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SEXUAL ASSERTIVENESS AS A PREDICTOR OF DIFFERENTIAL VULNERABILITY IN  
SEXUAL VICTIMIZATION BETWEEN SORORITY- AND NON-AFFILIATED COLLEGE  
WOMEN

A dissertation  
presented in fulfillment  
for the degree of Doctorate of Philosophy  
in the Department of Psychology  
The University of Mississippi

by

MARY ASHTON PHILLIPS

June 2014

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## ABSTRACT

Since Koss' seminal research in 1985, it has been clear that college women are especially vulnerable to sexual victimization; more than 30% of her sample had experienced the legal definition of rape, which includes completed as well as attempted rape. Since then, several studies have found similar findings. Koss, Gidycz, and Wisniewski (1987) reported that 15.4% of a sample of college women had experienced rape and 12.1% had experienced attempted rape since the age of 14. Gross, Winslett, Roberts, and Gohm (2006) also found in their college sample that 13.3% of women had experienced rape and 18.2% had experienced attempted rape. Findings also consistently show that over half of college women report having experienced some form of sexual victimization. The emotional and psychological sequelae of rape include PTSD, (Rothbaum, Foa, Riggs, Murdock, & Walsh; 1992), depression, (Atkeson, Calhoun, Resick, & Ellis, 1982), and anxiety (Burgess & Holstrom, 1974).

Studies examining contextual variables surrounding sexual victimization have found relationships between victimization and alcohol consumption (Ullman, Karabatsos & Koss, 1999), age of first intercourse (Koss, 1985), and number of sexual partners (Brener, McMahon, Warren, & Douglas, 1999). Recent research involving sorority women reveals that they are even more likely to experience sexual victimization than non-affiliated college women (Kalof, 1993; Minow & Einolf, 2009). Environmental factors such as an increased use of alcohol, especially

binge drinking, increased exposure to fraternity men, and increased social activity have been correlated with increased victimization risk (Minow & Einolf, 2009). Sorority women report elevated victimization levels even when these factors are controlled.

In order to examine differences in sexual victimization between sorority women and non-sorority women, female participants enrolled at a public university completed online self-reports of sexual victimization, traditional femininity, alcohol use, and sexual assertiveness. While t-tests revealed no significant differences between sorority and non-sorority women regarding sexual victimization in college, logistic regressions revealed that sexual assertiveness and alcohol use were predictive of sexual victimization. Specifically, refusal assertiveness had an odds ratio of .901, overall sexual assertiveness had an odds ratio of .959, and alcohol use had an odds ratio of 1.046. Additionally, a correlation matrix revealed a negative correlation between years in a sorority and sexual assertiveness. These results highlight the importance of understanding the relationships among alcohol, sexual assertiveness, and sexual victimization.

## DEDICATION

This dissertation is dedicated to my parents, Jim and Nancy Phillips, without whom this would not have been possible; to Chris and Michelle Groff, who have been supportive throughout my time in graduate school; and to the Tarrant County Women's Center, whose dedication and passion for working with women who have experienced sexual victimization inspired my research and clinical interests in helping victims of sexual assault.

## LIST OF ABBREVIATIONS AND SYMBOLS

NISVS	National Intimate Partner and Sexual Violence Survey
SES	Sexual Experiences Survey
CFNI-45	Conformity to Feminine Norms Inventory – 45 Questions
MANOVA	Multivariate Analysis of Variance

## ACKNOWLEDGMENTS

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## I. INTRODUCTION

The consequences of rape are damaging and long-lasting. Various studies have shown emotional and psychological sequelae that include PTSD (Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992), depression (Atkeson, Calhoun, Resick & Ellis, 1982), drug and alcohol dependence (McCall, 1993), and increased anxiety. (Burgess & Holstrom, 1974). The 2010 National Intimate Partner and Sexual Violence Survey (NISVS) reported that almost 1 in 5 women (18.3%) have experienced rape or attempted rape (Black et al., 2011).

