Mason, Riger and Foley (2004) hypothesized that having been a survivor of a sexual assault would cause participants to relate to the survivors portrayed in sexual assault scenarios (empathy), leading to differences in the amount of survivor blame attributed for participants who had experienced a sexual assault and those who had not. They found no differences between groups, however they did find that participants' acceptance of rape myths was positively correlated with survivor blame.

### *Rape Myth Acceptance*

Several studies have researched rape myth acceptance as a predictor for survivor blame in a sexual assault scenario. Rape myths can be defined as "attitudes and generally false beliefs about rape that are widely and persistently held, and that serve to deny and justify male sexual aggression against women" (Lonsway & Fitzgerald, 1995). There are many examples of rape myths. Two of the more common rape myths include the notions that women frequently lie about rape and that only certain types of women are raped, namely women with bad reputations (Lonsway & Fitzgerald, 1994). Rape myths serve to excuse the behavior of the assailant, blame the survivor, or downplay the severity and/or prevalence of rape. Rape myths are frequently portrayed in our society. For example, a study by Franiuk, Seefeldt, and Vandello (2008) examined the prevalence of rape myths in 555 news headlines regarding the Kobe

Bryant case, and found that 10% endorsed a rape myth. It appears that rape myths stem from or work in combination with several of the predictors of survivor blame discussed above. Several variables have been studied in conjunction with rape myths including: hostility, belief in a just world, situational cues, gender, and sexism.

*Hostility.* Lonsway and Fitzgerald (1995) found that hostility toward women and acceptance of rape myths are highly correlated in men. Because acceptance of rape myths in men indicates hostility toward women, it seems that these men would blame the woman survivor in a sexual assault scenario. Similarly, Cowan (2000) found that women's rape myth acceptance might be partly based on hostility toward women.

*Just world hypothesis.* The literature suggests that belief in just world contributes to acceptance of rape myths (Lonsway & Fitzgerald, 1994; Franiuk, Seefeldt & Vandello, 2008). If someone believes in a just world, the idea that people get what they deserve, they may use rape myths to help justify this idea or make sense out of things which do not fit this belief. For example, if a woman believes the rape myth that only bad women get raped, she can feel a sense of control and safety, if she considers herself good.

*Situational cues.* Morry and Winkler (2001) found that men and women who had higher beliefs on rape myths also scored higher in their acceptance and expectation of sexual assault occurring in certain situations, such as when a woman went to a man's place of residence. Participants' expectation of sexual assault in certain situations apparently led them to blame the survivor for being in the situation. Frese, Moya, and Megías (2004) had similar findings related to situational cues. They found that the interaction of rape myth acceptance and situational factors was more important in survivor blaming than either variable alone.

*Gender.* A few studies have examined the role of gender and rape myth acceptance. A study by Struckman-Johnson and Struckman-Johnson (1992) sought to understand the role of gender in rape myths. They found that women were more rejecting of rape myths than men were. They also found that both men and women in their study were more likely to accept rape myths when the perpetrator was described as a woman than when the perpetrator was described as a man. Their findings regarding men being more accepting of rape myths have been replicated more recent studies. (Newcombe et al., 2008; Aosved & Long, 2006)

*Sexism.* Sexism, which is related to gender, has been found to predict rape myth acceptance in several studies. For example, Chapleau, Oswald, and Russell (2007) found that hostile sexism was positively correlated with acceptance of rape myths. They also found that specific subtypes of benevolent sexism are correlated differently with rape myth acceptance. For example, they found that complementary gender differentiation, the belief that women are different in that they are more refined or “proper,” was positively correlated with rape myth acceptance. The authors interpreted this finding to mean that those who fall under the category of complementary gender differences may expect that women who violate this idea are partially responsible for their sexual attack by doing things that are not “lady like” such as drinking alcohol, wearing revealing clothing, and talking to strange men. The study found that another type of benevolent sexism (protective parentalism) to be negatively correlated with rape myth acceptance. Protective parentalism is the belief that men have physical and cultural advantages over women that they should not exploit. Aosved and Long (2006) had similar findings with sexism and rape myth acceptance. They

found that racism, sexism, homophobia, classism, ageism, and religious intolerance each increase the likelihood of rape myth acceptance.

Previous literature has found survivor blame to be related to several variables including gender, gender roles, gender hostility, perceived vulnerability, the use of alcohol or drugs, perceived characteristics about the sexual assault survivor, the survivor's relationship to the assailant, belief in a just world (just world hypothesis), empathy, and the acceptance of rape myths. However, a few of these variables have mixed findings regarding their relation to survivor blame. The current study sought to further understand survivor blame by looking at how it is related to attributional style, an area that is lacking in the current literature. Similarly, the present study examined the effects of empathy on survivor blame, because of the lack of research and the mixed findings in the current literature.

### Self-Blame in Sexual Assault Survivors

Self-blame has been found to be a frequent reaction of sexual assault survivors following a sexual assault. This is likely a reaction to feeling no control over the situation (Thompson, 1981). By blaming themselves for not doing something differently that could have prevented the situation from occurring, sexual assault survivors are able to feel a sense of control. When a survivor thinks about "what ifs" or ways that they feel they could have avoided the sexual assault (such as never going to the location, for example), this is also known in the literature as counterfactual thinking. Branscombe, Wohl, Owen, Allison and N'Gbala (2003) found that this counterfactual thinking leads to more self-blame and less well being in sexual assault survivors.

Janoff-Bulman (1979) studied self-blaming in sexual assault survivors by interviewing counselors at sexual assault crisis centers. She introduced the theory that there are two types of self-blame; behavioral self-blame and characterological self-blame. Behavioral self-blame is when a survivor blames herself for doing something believed to have caused the assault or not doing an action that they believe would have somehow prevented the assault. The survivor likely does this in order to ease her concerns about future attacks. Characterological self-blame is when a survivor believes that there is something inherent about herself that caused her to be a target for a sexual assault. Engaging in behavioral self-blame allows for better adjustment after a sexual assault than engaging in characterological self-blame. Fortunately, behavioral self-blame tends to be more common than characterological self-blame. Janoff-Bulman (1979) proposed that behavioral self-blame can be adaptive and help with adjustment after a sexual assault as long as it is not paired with characterological self-blame. Her theory proposed that because behavioral self-blame involves the survivor analyzing behaviors that she could have done differently; it is adaptive for the survivor. Such analysis should cause less fear about future attacks. To date, Janoff-Bulman's theory has not been empirically supported (Frazier, Mortenson, & Steward, 2006). Despite the assumption that blaming the self increases perceived control, survivors do not appear to believe that they can prevent future assaults. Sexual assault survivors may also blame themselves for the occurrence of a sexual assault in reaction to societal views toward survivors of sexual assault such as the acceptance of rape myths (Burt & Katz, 1988).

Several recent, empirical studies (e.g., Arata, 1999; Frazier, 1990, 2000, 2003; Frazier & Schauben, 1994; Meyer & Taylor, 1986) have shown that behavioral self-



blame causes significant distress for survivors of sexual assaults. Meyer and Taylor (1986) discovered that self-blame predicts depression, sexual dissatisfaction, and fear. Burt and Katz (1988) discovered that the more survivors blamed themselves following a sexual assault, the lower their self-esteem scores were in a follow-up several months after the incident. Miller, Markman, and Handley (2007) conducted a study of college female sexual assault survivors over a 4 month period and found that survivors with higher self-blame were at an increased risk for revictimization.

Some studies have found that how persons label their experiences or whether they acknowledge that they experienced a sexual assault impacts self-blame. Bondurant (2001) found that women, who acknowledge their experience as a rape or sexual assault, are more likely to engage in self-blame. Other studies (Frazier & Seales, 1997; Pitts & Schwartz, 1993) have had findings opposite to this; for example, Miller, Markman, and Handley (2007) found that when women do not understand the legal definition of sexual assault and do not label their experience as such, they are more likely to engage in self-blame. A few other studies have found no difference in the level of self-blame between sexual assault survivors who acknowledge that they have been sexually assaulted and those who do not (Kahn & Mathie, 2000; Layman, Gidycz, & Lynn, 1996).

Because of the effects that self-blame can have on a survivor of sexual assault, a better understanding of this phenomenon has important clinical implications. For example, psychotherapists who understand the nature of self-blame would be better prepared to help sexual assault survivors cope with the effect of the traumatic event they have experienced.

## Attributional Style

An attributional or explanatory style is the typical way in which a person chooses certain reasons or explanations for positive and negative events (Peterson & Seligman, 1984). Abramson et al. (1978) developed a model for explanatory or attributional style. The model is comprised of three different categories that comprise a person's causal attributions. The first category is the locus of explanation, or whether the person attributes the cause of the event to an internal explanation or external explanation. Locus of explanation involves whether the person attributes the cause of the event as having to do with the self or the situation. The second category is the stability of the explanation, or whether the person anticipates that the cause of the event is something that occurred once (unstable) or if they anticipate it will keep occurring (stable). The third category is the globality of the explanation, which is whether a person views the cause of the event to be something global that will interfere with many aspects of their life, or specific to the event.

Attributional style has been used in many studies as a predictor for depression. For example, Fresco, Alloy, and Reilly-Harrington (2006) found that persons suffering from depression and especially those with comorbid anxiety attributed more internal, stable, and global causes for negative events than persons who had no psychopathology. As far as positive events were concerned, the individuals who were depressed endorsed more external, unstable, and specific causes. Haugen and Lund (2002) found that making pessimistic attributions to both positive and negative events is more strongly linked to depression than making pessimistic attributions to only one type of event or to events that are neither negative nor positive. Cheng and Furnham (2003)

found that attributional style significantly predicted mental well-being and that positive attributions seemed to have more of an effect on happiness than negative attributions. They found that internal attributions for positive events were directly related to self-esteem and positive affect.

Attributional style has also been explored in relation to Posttraumatic Stress Disorder (PTSD). Several studies have found a relation between negative attributional style (Hopelessness scale) and the development of PTSD in persons who experienced an interpersonal trauma (Elwood, Hahn, Olatunji & Williams, 2009; Gray, Pumphrey, & Lombardo, 2003; Kuyken & Brewin, 1999; Palker-Corell & Marcus, 2004; Runyon & Kenny, 2002).

### *Measurement of Attributional Style*

Attributional Style is typically measured using questionnaires. The first questionnaire to measure attributional style was the Attributional Style Questionnaire (ASQ; Peterson et al., 1982). This measure is based on Abramson's model of explanatory style and assesses whether a person's attributional style is internal versus external, stable versus unstable, and global versus specific. The measure also assesses if the person's overall responses are negative (pessimism) or positive (optimism), and if the person's responses are more indicative of hopelessness or helplessness (Peterson & Seligman, 1984). Cheng and Furnham (2003) found that the ASQ could be a useful tool for predicting depression and happiness.