Studies have shown that relative to community samples, the prevalence of rape is higher for college women. Since Koss' seminal 1985 survey on college women, research has consistently shown more than 30% of college women endorsing having experienced what meets the legal definition of rape, which includes completed or attempted rape (Koss, 1985; Benson, Gohm, & Gross, 2005). Additionally, there is evidence that certain populations of college women, especially sorority women, may be more likely to be victimized than their non-sorority counterparts. For example, Kalof (1993) found that compared to unaffiliated college women, sorority women were more likely to have experienced physical coercion, and were twice as

likely to have experienced alcohol-related non-consensual sex. Minow and Einolf (2009) reported the likelihood of sexual assault for sorority women was 556.9% higher than that of non-sorority women.

Reasons for this increased vulnerability are unclear. Early studies (Kalof, 1993) examined inherent differences between women who choose to be in sororities versus those who did not, and noted sexual victimization was correlated with sorority women's attitudes and beliefs regarding rape myths and rape vulnerability. More recent work (Minow & Einolf, 2009) has focused on behaviors or situations fostered by being a member of a sorority, and have found that activities such as attending Greek social events where alcohol was served increased vulnerability for rape.

The purpose of the present work is to examine the role of sorority affiliation in rape victimization among college women. In particular, whether increased social activity, especially activity involving alcohol, accounts for the increased risk of rape among sorority women, or whether other factors specific to being in a sorority are involved. Following a review of prevalence and consequences of rape, variables associated with sexual assault among college women will be discussed. The impact of the relationship between sororities and associated fraternities on sexual assault on University women will also be examined, particularly whether sexual assertiveness is significantly different in sorority women and whether that is associated with increased vulnerability.

## II. RAPE PREVALENCE AMONG COLLEGE WOMEN

The incidence of rape among college women in the United States is shockingly high. In 1985, Koss surveyed 231 college women using the 1982 Sexual Experiences Survey (SES), which utilizes behavioral descriptions to determine whether a woman has been raped. The data revealed that 12.7% of her sample had experienced a completed rape, and 24% experienced attempted rape. Koss concluded that 38% of these women had experienced an event that met the legal definition of rape. There are several types of sexual victimization. Unwanted sexual touching involves someone touching a woman's body, particularly breasts or genital areas, without permission. Sexual coercion is the second type of sexual victimization, and is generally defined as "obtained sexual intercourse with a resistant woman through the use of extreme verbal pressure" (Koss, Leonard, Beezley, & Oros, 1985). The final type of victimization is rape, and it involves oral, vaginal, or anal sex without a woman's consent either through violence, force, threats of violence, and/or when a woman was too intoxicated (with drugs or alcohol) to consent.

Koss, Gidycz, and Wisniewski (1987) surveyed more than 3000 women attending 32 universities using the 10 question Sex Experiences Survey (SES) (1987) to gather information on unwanted sexual experiences. Their findings indicated that 15.4% of college women had experienced rape and 12.1% had experienced attempted rape since the age of 14. Verbal coercion was endorsed as the most serious sexual victimization experienced by 11.9% of the women, and 14.4% women said their most serious sexual victimization had been unwanted sexual touching. Overall, 53.7% of women endorsed having experienced some form of sexual victimization since age 14.

Fisher, Cullen, and Turner (2000) analyzed results from the National College Women Sexual Victimization (NWCSV) survey's telephone interviews with 4446 women who were attending 2- or 4-year colleges in the fall of 1996. Interviews assessed rape victimizations that occurred within approximately the last 6 months. It was reported that 1.3% of undergraduate women had experienced attempted rape and 1.8% had experienced completed rape. 22% of women reported multiple incidents. Researchers noted their data suggested that approximately 5% of college women are raped each year. Extrapolating from their findings across the typical college experience time frame, approximately 20-25% of college women will have experienced rape. This finding is consistent with other research indicating that approximately 20 to 25% of college women have experienced a sexual assault.

Gross, Winslett, Roberts, and Gohm (2006) surveyed 935 college women using a composite of the SES and the Sexual Experience Survey (Miller & Marshall, 1987) created by the Washington State University Sexual Assault Task Force. Similar to the above data, 13.3% of women endorsed having experienced rape and 18.2% endorsed having experienced an attempted rape. It was also observed that 12.6% of the women experienced sexual coercion and 13.3% had

experienced unwanted sexual touching or contact due to physical force. Additionally, Gross et al. found that 37% of women endorsed having experienced more than one type of sexual aggression. Overall, 57.4% of women endorsed experiencing some kind of sexual victimization.

The above findings suggest the prevalence of sexual victimization has stayed relatively stable over the last 20 years. Overall, the college population of women is extremely vulnerable to unwanted sexual experiences, with over half experiencing some form of victimization.



### III. CONSEQUENCES AND CORRELATES OF RAPE

The emotional and behavioral sequelae of rape are serious and long-lasting.

Rothbaum, Foa, Riggs, Murdock, and Walsh (1992) surveyed 95 women who had experienced rape to assess for Post Traumatic Stress Disorder. Women were assessed in the emergency room soon after having experienced rape, and re-assessed weekly for 12 weeks. Sixty-four of the women completed assessments for all twelve weeks. At the initial interview, 94% of women met criteria for PTSD. Approximately one month after the assault, 65% met criteria for PTSD, and three months after the assault 47% of women met criteria for PTSD. The results also suggested women for whom there was not substantial symptom reduction within one month after the rape were more likely to experience persistent PTSD symptoms. Zinzow, Mcauley, and Ruggiero (2011) also found that of women who experienced rape via force, 52% met criteria for PTSD, 43% of women who experienced rape via force while intoxicated met criteria for lifetime PTSD, and 30% of women who experienced rape while intoxicated without force met PTSD criteria.

In an attempt to understand better the emotional and psychological sequelae of rape, Burgess and Holstrom (1974) surveyed rape victims in a hospital emergency room and at one year follow-up. Burgess discovered that within the first weeks following sexual assault victims reported somatic symptoms such as soreness and bruising, tension headaches, sleep pattern disturbances, stomach pains, and gynecological or rectal pain. Fear, humiliation, anger, and self-blame were commonly seen soon after the assault. Long term reactions included several victims moved or changed their telephone number, and several turned to friends or family members for social support. Nightmares were common among many of the women, and almost all women reported increased fear or anxiety in circumstances that were similar to the rape situation, including fear of being indoors or outdoors (depending on where the rape took place), and fear of being alone.

Using the Modified Fear Survey Schedule, Calhoun, Atkeson, and Resick (1982) assessed fear reactions several times over the course of one year in 115 women rape victims. Data revealed that MFS scores stabilized approximately 2 months post-assault and remained significantly higher than control participants' scores. A similar study done in 1981 (Resick, Calhoun, Atkeson, and Ellis, 1981) assessed social adjustment in women who had been raped as compared to controls. Results showed that compared to controls, women who had been raped experienced greater difficulties at work, economic difficulties, and social adjustment problems.

Ellis, Atkeson, & Calhoun, (1981) observed that compared to controls, women who had been raped experienced higher levels of depression as well as anhedonia. Women who had been violently attacked by a stranger experienced even higher levels of depression, increased fatigue, anhedonia, and fear. Additionally, rape victims reported more problems with interpersonal

relationships such as family relationships, and almost half reported losing or having to quit their job after the rape.

The data make clear that emotional and psychological sequelae to rape may be long lasting and devastating. Depression, fear, anxiety, PTSD, issues with social adjustment, and increased substance use are just some of the many difficulties that women suffer post-rape.

**Situational and behavioral factors correlated with increased vulnerability for victimization.** For several decades research has attempted to identify vulnerabilities and risk factors associated with sexual victimization among college women. In an attempt to identify variables that distinguished college women who had been sexually assaulted, Koss's (1985) surveyed 231 college women. It was reported that compared to nonvictims, women who experienced a sexual assault held more liberal attitudes regarding premarital intercourse, had more sexual partners, and reported their first sexual experience occurring at an earlier age. Koss suggested that the earlier a woman engages in sexual activity, and the more sexual partners she has may increase her risk of sexual assault because she's around more men in a sexually intimate way.