Since the development of the ASQ, other measures for attributional style have been developed such as the Cognitive Styles Questionnaire (CSQ; Abramson et al.,

1998) and the Life Orientation Test (LOT; Scheier & Carver, 1985). The ASQ is the most widely used in the literature and for that reason was used in the current study.

### Summary and Hypotheses

Considering the high prevalence rates of sexual assault, as well as the difficulties that survivors of sexual assault experience with self-blame and others blaming them for the event, studying more about these situations can be useful for helping survivors and promoting education and awareness to the general population. Understanding how sexual assault survivors generate self-blame, whether it is related to their attributional style, whether it is related to the specific situation, and how these survivors view other survivors were explored in the present study. Also, women with no history of sexual assault were studied to understand if their blame or non-blame of sexual assault survivors is related to attributional style. Several hypotheses were formulated based on previous research:

1. Women who had experienced a sexual assault and who had a higher internal negative attributional style were expected to have higher levels of self-blame for the occurrence of the assault. Therefore, among women who had experienced a sexual assault, a positive relation was expected between internal negative attributional style and levels of self-blame for the occurrence of the assault.
2. Women who had experienced a sexual assault and who had a higher internal negative attributional style were expected to have lower levels of survivor (other) blame for the occurrence of a sexual assault. Therefore, among women who had experienced a sexual assault, a negative relation was expected between internal

negative attributional style and levels of survivor blame for the occurrence of a sexual assault.

3. Women who had not experienced a sexual assault and who had a higher internal negative attributional style were expected to have higher levels of survivor blame for the occurrence of a sexual assault. Therefore, among women who had not experienced a sexual assault, a positive relation was expected between internal negative attributional style and levels of survivor blame for the occurrence of a sexual assault.
4. Women who had experienced a sexual assault and who had high self-blame and have a higher global negative attributional style were expected to have higher levels of survivor blame for the occurrence of a sexual assault. Therefore, among women who had experienced a sexual assault and who had high self-blame, a positive relation was expected between global negative attributional style and survivor blame for the occurrence of a sexual assault.
5. Women who had experienced a sexual assault and who had low self-blame and had a higher global negative attributional style were expected to have lower levels of survivor blame for the occurrence of a sexual assault. Therefore, among women who had experienced a sexual assault and who had low self-blame, a negative relation was expected between global negative attributional style and survivor blame for the occurrence of a sexual assault.

See Appendix A for a simplified layout of the above hypotheses.

## CHAPTER 2

### METHOD

#### Participants

This study employed a quasi-experimental design. Participants were recruited from undergraduate classes at the University of North Texas and received extra credit or fulfilled a class requirement for their participation. A total of 414 participants completed the study. If the survey was not completed, the protocol was discarded. Anyone who did not complete the survey was allowed to return to the site and re-start the survey. So, discarding unfinished protocols avoided the possibility that multiple cases came from the same person. Prior to throwing out incompletes, there were 441 started surveys. Three participants' data were excluded due to gender (these surveys were completed by males). The final sample included 411 females whose data were utilized for analysis. Sixty of the 411 participants (14.6%) reported having experienced a sexual assault. Thus, women with and without a history of sexual assault constituted the quasi-experimental groups.

Participants ranged in age from 18 to 48 ( $M = 20.53$ ,  $SD = 3.373$ ) with 95.7% of the sample falling within the range of 18 to 25, the typical range of undergraduate students. Regarding ethnic/racial composition, approximately 62.2% of the sample was European American ( $n = 255$ ), 13.9% was African American ( $n = 57$ ), 13.2% was Hispanic ( $n = 54$ ), 7.1% was Asian/Pacific Islander ( $n = 29$ ), and 1.5% was American Indian ( $n = 6$ ); the remaining 2.2% of the sample self-identified as mixed race/ethnicity ( $n = 9$ ). These percentages reflect the student makeup of the University of North Texas.

All undergraduate college classifications were well represented, 34.6% were

freshmen, 22% were sophomores, 22.7% were juniors and 20% were seniors. Three participants (.7%) were graduate students. Of the sample, 50.2% reported that they were single ( $n = 206$ ), 44.4% identified themselves as being in a relationship ( $n = 182$ ), 4.9% reported being married ( $n = 20$ ), and .5% ( $n = 2$ ) selected “other” then typed in “engaged.”

### Materials

The participants in the study were administered a demographics questionnaire (Appendix B), the Sexual Experiences Survey (SES) with an attached questionnaire (Appendix C), the Attributional Style Questionnaire (ASQ), seven vignettes with corresponding questions (Appendix D), the Center for Epidemiological Studies Depression Scale (CES-D), the Interpersonal Reactivity Index (IRI), and two questions regarding abuse as a child (Appendix E).

Koss and Oros (1982) developed the Sexual Experiences Survey, in order to measure undisclosed cases of sexual assault and record sexual aggression and sexual victimization from a dimensional perspective. The survey measures the amount of sexual experience the participant has as well as the amount of coercion used or experienced by the participant. The results that were gathered from 3,862 college students support the dimensional view.

A later study of the SES by Koss and Gidycz (1985) found that it was reliable and valid in its measurement. In the first part of their study they administered the SES that had been slightly reworded for purposes of clarification to 448 college students (305 women and 143 men). The results from this administration yielded a Cronbach's alpha

of .74 for the women and .89 for the men, indicating that the measure had good internal consistency. Koss and Gidycz (1985) also found the SES to have good test-retest reliability by administering the SES twice, with a week between administrations to a recruited group of 71 females and 67 males. Their results showed a 93% mean item agreement.

In order to test the accuracy of reporting on the SES, Koss and Gidycz (1985), administered the SES to 4,000 college students. They discovered that some participants responded differently when interviewed in person than they did on the survey when taken anonymously; however these differences were so small that the correlations between self-report and in-person interview were .73 for women and .61 for men. Most of the men denied having completed or attempting sexual assault toward a woman when they were questioned in person. This means that the survey is likely a good measure for asking sensitive questions about sexual experiences, because the person taking it will likely feel more comfortable and self-report accurately than they would in person (with women's answers generally remaining consistent).

The SES was used in the present study to operationalize female participants' sexual experiences, particularly unwanted sexual experiences that fall under the definition of sexual assault. The Sexual Experiences Survey begins with questions that are simple regarding consensual acts that are not perceived as threatening by participants. The questions gradually progress to those involving nonconsensual acts, and finally to the statement, "I was sexually assaulted." This allows those who are not comfortable with the terms "sexually assaulted" or "raped" to endorse other questions that indicate that the person has been a survivor of a sexual assault without using the



labels. This allowed for females who are survivors of a sexual assault to be identified by self-report.

Immediately following their completion of the SES, participants completed a questionnaire created for the current study (See Appendix C). Participants were asked to indicate the amount of responsibility they place on themselves and the amount of blame they place on the other person involved in each of the questions on the SES they endorsed. The directions on the questionnaire, were: "For each of the questions you chose yes on when completing the previous survey, please indicate the amount of blame you attribute to each person involved. Please indicate the percentage for each person either 0%, 25%, 50%, 75%, or 100% making sure that the percentage total for each question sum to 100%." The participants were then able to indicate the amount of responsibility they place on themselves and others. This allowed for sexual assault survivors to indicate how much they blame themselves for their sexual assault.

The participants completed the Attributional Style Questionnaire (ASQ). The Attributional Style Questionnaire indicates the type of attributional style a person has, based on their responses to brief scenario items. Many studies have tested the internal validity and reliability of the ASQ. Peterson et al. (1982) found internal consistencies of the Locus, Stability, and Global scales of the ASQ (Cronbach's alpha ranges of .44 to .69), when it was administered to 100 college participants. A study by Peterson, Bettes and Seligman (1985) demonstrated the validity of the ASQ for predicting depression based on attributional style. College students were asked to write essays describing the two worst events that had happened to them during the year and then asked to complete the BDI. In their writing of the events, the students offered causal explanations

for the events without being asked to do so. The causal explanations were rated by judges on dimensions of internality (vs. externality), stability (vs. instability), and globality (vs. specificity). These dimensions of the students' explanations were correlated with their attributional styles on the ASQ, with correlations ranging from .19 to .41.

Hewitt, Foxcroft, and MacDonald (2004) tested the reliability and validity of the ASQ by testing its three dimensions (internality, stability, and globality) by confirmatory factor analyses (CFA) in a multitrait-multimethod (MTMM) model. They found that the three ASQ dimensions accurately indicate what they are intended to measure when given to a sample of 2,748 undergraduate students. They determined that attributional style as measured by the ASQ is composed of the dimensions of internality, stability, and globality, based on the goodness of fit of their model using CFA and MTMM.

A vignette measure (see Appendix D) was constructed specifically for the present study. The participants were asked to read vignettes with situations that displayed a type of conflict or disappointment such as a poor grade in a class, a car accident, or burglary. They were then asked to indicate how much blame should be attributed to each of the two persons in each vignette. There were also vignettes depicting a date rape (Item 3) as well as a sexual attack by a stranger (Item 7). This allowed for the participants to rate how much blame they attributed to survivors of sexual assault.

The Center for Epidemiological Studies Depression Scale (CES-D) was used in the current study to measure depression and gather exploratory data. Radloff (1977) developed the CES-D for use in the general population. It is a 20-item measure that assesses depression, within the last week, using a Likert type scale, where each

question is answered with one of the following choices: *Rarely or none of the time (less than 1 day)*; *Some or a little of the time (1-2 days)*; *Occasionally or a moderate amount of time (3-4 days)*; and *Most or all of the time (5-7 days)*. Typically, a score above 16 is the cutoff score for depression. This measure was normed on a general population and on a clinical population when it was created. The measure was found to have a coefficient alpha of .85 for the general population and a coefficient alpha of .90 for a clinical sample (Radloff, 1977). Hann, Winter, and Jacobsen (1999) tested the psychometric properties of the CES-D in a cancer population and with a healthy comparison group and found Cronbach alphas of .89 and .51 respectively. A study by Shean (2008) demonstrated the validity of the CES-D for measuring depression in the general population. College students were given the CES-D, Beck Depression Inventory II (BDI-II), and the Diagnostic Interview Schedule-IV (DIS-IV). The CES-D was correlated at .86 with the BDI-II and was correlated with the DIS-IV categories: .56 for DIS current, .51 for DIS past year, and .62 for DIS lifetime.

The Interpersonal Reactivity Index (IRI; Davis, 1980) is a 28-item, 5-point Likert-type (0 = *does not describe me well* to 4 = *describes me very well*) scale that assesses four subscales of empathy: Perspective-Taking, Fantasy, Empathic Concern, and Personal Distress. Each subscale has 7 questions, and the scores for each subscale can range from 0 to 28. The Perspective-Taking subscale measures empathy in the form of individuals' ability to take others' points of view. The Fantasy subscale of the IRI measures the ability to relate to the feelings and behaviors of fictional characters in movies, books, and plays. The Empathic Concern subscale measures a person's feelings of care and sympathy toward others. The Personal Distress subscale assesses

a person's feelings of anxiety and distress in response to the distress of others (Davis, 1980; Davis, Luce, & Kraus, 1994). Davis (1980) reported the internal reliabilities of the measure ranging from .71 to .77 and the test-retest reliabilities range from .62 to .71. Similarly to other empathy measures, significant gender differences exist for each scale, with females scoring higher than males on each of the four scales.

Davis (1983) determined the IRI to have good validity by comparing its four scales to several psychological measures including the Mehrabian and Epstein Emotional Empathy Scale (Mehrabian & Epstein, 1972) (emotional empathy) and the Hogan Empathy Scale (Hogan, 1969) (cognitive empathy). By comparing two different types of empathy scales, he was able to demonstrate the validity of the IRI as well as the need for a multidimensional measure of empathy. The Hogan scale was correlated with the PT scale on the IRI ( $r = .40$ ). The FS and EC scales were correlated with the Mehrabian and Epstein Emotional Empathy Scale ( $r = .52$  and  $r = .60$ , respectively). The PD scale was not as highly correlated, but still showed some correlation with the Mehrabian and Epstein Emotional Empathy Scale ( $r = .24$ ).

Following the participants' completion of the IRI, they completed two questions regarding childhood abuse (see Appendix G).

### Procedure

A brief description of the study was posted on the SONA computer research system at the University of North Texas. Individuals in undergraduate psychology courses signed up to receive a link to the survey in their email. The survey was set up on the website, Survey Monkey. When the students went online to the site of the study,

they saw a consent notice, a demographics questionnaire, the SES with added questionnaire, the ASQ, the vignette measure, IRI, CES-D, and two questions regarding childhood abuse. As a check on possible order effects, the data collected used two alternative orders. Half of the participants were sent a link to receive the measures in the following order: consent form, demographic questionnaire, SES with the added questionnaire, the ASQ, the vignette measure, the CES-D, the IRI, and two questions regarding childhood abuse. The other half of the participants received a link to the surveys in the following order: consent form, demographic questionnaire, the ASQ, the vignette measure, the SES with the added questionnaire, the CES-D, the IRI, and two questions regarding childhood abuse.

In order to ensure variability in blame assignment by participants answering vignette questions, the first 10 participants' responses on the vignette measure were checked for a variety of scores before continuing the study. This check of scores showed that participants were choosing differing levels of blame toward survivors when reading the vignettes regarding sexual assault.

Because of the sensitive nature of the information that was gathered, all identifying information was kept separate from the measures. The participants clicked on a link following their completion of the measures, which took them to a separate survey where they provided identifying information, so that they could be awarded credit for their undergraduate psychology classes.

## CHAPTER 3

### RESULTS

#### Reliability Analyses

Reliability analyses were performed for each measure utilized in this study. The measures had good internal consistency reliability. The Sexual Experiences Survey (SES) showed excellent reliability with a Cronbach's alpha score of .84. Similarly, the Attributional Style Questionnaire (ASQ) had a Cronbach's alpha score of .80. When analyzing the individual scales of the ASQ that were used in the primary analyses, the scale measuring negative internality had a Cronbach's alpha score of .33, and the scale measuring negative globality had a score of .67. The item statistics for the scale measuring negative internal attributional style were evaluated. Removal of specific items did not generate a significant increase in reliability. Therefore the scale was still used as published, but findings associated with this scale, particularly null findings, must be interpreted with caution. The Interpersonal Reactivity Index (IRI) had a Cronbach's alpha of .81. The individual scales on the IRI also exhibited good reliability. The Fantasy scale had a Cronbach's alpha score of .80. The Perspective Taking scale had a Cronbach's alpha score of .76. Similarly, the Empathic Concern scale and the Perceived Distress scales both had Cronbach's alpha scores of .76. The Center for Epidemiological Studies Depression Scale CES-D demonstrated excellent reliability with a Cronbach's alpha of .92. The two vignette questions involving sexual assault correlated at .76.

## Descriptive Findings

The means and standard deviations of each measure and their subscales for the total sample are presented in Table 1.

Table 1

*Means and Standard Deviations for Scales and Subscales based on the Entire Sample (N = 411)*

Measure	<i>M</i>	<i>SD</i>	Poss. Range	Actual Range
ASQ Internal Positive	5.25	.80	1.00-7.00	2.50-7.00
ASQ Stable Positive	5.30	.80	1.00-7.00	3.17-7.00
ASQ Global Positive	5.10	.90	1.00-7.00	2.00-7.00
ASQ Hopeful	5.20	.76	1.00-7.00	3.17-7.00
ASQ Internal Negative	4.19	.80	1.00-7.00	1.67-6.50
ASQ Stable Negative	3.96	.78	1.00-7.00	1.00-7.00
ASQ Global Negative	3.86	1.03	1.00-7.00	1.00-7.00
ASQ Hopelessness	3.91	.80	1.00-7.00	1.67-6.50
CES-D Score	15.19	10.47	0-60	0-52
IRI Perspective Taking	17.60	4.60	0-28	2-28
IRI Fantasy	17.65	5.50	0-28	0-28
IRI Empathic Concern	20.42	4.34	0-28	1-28
IRI Personal Distress	11.80	4.73	0-28	0-28
Vignette 3	3.23	2.34	0-10	0-10
Vignette 7	1.92	2.23	0-10	0-10

Two groups were examined and compared within the sample. The two groups involved were those who reported having experienced a sexual assault ( $n = 60$ ) and those who reported that they had not ( $n = 351$ ). Means and standard deviations for these two groups are presented in Table 2.

Within the group that reported having experienced a sexual assault, a high self-blame group ( $n = 28$ ) and a low self-blame group ( $n = 30$ ) were identified by averaging the amount of blame for each participant and then examining the distribution of the averages. Participants with blame averages equal to or greater than 20 (the median) were considered “high” and those with scores below 20 were considered “low.”

Table 2

*Means and Standard Deviations for Participants with a History of Sexual Assault and Those without a History of Sexual Assault*

Measures	Sexual Assault Survivors ( <i>n</i> = 60)		No History of Sexual Assault ( <i>n</i> = 351)		No History of Sexual Coercion or Assault * ( <i>n</i> = 129)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
ASQ CoPos	15.83	1.85	15.63	2.06	15.40	2.09
ASQ CoNeg	1.20	2.06	1.20	2.00	1.20	1.75
ASQ Internal Positive	5.25	.71	5.26	.81	5.22	.84
ASQ Stable Positive	5.26	.75	5.30	.81	5.21	.80
ASQ Global Positive	5.32	.86	5.06	.90	4.97	.92
ASQ Hopeful	5.30	.70	5.19	.77	5.09	.78
ASQ Internal Negative	4.07	.74	4.21	.81	4.20	.75
ASQ Stable Negative	3.92	.75	3.97	.79	3.94	.76
ASQ Global Negative	4.04	1.14	3.83	1.01	3.82	.92
ASQ Hopelessness	4.00	.83	3.90	.79	3.88	.70
CES-D Score	17.48	11.88	14.80	10.18	13.67	9.12
IRI Perspective Taking	17.75	4.91	17.76	4.61	17.78	4.28
IRI Fantasy	17.25	6.05	17.72	5.41	17.76	5.50
IRI Empathic Concern	20.08	4.84	20.48	4.37	20.19	4.48
IRI Personal Distress	11.85	5.25	11.79	4.64	11.89	3.92
Vignette 3 (survivor blame)	2.47	2.21	3.36	2.34	3.60	2.33
Vignette 7 (survivor blame)	1.55	2.18	1.99	2.24	2.21	2.31
Self-blame SES 10 ( <i>n</i> =24)	24.79	21.08	-----	-----	-----	-----
Self-blame SES 11 ( <i>n</i> =37)	16.22	17.89	-----	-----	-----	-----
Self-blame SES 12 ( <i>n</i> =25)	22.80	21.56	-----	-----	-----	-----
Self-blame SES 13 ( <i>n</i> =43)	11.65	17.23	-----	-----	-----	-----

\*This group either endorsed only the first item or no items on the Sexual Experiences Survey.

Two participants who endorsed sexual assault completed the self-blame questions as if they had not experienced a sexual assault, therefore, they were not included in analyses involving self-blame, leaving *n* = 58 for these analyses. The means and standard deviations for these two groups are presented in Table 3.



Table 3

*Means and Standard Deviations for Participants who have Experienced a Sexual Assault: High Self-blame Group and Low Self-blame Group*

Measures	High Self-Blame ( <i>n</i> = 28)		Low Self-blame ( <i>n</i> = 30)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
ASQ CoPos	15.60	1.80	16.14	1.91
ASQ CoNeg	12.81	1.57	11.26	2.27
ASQ CPCN	2.79	2.24	4.88	2.15
ASQ Internal Positive	5.18	.74	5.35	.69
ASQ Stable Positive	5.10	.80	5.44	.70
ASQ Global Positive	5.33	.73	5.35	.99
ASQ Hopeful	5.21	.67	5.40	.74
ASQ Internal Negative	4.24	.61	3.90	.83
ASQ Stable Negative	4.11	.56	3.72	.87
ASQ Global Negative	4.45	.94	3.64	1.23
ASQ Hopelessness	4.28	.62	3.68	.93
CES-D Score	19.04	11.07	16.50	12.70
IRI Perspective Taking	17.82	5.46	17.83	4.57
IRI Fantasy	17.64	5.52	17.07	6.72
IRI Empathic Concern	19.25	4.01	21.20	5.32
IRI Personal Distress	12.29	5.58	11.53	5.15
Vignette 3	2.68	1.98	2.27	2.48
Vignette 7	1.75	1.97	1.17	2.00
Self-blame SES 10	( <i>n</i> =12) 42.92	12.87	( <i>n</i> =12) 6.67	6.85
Self-blame SES 11	( <i>n</i> =16) 31.25	16.68	( <i>n</i> =21) 4.76	6.98
Self-blame SES 12	( <i>n</i> =13) 38.85	16.60	( <i>n</i> =12) 5.42	8.91
Self-blame SES 13	( <i>n</i> =17) 26.47	19.35	( <i>n</i> =25) 2.04	3.52

### Hypothesis 1

The first hypothesis involved self-blame in women who had experienced a sexual assault. The participants' reported level of self-blame for Items 10-13 of the SES were examined. In addition to using self-blame on the individual Items 10-13 of the SES, new variables named, "severity of blame," "highest blame," and "average blame" were

derived. "Severity of blame" was calculated by looking at the most severe item the participant endorsed and their level of blame for that item. For example, if the participant endorsed having experienced Item 12, but not Item 13 on the SES, the level of self-blame on Item 12 was used for the "severity of blame." Highest blame was calculated by using the highest amount of self-blame the participant reported on any Item from 10-13. "Average blame" was calculated by averaging the levels of self-blame on Items 10-13 of the SES.