Koss and Dinero (1989) assessed various potential risk factors among 3187 college women. Participants were administered measures of dating behaviors and sexual values. Results showed that history of childhood sexual abuse, sexual attitudes, alcohol use, and sexual activity (whether the woman was sexually active and number of partners), were predictive of having a rape experience. They found that what they called "traumatic sexualization," which is where the sexual abuse of a child shapes sexual feelings, behaviors, and attitudes, and is represented by the comorbidity of all 4 variables listed above, created the highest likelihood of an adult rape experience, accounting for "virtually all of the discriminating power."

Several other studies have found that sexual history is associated with women's vulnerability to rape. Combs-Lane & Smith (2002), assessed college women on several potential risk factors including alcohol use and various risk taking behaviors (aggressive behaviors, drug use, and sexual activities), and found that engaging in "risky sex," which included behaviors like being sexually active with someone the woman just met, increased a woman's vulnerability to rape. "Exposure to potential perpetrators," or being around men in various social situations was also a predictor of sexual assault. Similarly, Brener, McMahon, Warren, and Douglas (1999), reported that in a large sample of college women greater number of sexual partners increased the likelihood of rape victimization.

Franklin (2010) assessed a sample of sorority women on various risk factors, (including age of first intercourse, number of partners, sorority membership, alcohol use, and attitudes towards rape myths) for three types of sexual victimization: unwanted touching, coercion, and rape. Data indicated that age at first intercourse was positively correlated with all three types of sexual victimization, and number of sex partners was positively correlated with alcohol-induced rape.

Recently, considerable research has focused on alcohol use as a risk factor for sexual victimization in college women. Ullman, Karabatsos and Koss (1999) explored the relationship between alcohol and sexual assault in college women. A sample of 3187 women answered questions about alcohol abuse, sexual victimization, how well they knew the perpetrator, the social situation surrounding the rape (for example a party, a bar, a date), and whether the victim or the perpetrator ingested intoxicants. It was observed that 54.2% of women had experienced some sort of sexual victimization, that the situation surrounding the rape was most often a date in which the woman knew the man moderately well. Alcohol use immediately prior to the event, as

well as propensity to abuse alcohol was positively correlated with severity of the assault. (Severity means the type of assault: unwanted touching considered the lowest level of sexual victimization, followed by coercion, attempted rape, and rape at the highest level of severity.) Additionally, women who reported frequent episodes of drinking resulting in intoxication endorsed more severe sexual victimizations, but less aggression on the part of the perpetrator. Perpetrator use of alcohol immediately prior to the assault was correlated with increased severity of assault but was *not* associated with increased aggression by the perpetrator. In general, alcohol's predictive role in sexual assault severity did not change regardless of the social situation or how close the victim was to the perpetrator.

Brener, McMahon, Warren, and Douglas (1999) conducted a survey assessing the relationship between rape and health-risk behaviors among college women, including alcohol and drug use. Rape victimization was correlated with current behaviors involving using alcohol or drugs during consensual intercourse, drunk driving, suicidality, cigarette smoking, and physical fighting.

Combs-Lane and Smith (2002) surveyed 190 college women (70% of whom were recruited from sororities) at Time 1 and 126 returning participants at time 2. Measures included a personal history questionnaire that assessed for childhood sexual abuse (CSA), as well as adolescent and adult sexual assault (ASA) (modified from the Sexual Experiences Survey; Koss, Gidycz, & Wisniewski, 1987; Koss, 1982), the Cognitive Appraisal of Risky Events questionnaire, and the Drinking Questionnaire. The researchers found that at Time 1, 50 women (26%) reported a history of some type of sexual assault, 21 of whom endorsed CSA and 42 of whom endorsed attempted or completed assault as adolescents or adults. At Time 2, sixteen new victimizations occurred, 15 attempted rapes and 1 completed rape. Variables assessed at Time 1

that were correlates of new victimizations included alcohol use, heavy drinking, risky sex , and exposure to potential perpetrators. Alcohol accounted for the most variance in the prediction of assault. Alcohol use was also predictive of engaging in risky sexual behaviors. Several other studies (Muehlenhard & Linton, 1987; Harrington & Leitenberg, 1994; Kilpatrick et al., 1997) have found similar results suggesting a relationship between alcohol or drug use and sexual assault victimization risk.