The first hypothesis stated that women who have experienced a sexual assault and who have a higher internal negative attributional style would tend to have higher levels of self-blame for the occurrence of the assault. Thus, a positive relation was hypothesized between internal negative attributional style and self-blame. Pearson Product Moment correlation coefficients were calculated for the relation between internal negative attributional style and self-blame on the individual Items (10-13) as well as severity of blame, highest blame, and average blame. A moderate positive correlation was found between internal negative attributional style and self-blame on Question 11 of the SES, indicating a significant linear relationship between the two variables. A moderate positive correlation was found between internal negative attributional style and self-blame on Question 13 of the SES, indicating a significant linear relationship between the two variables. No other significant correlations were found for internal negative attributional style (see Table 4).

Follow up analyses were conducted to evaluate whether internal negative attributional style predicted self-blame for Items 11 and 13 over and above stable positive attributional style. Internal negative attributional style accounted for a significant

proportion of the self-blame variance after controlling for stable positive attributional style,  $R^2$  change = .30,  $F(1, 35) = 15.83$ ,  $p < .001$  (SES 11) and  $R^2$  change = .18,  $F(1, 40) = 10.08$ ,  $p < .01$  (SES 13).

Table 4

*Correlations for Self-blame and Attributional Styles in Sexual Assault Survivors*

	SES 10 ( <i>n</i> = 24)	SES 11 ( <i>n</i> = 37)	SES 12 ( <i>n</i> = 25)	SES 13 ( <i>n</i> = 42)	Severity ( <i>n</i> = 58)	Highest ( <i>n</i> = 58)	Avg ( <i>n</i> = 58)
Internal Neg.	.33	.47**	.11	.32*	.18	.14	.17
Global Neg.	-.02	.23	-.08	.35*	.11	.19	.16
Stable Neg.	.30	.24	-.13	.26	.14	.16	.15
Internal Pos.	-.28	-.28	.01	-.22	-.15	-.25	-.21
Global Pos.	-.33	-.05	.11	-.02	-.01	-.03	-.09
Stable Pos.	-.26	-.23	-.13	-.36*	-.36**	-.31*	-.35**
Hopelessness	.14	.26	-.12	.35*	.14	.20	.18
Hopefulness	-.34	-.15	-.01	-.20	-.20	-.19	-.20
CES-D Score	-.04	.22	-.10	.08	.10	.11	.11

Note. \* $p < .05$ , \*\* $p < .01$

*Exploratory Analyses Associated with Hypothesis 1*

Exploratory analyses were conducted to look for possible correlations between self-blame, other attributional styles, and depression. Pearson product moment correlation coefficients were calculated for the relationships between attributional styles and self-blame using the responses of self-blame for Items 10-13 on the SES, the variables “severity of blame,” “highest blame,” “average blame,” CES-D Scores, and the scores on the ASQ.

Moderate positive correlations were found for a couple of pairs of target variables: global negative attributional style and self-blame on Question 13 of the SES and Hopelessness scores on the ASQ and self-blame on Question 13 of the SES. Moderate negative correlations were found for the following pairs of target variables; Stable Positive scores on the ASQ and self-blame on Question 13 of the SES; and stable positive attributional style and the variables “severity of blame,” “highest blame,” and “average blame.” No other significant correlations were found (see Table 4).

### Hypotheses 2 and 3

The second and third hypotheses stood in contrast to each other. Women who have experienced a sexual assault were expected to show a negative relation between internal negative attributional style and levels of survivor blame. Conversely, Hypothesis 3 stated that women without a sexual assault history would show a positive relation between negative internal attributional style and levels of survivor blame. Thus, sexual assault history was expected to moderate the relation between negative internality and survivor blame. A variable was created titled “survivor blame” by combining responses to Scenarios 3 and 7 (items involving sexual assault).

In order to test the second hypothesis, simple linear regressions were calculated predicting sexual assault survivor’s level of survivor blame based on their internal negative attributional style. The regressions were not significant. Also, the regression was not significant for “survivor blame.” Internal negative attributional style is not a significant predictor of survivor blame in sexual assault survivors.

In order to test the third hypothesis, simple linear regressions were calculated

predicting survivor blame based on their internal negative attributional style in women who do not have a history of sexual assault. The regressions were not significant for Question 3 on the SEQ and for Question 7 of the SEQ. When examining the variable, “survivor blame” there was a significant regression with internal negative attributional style.

*Exploratory Analyses Associated with Hypotheses 2 and 3*

Exploratory analyses were conducted for the second and third hypotheses exploring other attributional styles. For the second hypothesis, significant regressions were found between survivor blame (Item 3 on the SEQ and global negative, hopelessness, and global positive). Significant regressions were also found between “survivor blame” and the attributional styles global negative and hopelessness. These regressions were likely significant due to the effects of Item 3 only, given that the regressions with Item 7 were not significant (see Table 5). All other regressions with attributional style and survivor blame were not significant for sexual assault survivors (see Table 5).

Table 5

*Correlations for Survivor blame and Attributional Styles in Sexual Assault Survivors (n = 60)*

SA	Internal Negative	Stable Negative	Global Negative	Hopeless	Internal Positive	Stable Positive	Global Positive	Hopeful
Vignette 3	.03	.23	.33**	.33**	.07	.03	.29*	.19
Vignette 7	.04	.15	.17	.19	.05	.03	.05	.00
Combined	.03	.21	.28*	.29*	.07	.00	.19	.12

Note. \* $p < .05$ , \*\* $p < .01$ .

More exploratory analyses were conducted for Hypothesis 3 with other attributional styles (see Table 6). One regression was significant for women without a history of sexual assault; blame on Item 7 and global negative attributional style.

Table 6

*Correlations for levels of Survivor blame and Attributional Styles in Women without a History of Sexual Assault (n = 351)*

No SA	Internal Negative	Stable Negative	Global Negative	Hopeless	Internal Positive	Stable Positive	Global Positive	Hopeful
Vignette 3	.03	.00	.10	.06	.00	.00	.03	.03
Vignette 7	.08	.00	.13*	.07	.00	.03	.08	.03
Combined	.11*	.03	.10	.05	.05	.06	.03	.00

Note. \* $p < .05$

#### Hypotheses 4 and 5

The fourth and fifth hypotheses stood in contrast to each other and involved only participants who have experienced a sexual assault. The fourth hypothesis stated that women who had high self-blame for the occurrence of the assault were expected to show a positive relation between global negative attributional style and survivor blame. Conversely, the fifth hypothesis stated that women who had low levels of self-blame for the occurrence of the assault are expected to show a negative relation between global negative attributional style and survivor blame. Thus self-blame was expected to moderate the relation between global negative attributional style and survivor blame.

The individual hypotheses were tested by computing separate simple regressions for each group (those with high self-blame and those with low self-blame);

predicting survivor blame by global negative attributional style. The results of the regression analyses were not significant (see Tables 7 and 8).

Table 7

*Correlations of Survivor blame and Attributional Styles in Sexual Assault Survivors with High Self-blame (n = 28)*

Low SB	Global Negative	Internal Negative	Stable Negative	Hopeless	Internal Positive	Stable Positive	Global Positive	Hopeful
Vignette 3	.35	.09	.23	.34	.10	.18	.30	.29
Vignette 7	.21	.00	.03	.15	.05	.04	.00	.03
Combined	.31	.04	.15	.28	.3	.13	.19	.19

*Note.* The *p* values for the above correlations were  $p > .05$ .

Table 8

*Correlations of Survivor Blame and Attributional Styles in Sexual Assault Survivors with Low Self-blame (n = 30)*

High SB	Global Negative	Internal Negative	Stable Negative	Hopeless	Internal Positive	Stable Positive	Global Positive	Hopeful
Vignette 3	.27	.16	.19	.29	.06	.10	.29	.10
Vignette 7	.07	.04	.23	.16	.13	.03	.27	.17
Combined	.18	.11	.23	.24	.10	.04	.30	.14

*Note.* The *p* values for the above correlations were  $p > .05$ .

#### *Exploratory Analyses Associated with Hypotheses 4 and 5*

Exploratory analyses were conducted for the fourth and fifth hypotheses exploring other attributional styles and no significant results were found (see tables 7 and 8).

Further exploratory analyses were conducted for Hypotheses 4 and 5, in which

the high self-blame and low self-blame groups were recreated to allow more variation between groups. Groups were created using the highest amount of self-blame on any sexual assault question as the criterion for low or high blame. Frequency analyses were conducted and the top quartile and bottom quartile were used to create the high and low self-blame groups. Regression analyses were conducted to retest the hypotheses and other exploratory analyses. CES-D scores were moderately correlated with internal negative attributional style, stable negative attributional style, and Hopelessness scores in the high self-blame group. Similarly within the high blame group, internal positive attributional style was moderately correlated with the Fantasy scale on the IRI, and the Empathic Concern scale on the IRI was moderately correlated with global positive attributional style and Hopefulness scores on the ASQ (See Table 9).

In the low self-blame group, Personal Distress scores on the ASQ were negatively correlated with stable positive attributional style, stable negative attributional style, global positive attributional, and Hopefulness scores on the ASQ. Fantasy scores on the IRI and Hopelessness scores on the ASQ were also negatively correlated in the low self-blame group (see Table 10).

#### Additional Exploratory Analyses

Exploratory analyses were conducted to look for unpredicted relations among empathy, depression, blame, and attributional style. Among participants who reported a history of sexual assault, a small positive correlation was found between stable positive attributional style and the Empathic Concern scale on the IRI. No other significant correlations were found between attributional style and empathy or depression (see Table 11).



Table 9

*Correlations of Survivor Blame and Attributional Styles in Sexual Assault Survivors with High Self-blame (n = 18)*

High SB	Global Negative	Internal Negative	Stable Negative	Hopeless	Internal Positive	Stable Positive	Global Positive	Hopeful
Vignette 3	.27	-.22	.26	.31	.15	-.05	.37	.17
Vignette 7	.04	-.17	.30	.20	.18	-.05	.21	.08
Combined	.17	-.20	.29	.27	.17	-.05	.31	.14
CES-D	.26	.65**	.56*	.47*	.28	.23	-.02	.13
Perspective Taking	-.16	-.40	-.35	-.29	.33	.11	.13	.14
Fantasy	-.04	-.30	-.16	-.11	.48*	.43	.19	.38
Empathic Concern	.31	-.15	-.40	-.03	.42	.39	.54*	.54*
Personal Distress	.17	.05	.01	.11	.14	-.01	.26	.14

Note. \* $p < .05$ , \*\* $p < .01$ .

Table 10

*Correlations of Survivor Blame and Attributional Styles in Sexual Assault Survivors with Low Self-blame (n = 19)*

High SB	Global Negative	Internal Negative	Stable Negative	Hopeless	Internal Positive	Stable Positive	Global Positive	Hopeful
Vignette 3	.32	.16	.31	.36	.24	.37	.40	.43
Vignette 7	.06	.10	-.10	-.01	.07	.23	.04	.13
Combined	.22	.15	.14	.21	.18	.33	.25	.32
CES-D	-.04	-.27	.00	-.02	.12	-.31	-.22	-.29
Perspective Taking	-.31	-.16	-.12	-.25	-.43	.24	-.09	.06
Fantasy	-.41	-.27	-.44	-.48*	.21	.04	-.18	-.10
Empathic Concern	-.28	.02	.11	-.13	.09	.21	-.29	-.09
Personal Distress	-.22	-.40	-.48*	-.38	-.43	-.55*	-.46*	-.57*

Note. \* $p < .05$ .

Table 11

*Correlations for Attributional Styles and Empathy and Depression in Sexual Assault Survivors (n = 60)*

	Stable Pos.	Internal Pos.	Global Pos.	Hopeful	Stable Neg.	Internal Neg.	Global Neg.	Hopeless
Empathic Concern	.27*	.17	.12	.22	-.21	-.13	-.02	-.11
Perspective Taking	.12	.11	.05	.09	-.15	-.19	-.08	-.12
Fantasy	.16	-.01	.13	.17	-.21	-.24	.05	-.06
Personal Distress	-.16	-.19	-.06	-.13	-.15	-.13	.08	-.01
CES-D	.05	.18	.11	.10	.18	.18	.18	.21

Note. \* $p < .05$ .

A small negative correlation was found between self-blame on Item 13 of the SES and the Perspective Taking scale on the IRI. A moderate negative correlation was found between self-blame on Item 13 of the SES and the Empathic Concern scale on the IRI. No other significant correlations were found between empathy, self-blame, depression, or survivor blame for participants who reported history of a sexual assault (see Table 12).

Table 12

*Correlations for Empathy, Survivor Blame, Self-Blame, and Depression in Sexual Assault Survivors*

	SES 10 (n=24)	SES 11 (n=37)	SES 12 (n=25)	SES 13 (n=42)	Vignette 3	Vignette 7	CES-D
Empathic Concern	-.16	-.16	.27	-.46**	.02	-.22	-.06
Perspective Taking	-.07	-.25	.17	-.31*	-.19	-.08	.02
Fantasy	-.18	.04	.30	-.15	.04	-.01	.08
Personal Distress	-.21	.05	.07	.08	.035	-.01	.02
CES-D	-.04	.22	-.09	.08	-.02	.09	-----

Note. \* $p < .05$ , \*\* $p < .01$ .

Exploratory analyses were conducted for participants who did not report a history of sexual assault to further explore unpredicted relations among empathy, attributional style, survivor blame, and depression. A small positive correlation was found between stable negative attributional style and the Fantasy scale on the IRI. A small positive correlation was also found between stable negative attributional style and CES-D. A small positive correlation was found between internal negative attributional style and CES-D. Global negative attributional style had small positive correlations with the Fantasy scale on the IRI, Personal Distress scale on the IRI, and the CES-D. The Hopelessness Scale on the ASQ had small positive correlations with the Fantasy scale on the IRI and the CES-D. The Hopelessness scale had a small negative correlation with the Personal Distress scale on the IRI. Global positive attributional style had a small negative correlation with the Personal Distress scale on the IRI. The Hopeful scale on the ASQ had a low negative correlation with the Personal Distress scale on the IRI. The CES-D had small positive correlations with the Fantasy scale on the IRI and the Personal Distress scale on the IRI. Survivor Blame on Vignette 7 had small negative correlations with Empathic Concern and Perspective Taking. No other exploratory analyses were found for participants who did not report a history of sexual assault yielded significant correlations between empathy, attributional style, survivor blame, nor depression (see Table 13).

Exploratory analyses were conducted within participants without a history of sexual assault to further understand their blame toward sexual assault survivors. Among those without a history of sexual assault, two groups were formed: a group with extreme perpetrator blame and a group with extreme survivor blame. The extreme perpetrator

blame group was formed with those who gave the perpetrator a 10 (the survivor a 0) on the stranger rape scenario or the perpetrator a 9 or 10 (the survivor a zero or 1) on the date rape scenario. The extreme survivor blame group was formed with those who gave the survivor a 6 or above (the perpetrator a 4 or below).

Table 13

*Correlations for Attributional Styles, Empathy, Survivor Blame and Depression in Participants Without a History of Sexual Assault (n = 351)*

	Empathic Concern	Perspective Taking	Fantasy	Personal Distress	CES-D
Stable Neg.	-.02	-.06	.13*	.06	.24**
Internal Neg.	.03	.1	.06	.07	.11*
Global Neg.	.06	.00	.16**	.13*	.21**
Hopeless	.03	-.03	.16**	-.12*	.25**
Stable Pos.	.08	.06	.08	-.08	-.06
Internal Pos.	.04	.05	-.02	-.07	.00
Global Pos.	.10	.06	.08	-.13*	-.10
Hopeful	.10	.07	.09	-.12*	-.09
CES-D	-.04	-.07	.16**	.27**	-----
Vignette 3	-.04	-.05	-.06	.04	.05
Vignette 7	-.14**	-.14**	-.06	-.03	-.01

Note. \* $p < .05$ , \*\* $p < .01$ .

Among those with extreme perpetrator blame, small positive correlations were found between scores on the CES-D and global negative attributional style, stable negative attributional style, and Hopelessness scores on the ASQ. Small negative correlations were found between CES-D scores and global positive attributional style and Hopefulness scores. Similarly, small negative correlations were found between

Personal Distress scores on the IRI and global positive attributional style and Hopefulness scores (see Table 14).

Among those with extreme survivor blame, moderate positive correlations were found between Personal Distress scores on the IRI and global negative attributional style, internal negative attributional, stable negative attributional style, and Hopelessness scores on the ASQ. Moderate positive correlations were found between CES-D scores and stable negative attributional style and Hopelessness scores (see Table 15).

Table 14

*Correlations for Participants without a History of Sexual Assault with Extreme Perpetrator Blame (n = 194)*

High SB	Global Negative	Internal Negative	Stable Negative	Hopeless	Internal Positive	Stable Positive	Global Positive	Hopeful	CES-D
CES-D	.22**	.08	.20**	.24**	-.01	-.09	-.19**	-.16*	1.00
Perspective Taking	-.03	.12	-.09	-.06	.01	.10	.11	.12	-.02
Fantasy	.12	.07	.06	.11	.04	.07	.05	.06	.13
Empathic Concern	.01	.01	.00	.01	.04	.05	.06	.06	.15
Personal Distress	.13	.07	.04	.10	-.05	-.08	-.18*	-.15*	.40**

*Note.* \* $p < .05$ , \*\* $p < .01$ .

Table 15

*Correlations for Participants without a History of Sexual Assault with Extreme Survivor Blame (n =66)*

High SB	Global Negative	Internal Negative	Stable Negative	Hopeless	Internal Positive	Stable Positive	Global Positive	Hopeful	CES-D
CES-D	.24	.16	.39**	.35**	.09	.04	-.10	-.04	1.00
Perspective Taking	-.02	.21	.07	.02	-.00	.01	-.02	-.01	-.01
Fantasy	.18	.18	.05	.13	-.16	.05	-.12	-.05	.13
Empathic Concern	.16	.01	-.07	.06	.16	.15	.06	.11	.15
Personal Distress	.32**	.35**	.30*	.35**	.17	.05	-.00	.023	.35**

*Note.* \* $p < .05$ , \*\* $p < .01$ .

## CHAPTER 4

### DISCUSSION

The findings of this study have several implications for the sexual assault literature regarding self-blame and blame toward survivors of sexual assaults. The purpose of this study was to understand more about self-blame in sexual assault survivors as well as how they may perceive other sexual assault survivors. Another purpose of this study was to understand victim blame in women without a history of sexual assault. Attributional style was included as a way to further understand the concepts of blame. Empathy and depression constructs were also included in the study for exploratory purposes.

#### Findings Related to Participants with a History of Sexual Assault

The first hypothesis proposed that women with a history of sexual assault who had higher internal negative attributional style would have higher levels of self-blame for the occurrence of the assault. This hypothesis was supported on two of the four questions involving self-blame and sexual assault on the SES. Self-blame on Questions 11 (“Have you ever had sexual intercourse with a man when you didn’t want to because he used some degree of physical force?”) and 13 (“Have you ever been raped?”) corresponded to higher levels of negative internal attributional style. The questions which were not significantly related with internal negative attributional style and self-blame were Questions 10 (“Have you ever had sexual intercourse with a man when you didn’t want to because he threatened to use physical force if you didn’t cooperate?”) and 12 (“Been in a situation where a man obtained sexual acts such as anal or oral

intercourse when you didn't want to by using threats of physical force?"). However given the low reliability index for internal negative attributional style, these findings must be viewed with caution.

The difference between Question 11 and Questions 10 and 12 is the use of actual physical force versus threats of physical force. Question 13 is different from the other questions because rather than describing a sexual assault, it actually uses the term "rape." It was expected that negative internal attributional style would have been correlated with self-blame on all sexual assault items and this was not the case. Why this varies depending on the question is not clear. However, several studies have found that women are more likely to label their sexual assault as rape when physical violence occurs (Bondurant, 2001; Gault, 1993; Kahn, Mathie, & Torgler, 1994; Layman et al., 1996; Schwartz & Leggett, 1999). It would seem that women who blame themselves for an event acknowledged as rape, might do so due to a higher internal negative attributional style. This may explain the findings in part. Studies have also found that women who acknowledge their experience as a rape or sexual assault, are more likely to engage in self-blame (Bondurant, 2001). Considering that internal negative attributional style is a measure of how much one blames oneself versus blaming the situation when faced with a negative event, it is reasonable that this would be more strongly correlated with self-blame on Items 11 and 13 of the SES, if these items were considered "worse" by the participants than Items 10 and 12. Furthermore, Branscombe et al. (2003) found that counterfactual thinking (thoughts such as, "I shouldn't have gone there" or "What could I have done differently?") led to more self-blame in sexual assault survivors. It seems that counterfactual thinking would occur more in persons with an



internal negative attributional style. Ball, McGuffin and Farmer (2008) found that the ASQ does not predict long-term depression, but can be used to understand current functioning. However, they found that the Internal Negative subscale was influenced by past depressive episodes. Although the current study found no significant relationships between the CES-D and other variables in sexual assault survivors, the finding of a relationship between self-blame and internal negative attributional style may indicate past depression related to self-blame.

The second hypothesis was that sexual assault survivors were expected to show a negative relationship between internal negative attributional style and blame toward other survivors. This hypothesis was not supported. There was no relationship in either direction between internal negative attributional style and survivor blame. The idea behind this hypothesis was that survivors, at least some of whom blame themselves for negative events, might imagine themselves in the scenarios based on their own experience, leading them to attribute blame to the survivors in the scenarios. However given the low reliability index for internal negative attributional style, these findings must be viewed with caution.

The fourth and fifth hypotheses predicted that a survivors' level of self-blame would impact their blame toward other survivors, but would be moderated by their global negative attributional style. Although logical in theory, these hypotheses were not statistically supported. It may be the case that self-blame in sexual assault survivors is unrelated to blame toward other survivors as well as unrelated to global negative attributional style. Perhaps sexual assault survivors' views toward other survivors have more to do with their perceived similarity to the victim. Several studies have determined

that a person's perceived similarity to a survivor of a sexual assault can lead them to attribute less blame to the survivor (Bell, Kuriloff, & Lottes, 1994; Fulero & DeLara, 1976; Krebs, 1975; Thornton, 1984). It may be the case that if a sexual assault survivor who blames herself may only blame another survivor if that scenario is similar to her own. For example, a survivor of a stranger rape, who does not blame herself for her sexual assault experience, may blame a survivor of a stranger rape depicted in a scenario, because she views it in a different context. Likewise, a victim who blames herself for a stranger rape may view the stranger rape scenario as similar to her own, and blame the survivor portrayed.

The exploratory analyses should be interpreted with caution. Because Bonferonni corrections were not practical to employ, family wise error rate was not controlled. Exploratory analyses related to the first hypothesis determined that Global Negative Attributional Style and Hopelessness scale scores on the ASQ were positively correlated with self-blame in sexual assault survivors on Item 13 (rape) of the SES. Stable positive attributional style was negatively related to self-blame on Item 13 of the SES. It is interesting that these were only related to Item 13 on the SES and not other items. It appears that self-blame on items describing sexual assault may be different then self-blame on an item that states, "I was raped." Women who do not acknowledge, "I was raped" have self-blame for an event they do not label as rape. Thus, they may have less negativity and hopelessness than women who have self-blame for an event that they label as rape. Again, this fits with previous studies involving acknowledgement of sexual assault and self-blame (Bondurant, 2001).

Global negative attributional style involves how much a person expects that a

negative event will be related to other events. This may indicate that the self-blame a survivor feels related to sexual assault could be impacting other areas of her life. Possibly, it may be perceived as leading to other negative events by the survivor. Interestingly, Miller, Markman, and Handley (2007) found that female undergraduates who endorsed greater self-blame following sexual assault were at increased risk for sexual revictimization during a 4-month follow-up period. This is startling when considering the findings of the current study. Perhaps survivors expect that other negative events will occur related to their sexual assault and this places them at increased risk for revictimization. This is also interesting considering the findings of the current study regarding stable positive attributional style.

Stable positive attributional style indicates how much a person expects a positive event to occur again or continue to occur. This was negatively related to self-blame on Item 13 of the SES. In other words, if a person anticipates that positive events will continue to occur, they have less self-blame related to having been raped. This may be a protective factor similar to optimism about the future. Perhaps having this optimism allows survivors to see the future and move forward with less blame about past events. Similar to this idea, the findings of the present study found that higher Hopelessness scale scores on the ASQ were related to higher self-blame on Item 13 of the SES.

The Hopelessness scale on the ASQ is composed of all negative attributional style scores. This scale was related to depression in several studies (Abramson et al., 1999; Alloy et al., 2000; Ball, McGuffin & Farmer, 2008; Fresco, Alloy, & Reilly-Harington, 2006; Gladstone & Kaslow, 1995; Haugen & Lund, 2002; Joiner & Wagner, 1995). This relation between hopelessness and depression was not found in sexual

survivors in the current study. However, it is interesting that hopelessness was related to self-blame. Considering that no significant relation was found between self-blame and depression in sexual assault survivors, it appears that attributional style is more important than depression for predicting self-blame in sexual assault survivors. It may be the case that sexual assault survivors each respond to their attacks differently. They may not all experience depressive symptoms as a result of their experience. Self-blame may not lead to depression necessarily, however having a hopeless attributional style may make one more prone to self-blame.

Exploratory analyses related to the second hypothesis found that survivor blame on Vignette 3 (a vignette depicting a date rape scenario) was positively correlated with global negative attributional style, global positive attributional style, and the Hopelessness scale on the ASQ. These findings suggest that having a global attributional style whether positive or negative is related to blaming sexual assault survivors in date rape situations. Having a global style is expecting a particular situation to generalize to many other situations. Therefore, it would make sense that people with such an attributional style would tend to be less flexible when reading scenarios. If a participant holds some rape myths or views toward date rape regarding blame, they may apply this to all date rape situations they hear about. Even a strongly held belief in personal responsibility might somehow generalize to victims of an assault, failing to account for the specific stressors of the situation. Having a global style may make it more difficult for a person to consider different details or other persons' perspectives.

The Hopelessness scale on the ASQ is a combination of negative attributional style scores and has been used to predict depression. The findings of the current study

showed a relationship between hopelessness and survivor blame on the date rape scenario. This may indicate that sexual assault survivors who feel hopeless about their own past assaults or who have a generally negative view toward themselves are more likely to blame other survivors, at least in somewhat ambiguous situations such as date rape. These same findings were not found for Vignette 7, which depicted a stranger rape.

Exploratory findings related to the fourth and fifth hypotheses found that for women who have high self-blame for their sexual assault, their level of depression is related to their internal negative attributional style, global negative attributional style and Hopelessness scores on the Attributional Styles Questionnaire. This fits with the literature that concluded that these cognitive styles could be a predictor for learned helplessness and depression (Abramson, Seligman, & Teasdale, 1978; Fresco, Alloy, & Reilly-Harrington, 2006; Haugen & Lund, 2002; Peterson, 1991, Robins, 1988; Sweeny, Anderson, & Bailey, 1986). Interestingly, this finding was not present for women with low self-blame for their sexual assault. It may be that depression is made worse by this attributional style for women with high self-blame or that their high self-blame is due to their attributional style. In other words, if a woman typically views the cause of negative events as having to do with herself, she may blame herself for the sexual assault.

Women with high self-blame who had higher Fantasy scores on the empathy measure (IRI) tended to have higher internal positive attributional style. The Fantasy scale measures how much a person is able to relate to fictional characters or places themselves in those situations when reading or viewing movies, for example. This may indicate that women with high self-blame who tend to view positive events as being due

to something about themselves, tend to more readily relate to fictional characters or engage in fantasy. Interestingly, Empathic Concern, which measures concern and sympathy for others, was not related to positive attributional style for these women, however it was related to global positive attributional style and Hopefulness scores in women with high self-blame. This may indicate that women with high self-blame for their assault who view themselves as having control over positive events, may not be able to extend this view toward other real people. However, they may be more likely to engage in concern for others when they have a hopeful or global view about positive events.

In the low self-blame group, Hopelessness scores on the ASQ were found to be lower as Fantasy scores on the IRI increased, indicating the possibility that engaging in fantasy may serve to lower hopelessness or that persons with hopelessness have more difficulty engaging in fantasy or imagining themselves in fictional situations. For women in the low self-blame group, higher scores on the Personal Distress scale of the IRI, which measures how distressed a person feels when being exposed to another's distress, related to lower stable negative, stable positive, global positive, and Hopefulness scores on the ASQ. This is interesting because it suggests that having stable attributional style, whether positive or negative may decrease these women's personal distress in relation to other's personal distress. Perhaps because they have less self-blame, they feel less distressed about their own situations and feel that this will persist, will apply to other situation, and that other people will eventually be less distressed and will have good outcomes. This fits with the finding that global positive attributional style and hopefulness were negatively related to the Personal Distress scale. Of course, these and all other exploratory findings must be interpreted with

caution as they were not predicted a priori, and many of the exploratory analyses were based upon small sample sizes.

Several exploratory findings not related to the hypotheses are worth some consideration. A negative correlation was found between Empathic Concern and Self-blame on Item 13 (“I was raped”) of the SES. Empathic Concern is designed to measure sympathy or compassion toward others. This suggests that having sympathy for others may decrease blame toward oneself. Perhaps being able to understand others’ pain makes it easier for women not to blame themselves and to understand their own pain. This idea is further strengthened by the finding that as participants’ scores increased on the Perspective Taking scale, their self-blame on Item 13 of the SES decreased. It may be the case that being more understanding of others’ perspectives is a protective factor against self-blame and criticism of oneself.

Burnette, Davis, Green, Worthington, and Bradfield (2009) found that a lack of empathy on the Empathic Concern scale of the IRI was related to higher scores on the CES-D. The current study was unable to replicate these findings in either group (those with a sexual assault history, and those without a sexual assault history). This may be due to the differences in samples. The Burnette et al. (2009) study sampled a group of college students including both women and men, whereas the present study focused only on college women. The finding of the current study that lack of empathy on the Empathic Concern scale of the IRI was related to higher self-blame on the SES item “I was raped” is interesting to consider. Although the current study was unable to find a link between the Empathic Concern scale and depression, the findings showed that the Empathic Concern scale was linked to self-blame. Several studies have shown that self-

blame in sexual assault survivors is related to depression (e.g., Arata, 1999; Burt & Katz, 1988; Frazier, 1990, 2000, 2003; Frazier & Schauben, 1994; Meyer & Taylor, 1986).

Similarly, a positive relation was found between Empathic Concern scale scores on the IRI and stable positive attributional style. Stable positive attributional style reflects how much a person anticipates positive events to reoccur. As discussed previously, stable positive attributional was negatively related to self-blame. Perhaps expecting positive events in the future along with maintaining compassion toward others is related to contentment with oneself (higher self-esteem), leading to lower self-blame. No relation was found between the Empathic Concern scale and stable positive attributional style in participants without a history of sexual assault.

#### Findings Regarding Participants without a History of Sexual Assault

The third hypothesis predicted that women who did not report a sexual assault history would show a positive relationship between internal negative attributional style and blame toward sexual assault survivors. This hypothesis was supported when Vignettes 3 and 7 were combined into one blame score; however the difference was not as robust when looking at each vignette separately. This might suggest that the type of sexual assault is less important when looking at the relationship between blame toward sexual assault survivors and internal negative attributional style in this group. If persons with high internal negative attributional styles are imagining themselves in the scenario, they might blame the survivor simply because they typically blame themselves for negative events. These findings are interesting, considering the previous literature on



the just world hypothesis (Lerner & Simmons, 1966). Persons who typically blame themselves for negative events, may feel fear when reading about a sexual assault, especially if they might be prone to blaming themselves if placed in the situation. According to the just world hypothesis, this might in turn cause them to blame that person to make themselves feel safer and tell themselves that they are nothing like that person.

Exploratory analyses related to Hypothesis 3, found that global negative attributional style was positively correlated with blame in the stranger rape scenario in women without a history of sexual assault. Global negative attributional style is a measure of how much someone expects a negative event to apply to other events. If a person generally believes in rape myths or has the belief that women can prevent a sexual assault from occurring, having a negative global attributional style might lead them to apply these beliefs to all sexual assault situations. Interestingly, global negative attributional style was related to survivor blame on the date rape scenario for participants who had experienced a sexual assault, but that was not the case on the stranger rape scenario. This finding might suggest that a person with a history of sexual assault and a higher negative global attributional style may be more likely to blame a survivor in a date rape scenario, whereas a person without a history of sexual assault and higher negative attributional style may be more likely to blame a survivor in a stranger rape scenario. Mason, Riger, and Foley (2004) conducted a study to understand more about how sexual assault history impacts survivor blame. Their study included only one scenario, depicting date rape. There were no significant effects of sexual assault history on victim blame. They concluded that a woman's sexual assault

history might not be the main factor in how she views others' sexual assaults. The findings regarding negative global attributional style and type of rape scenario in the current study support the idea that a woman's sexual assault history is likely not the main factor in how she attributes blame toward other survivors.

Regarding women without a history of sexual assault, other unpredicted findings merit some discussion. Depression was positively correlated with hopelessness (as measured by the ASQ). Related to this finding, stable negative attributional style, internal negative attributional style and global negative attributional style were all positively correlated with depression, similar to the findings of previous studies (Abramson, Seligman, & Teasdale, 1978; Fresco, Alloy, & Reilly-Harrington, 2006; Haugen & Lund, 2002; Peterson, 1991, Robins, 1988; Sweeny, Anderson, & Bailey, 1986). These studies concluded that this cognitive style was a predictor for learned helplessness and depression. Interestingly, this was only found in sexual assault survivors with high self-blame. This was not found in sexual assault survivors with low self-blame. Perhaps depression in women with sexual assault histories is due more to their life stresses and less to their cognitive style, however self-blame likely comes from having this type of cognitive style and likely contributes to depression.

Depression also positively correlated with the Fantasy scale and Personal Distress scale on the IRI. The Fantasy scale measures how much a person puts oneself into fictional situations (e.g., "When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me"). The Personal Distress scale measures how much a person experiences distress and discomfort in response to distress in others (e.g., "Being in a tense emotional situation scares me").

These findings could suggest that in response to depression, a person may place herself in a fantasy as a way of coping or avoiding negative feelings. Conversely, vivid fantasy may somehow make women vulnerable to depression. The positive correlation between the Personal Distress scale and the Depression scores suggests that people may be more distressed by others' negative, painful experiences when they are depressed. Burnette et al. (2009) found that lack of empathy on the Empathic Concern scale contributed to depression using the CES-D in a college sample of men and women. The current study found no correlation between the Empathic Concern scale and Depression scores. The sample of in the current study included women only and involved different measures. The Burnette et al. (2009) study examined parenting styles and attachment. Perhaps, the content of the current study elicited different responses in participants than a study involving attachment and parenting would.

The Personal Distress scale was negatively related to the Hopefulness scale on the ASQ, and the Global Positive scale on the ASQ. The Personal Distress scale appears positively related to the Global Negative scale on the ASQ. Being upset by the distress of others may be higher in women who have not experienced a sexual assault when they are less hopeful about the future. Also, the more a person anticipates that negative events will be related to other events in life, the more upset the person is likely to be by others' distress. Perhaps this reflects anticipation that the distress seen in others is an indicator that more negative events will occur in the future. When examining these findings more closely, it appears that there are differences based on survivor blame. Women without a history of sexual assault, who have extreme blame toward the perpetrator (low survivor blame), have Personal Distress scores that are negatively

related to global positive attributional style and Hopefulness scores. This is not the case for those with extreme blame toward the survivor (low perpetrator blame). Their Personal Distress scores are positively related to their global negative, internal negative, stable negative, and Hopelessness scores. In other words, participants with very low levels of survivor blame who have higher Hopefulness scores are less likely to experience distress related to the distress of others, whereas participants with very high levels of survivor blame who have higher Hopelessness scores are more likely to experience personal distress when reading about the distress of others. Perhaps the just world hypothesis (Lerner and Simmons, 1966) is playing a role. If a person attributes negative situations as having to do with something internal, expects it to continue, and expects it to apply to other situations, when reading a scenario depicting a sexual assault they might feel distress because they may fear this happening to them. This might in turn lead them to blame the survivor keep them from feeling at risk. This may also explain the negative relation between Personal Distress scores and Hopefulness scores in the group with extreme blame toward the perpetrator. If they typically have a hopeful outlook (they attribute positive events to having to do with themselves, expect the events to keep happening, and expect them to apply to other situations) then perhaps they are less distressed by others' distress because they expect things to improve for that person and that justice will and should be served, leading them to attribute extreme blame to the perpetrator.

Empathy did not appear to play a role in the date rape vignette for women without a history of sexual assault. However, both perspective taking and empathic concern were negatively related to blame on the stranger rape vignette. In other words,

the more a person has compassion and sympathy for others and an ability to take another's perspective, the less likely they are to attribute responsibility to that person when reading about them being sexually assaulted in a stranger attack. Perhaps this was not found for this group in the date rape scenario because the vignette contained facts that could invoke rape myths. For example, the victim was described drinking alcohol and kissing the male prior to the assault, which could invoke myths regarding the woman "asking for it." Perhaps the reason that empathy was not related to survivor blame in the sexual assault survivor group was because their own sexual assault experience determined how they viewed the women in the vignettes, more so than empathy. In other words, these women might not need high scores on the perspective taking, because they could draw on their own personal experience to understand the woman's experience in the vignette. This is similar to research on perspective taking, which has indicated that people are often less likely to attribute responsibility to survivors of a sexual assault who are perceived as being similar to themselves in some way (Bell, Kuriloff, & Lottes, 1994; Fulero & DeLara, 1976; Krebs, 1975; Thornton, 1984). If a sexual assault survivor perceives another survivor as similar to herself, she is taking their perspective, even if her scores on the Perspective Taking scale indicate that she does not typically do this.

### Clinical Implications

The findings of the current study may have important implications for the treatment of sexual assault survivors seeking treatment, as well as for educating persons who have not experienced a sexual assault. One important aspect to consider

is that negative attributional style (Hopelessness scale) has been linked to the development of PTSD in persons who experienced an interpersonal trauma in several studies (Elwood, Hahn, Olatunji, & Williams, 2009; Gray, Pumphrey, & Lombardo, 2003; Kuyken & Brewin, 1999; Palker-Corell & Marcus, 2004; Runyon & Kenny, 2002). The current study found that negative attributional styles and their combination (the Hopelessness scale) were positively related to self-blame in sexual assault survivors on the “rape” question of the SES. This indicates that women who label their sexual assault as rape, and who have a negative attributional style may be at high risk to develop PTSD. Clinicians should be aware this, and assess for symptoms of PTSD in sexual assault survivors who present with a negative attributional style. Targeting some of these negative attributions for the assault may be an important first step in the treatment of PTSD symptoms. For example, the client may have a global, stable negative attribution about the sexual assault such as, “I will never be the same again and this will impact everything in my life.” Breaking down this stable and global attribution may need to occur before the client will be willing to experiment with alternative behaviors and problem solving strategies.

Some participants in the current study responded to items on the SES indicating that they had experienced a sexual assault, but did not endorse Item 13 (“I was raped”). Bondurant (2001) found that women who acknowledged their sexual assault as “rape” had higher levels of self-blame related to the assault. However Miller, Markman, and Handley (2007), found that when women do not understand the legal definition of sexual assault and do not label their experience as such, they are more likely to engage in self-blame. Perhaps the label of “rape” or “sexual assault” can be traumatizing for some

women, due to societal and cultural myths or representations these terms carry with them. On the other hand, some survivors may avoid these terms as part of denial regarding the event.

It is very common for women not to acknowledge that they have been sexually assaulted. Bondurant (2001) found that 64% of college women, who experienced a sexual assault, did not acknowledge it as such. Studies have found that women may not label the experience as rape when it does not involve violence and a stranger (Bondurant, 2001; Kahn, Jackson, Kully, Badger, & Halvorsen, 2003; Kahn, Mathie, & Torgler, 1994). Is it best to help clients understand their experience was a sexual assault, when they themselves do not identify it as a sexual assault? It seems that this would be important in helping the client avoid revictimization and contrary to Bondurant (2001), help the client recognize that they are not to blame for the assault. The current study seems to indicate (similar to Bondurant; 2001), that acknowledging, "I was raped" is associated with higher internal negative attributional style and higher self-blame. Thus it may be important for clinicians to carefully consider how best to discuss this issue with clients who report a sexual assault but do not label it as such. A client may come in for an issue related to their assault such as depression and may not discuss their assault, perhaps not even considering it to be rape or sexual assault. When asking about past trauma, clinicians might consider terms other than "sexual assault" or "rape," to allow the client to report an experience that they do not label as such. Then as the client is ready, allow them to explore those terms to aid in their lessening of self-blame regarding the event. It may be the case that the way the client views the event in regard to her attributional style is more important than how it is labeled.

Regarding the participants in the study without a history of sexual assault, there was blame toward the survivors in both the date rape scenario and stranger rape scenario. Based on previous literature involving blame toward sexual assault survivors, the blame in the date rape scenarios was not surprising. However blame toward survivors of a stranger attack was less expected. This indicates that more education should be done in society about sexual assault and rape not being the fault of the victim. Along these same lines it is important to consider the support, outside of the clinical setting, that sexual assault survivors are receiving. The current study found that both sexual assault survivors and women without a history of sexual assault attributed blame to the survivor portrayed in the vignette depicting a date rape. Sexual assault survivors who report their assault to a friend or family member may receive comments that are unsupportive and illicit self-blame. Clinicians need to be understanding of this and need to be able to provide a judgment-free environment and assess the support the client is receiving outside of the clinical setting.

### Limitations

The current study had some limitations that are important to consider when interpreting the results. The results of the current study have limited generalizability. The sample in the current study was limited by location, age and culture. The sample was taken from a southern US population. If this study were conducted elsewhere, the results may not be the same. As described in the introduction, having more traditional gender roles can lead to greater acceptance of rape myths. The southern part of the United States has been studied as having a unique culture, including a stronger



adherence to traditional gender roles (Johnson & Stokes, 1984; Rice & Pepper, 1997) than elsewhere in the US. If this study were repeated with a sample from a northern area of the United States, the results might indicate less survivor blame and possibly less self-blame. This sample also only included females from a university. Students in the university may differ from their non-university counterparts. Results might differ considerably if this study were replicated using a sample not taken from a university setting. Related to the use of a university sample, 95% of the participants in the current study fell between the ages of 18-25. If this study were conducted using a broader age range, the findings could be different.

Another limitation to the current study was the relatively small number of sexual assault survivors. This made performing analyses within this sample difficult. Particularly, the results from the analyses comparing the high self-blame group and low self-blame group might have been different if conducted with a larger sample.

This study was also limited by the measures that were included. If more measures had been included it may have helped better explain the findings and may have changed the findings somewhat. In hindsight, a measure specifically accessing rape myths might have been useful in understanding more about blame attributed to sexual assault survivors and may have accounted for some of the findings. Similarly, a measure of perceived similarity to the survivor in the scenarios may have added an interesting element to the study and given further insight into blame aimed at sexual assault survivors. Regarding further understanding of self-blame in sexual assault survivors, it may have been beneficial to have asked follow-up questions regarding the sexual assault, as to the type of sexual assault the survivor experienced (date rape,

marital rape, stranger rape, etc.). This would add to the understanding of whether self-blame in the current study was related to specific types of rape in addition to attributional style, depression, and empathy. Also, a measure of PTSD symptoms would have been helpful to further understand the effects of self-blame on the mental health of sexual assault survivors.

A final limitation to this study was that all measures were self-report. Although this was helpful for the study and allowed the participants anonymity, it also may limit accuracy. Even though participants' responses were anonymous they still might have answered differently due to the fact they were in a study and social desirability may have played a role. For example, a participant who blamed herself for a sexual assault may have felt that doing so was not reasonable and thus may have answered questions in ways that did not reveal this. Similarly, when attributing blame to sexual assault survivors, participants may have been reluctant to assign as much blame as they actually perceive, due to fears of being seen as unkind and their identity somehow being revealed.

#### Directions for Future Research

Throughout the process of reviewing literature and conducting this study, it became clear that several small studies have looked at various factors contributing to attributions of blame toward survivors of sexual assault. However no study has tried to incorporate all of these variables into one large study to further understand how all of these factors work together. It appears that several factors combined (not one or two) likely contribute to sexual assault survivors being blamed for the sexual assault. A large

study should be conducted using factor analysis to see how all of these many variables work together to contribute to blame toward sexual assault survivors. An ideal study would be one involving several hundred men and women across the nation of various ages and backgrounds to get a broader perspective. This study would utilize measures that assess the following possible factors for survivor blame: gender, gender roles, gender hostility, perceived vulnerability, the use of alcohol or drugs, perceived characteristics about the sexual assault survivor, the survivor's relationship to the assailant, belief in a just world (just world hypothesis), empathy, and the acceptance of rape myths. Given that all of these factors have been found in various studies to contribute or play a role in survivor blaming, they should be fit into competing statistical models (using structural equation modeling) to understand more about how these factors work together. Findings from such a study would help researchers understand the main factors that contribute to survivor blame and aid in developing more effective ways to address these problems clinically and at the level of public awareness.

Self-blame in sexual assault survivors still needs considerable research attention. The literature seems lacking in this area compared to the literature involving blame toward sexual assault survivors by others. A better understanding of self-blame in sexual assault survivors would aid in treatment for survivors. A large study involving several hundred women who have been sexually assaulted could address issues such as how they define sexual assault in general, how they define their own sexual assault, and how self-blame relates to psychological distress. Such a study would assess depression, anxiety and PTSD, and reasons why the woman blames herself for the assault. This would yield insight into how self-blame in sexual assault survivors occurs

and if there is such a thing as self-blame being helpful for sexual assault survivors, like Janoff-Bulman (1979) proposed.

Further research needs to be conducted on how self-blame in sexual assault survivors relates to depression and PTSD. Further exploration should involve understanding the differences between sexual assault survivors and persons without a history of sexual assault. For example, we need to understand why depression was related to negative attributional style for the women who have not experienced a sexual assault but not for women who have experienced a sexual assault. Does experiencing negative events cause a different type of depression from depression caused by negative cognitions, as measured by the ASQ? Future research should also look at the role of empathy as it relates to the blaming of sexual assault survivors and self-blame in sexual assault survivors. The negative relation between empathy and self-blame observed in the present study leaves questions to be answered about the role of empathy in a person's well being. Does being empathic toward others cause a person to be more empathic toward oneself? Could forgiveness toward one's attacker lead a sexual assault survivor to better cope with her trauma and have less self-blame? These and other important questions merit our research and attention.

APPENDIX A  
HYPOTHESES

**#1:**

*Only Participants with a History of Sexual Assault*

↑Internal Negative Attributional Style

↑Self-blame

**#2:**

*Only Participants with  
a History of Sexual Assault*

↑Internal Negative Attributional Style

↑Survivor blame

**#3:**

*Only Participants without  
a History of Sexual Assault*

↑Internal Negative Attributional Style

↓Survivor blame

**#4:**

*Only Participants with  
a History of Sexual Assault  
High Self-blame*

↑Global Negative Attributional Style

↑Survivor blame

**#5:**

*Only Participants with  
a History of Sexual Assault  
Low Self-blame*

↑Global Negative Attributional Style

↓Survivor blame

APPENDIX B  
DEMOGRAPHICS

Instructions: Please provide the following information that is requested below.

**Sex:** \_\_\_\_\_ (M or F)

**Age:** \_\_\_\_\_

**Sexual Preference:** \_\_\_\_\_ (heterosexual, homosexual, bisexual, etc.)

**Relationship status (select one):**

Married   In a relationship   Single   Divorced   Widowed   Other:\_\_\_\_\_

(Please Specify)

**Ethnicity (select one):**

Caucasian   Hispanic   American Indian   Asian/Pacific Islander   African American

Other (please specify) \_\_\_\_\_

**Do you have any brothers (select one)?**

Yes   No   If yes how many? \_\_\_\_\_ How old are they? \_\_\_\_\_

**Do you have any sisters (select one)?**

Yes   No   If yes how many? \_\_\_\_\_ How old are they? \_\_\_\_\_

**Education (select current classification):**

Freshman   Sophomore   Junior   Senior   Graduate Student



APPENDIX C  
DIRECTIONS FOR SES FOLLOW UP QUESTIONS



APPENDIX D  
VIGNETTES

**For each of the following scenarios please indicate whom the blame should be placed on. The total blame should add up to 10. Therefore, if you believe one person in the scenario is entirely to blame, that person would receive a ten and the other person, a zero. Or you could give one person a 7 and one a 3 if you felt one was to blame, but the other may still have some responsibility for the situation.**

1. John took a shortcut home from the bar, late at night. As he was walking on a dark secluded street, a larger man ran toward him from a side street waving a gun. The man threatened to shoot John if he did not give him his wallet. John handed the man his wallet and the man ran away.

Please rate the amount of blame you place on the persons in the situation. Remember that the scores must total 10.

John: \_\_\_\_\_

Man: \_\_\_\_\_

2. Mark was having a difficult time paying attention in his class and thought that it was boring, so he stopped going as often. He asked the professor for a copy of the power point slides, so he could study for the upcoming test. She told him that he did not give out the power point slides, and that he should have attended class more regularly. Mark studied as much as he could, but he took the test the following week and failed.

Please rate the amount of blame you place on the persons in the situation. Remember that the scores must total 10.

Susie: \_\_\_\_\_

Professor: \_\_\_\_\_

3. Sally went to a party at Jack's house (a guy she had met at a bar the night before). She ended up drunk. He told her that she could stay the night at his house since she could not drive. Jack said Sally could sleep in his bed with him. Sally slept in Jack's bed and he started kissing her. She kissed him back. He started taking her clothes off. She told him to stop and he would not. He held her down and had sex with her while she yelled at him to stop.

Please rate the amount of blame you place on the persons in the situation. Remember that the scores must total 10.

Sally: \_\_\_\_\_

Jack: \_\_\_\_\_

4. A man was attempting to back out of a parking space in a crowded, busy parking lot. He looked behind him and saw no one coming and began backing out. A woman in her car came around the corner and the man backed into her car.

Please rate the amount of blame you place on the persons in the situation. Remember that the scores must total 10.

Man: \_\_\_\_\_

Woman: \_\_\_\_\_

5. Jane hated her job, because her boss made her and her female coworkers uncomfortable with sexually harassing remarks and obscene gestures. One day when he made a remark, Jane became extremely angry and began yelling and cussing at her boss. Her boss fired her.

Please rate the amount of blame you place on the persons in the situation. Remember that the scores must total 10.

Jane:\_\_\_\_\_

Boss:\_\_\_\_\_

6. Jack's lock on the back door of his house was broken. He kept forgetting to fix it. One day he came home and his house had been broken into. All of his electronics, as well as some money was stolen. The police told him that there were no signs or forced entry into the home and that the burglar most likely walked in the back door.

Please rate the amount of blame you place on the persons in the situation. Remember that the scores must total 10.

Jack:\_\_\_\_\_

Burglar:\_\_\_\_\_

7. Tammy went jogging in the park early in the morning. There were not a lot of people around, and she had never run there before. A male jogger ran up next to her and they began talking as they jogged. As they rounded a corner onto a more secluded area of the trail, the man pushed her to the ground and forced her to have sex with him.

Please rate the amount of blame you place on the persons in the situation. Remember that the scores must total 10.

Tammy:\_\_\_\_\_

Man:\_\_\_\_\_

APPENDIX E  
CHILDHOOD SEXUAL ASSAULT QUESTIONS

Please select an answer for the following questions:

**1. Were you physically abused as a child?**

- Yes
- No
- Not Sure

**2. Were you sexually abused as a child?**

- Yes
- No
- Not Sure

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