Mohler-Kuo, Dowdall, Koss, and Wechsler (2004) studied the correlates of being raped while intoxicated using data from the 1997, 1999, and 2001 Harvard School of Public Health College Alcohol Study (CAS) surveys. Women reported their drinking behaviors within the current school year, their college's policies and culture regarding alcohol, as well as whether they had experienced any potential consequences of drinking, including sexual assault.

Approximately 5% reported having experienced rape since the school year started, and of those, 70% of them endorsed being raped while intoxicated. Women who attended schools with high levels of episodic (binge) drinking were at highest risk of being raped while intoxicated. Heavy episodic drinking in high school was also correlated with rape while intoxicated in college.

When compared to women who did not engage in similar drinking behaviors, heavy episodic drinking while in college was the strongest risk factor for being raped. Using drugs also was associated with increased risk of rape.

Research suggests heavy drinking, increased sexual activity (earlier age of incorrect or course, higher number of partners), and other so called "risky" behaviors are positively correlated with increased vulnerability to sexual assault. However, correlational and cross-sectional designs leave unclear whether these factors are antecedents or consequences of rape victimization. Although few in number, longitudinal studies (Combs-Lane & Smith, 2002;

Kilpatrick et. al, 1997) support the notion that alcohol use and risky behaviors, particularly when engaged in immediately prior to the assault increased women's vulnerability to sexual assault.

Based on an examination of gender-specific victimization, Mustaine and Tewksbury (1998) concluded that mere exposure to social and public events, such as going to the mall or eating at a restaurant, increase risk of criminal victimization. Moreover, *social* drinking, even when it involved relatively small amounts of alcohol consumption, was more dangerous (higher likelihood of criminal victimization) than heavy drinking when one was drinking alone. These data further suggest that a drinking woman's vulnerability to rape may be affected by the drinking context.

Testa and Park's (1996) review of the literature indicated that global drinking behaviors (that is, how much and how often a woman drinks in general), as well as a event based (whether alcohol was consumed immediately before the assault) drinking behaviors are associated with the risk of sexual victimization for college women, as well as women in general. Moreover, evidence that alcohol consumption could lead to revictimization was also presented. The researchers hypothesized that the setting in which alcohol consumption occurs, as well as males' perspectives on drinking women (as targets) could all be factors in alcohol's relationship with sexual assault.

**Sororities, Fraternities, Drinking Culture, and Risk Factors.** As noted above, several studies have found compared to college women who do not join sororities, women affiliated with sororities experience higher rates of sexual violence. For example, Franklin (2010) found that being in a sorority was correlated with being raped via threats or force. One of the earliest studies regarding sorority women, by Rivera and Regoli (1987), found that 51% of sorority women endorsed having experienced unwanted touching, 35% reported attempted penetration, and 17%

reported penetrative assault. Kalof (1993) reported relative to unaffiliated women, sorority women were at a higher risk of being “physically coerced” (raped) and having non-consensual alcohol-related sex. Finally, Minow and Einolf (2009) found that sorority members were more likely to have experienced rape (33%) than nonmembers (8%).

Several ideas concerning the role played by sorority membership in women's vulnerability to sexual assaults have been considered. Sororities and fraternities are closely linked, often having socials, swaps, and formals that are co-hosted or during which each other's groups are invited. Some of these social events involve alcohol, and research reveals a high prevalence of acceptance of rape supportive attitudes/behaviors among fraternity men.

Martin and Hummer (1989) interviewed fraternity men concerning their attitudes towards college women. The interviews revealed that frat men viewed alcohol as a way to increase a woman's sexual availability, especially if the woman was reluctant to be sexual. Participants reported that fraternity parties often served beverages with high alcohol content with the aim of enhancing the likelihood that alcohol consumption would lower women's sexual inhibitions. Additionally, the men described fraternity parties specifically designed to be sexually arousing (e.g., having the men and women wear very little clothing, pornographic pictures as wall decorations). The authors suggested that the fraternity environment created a context conducive to rape.

Lottes and Kuriloff (1994) assessed fraternity men and sorority women on peer environment, and on how permissive the environment was regarding sexual activity (that is, attitudes towards premarital sex, number of sexual partners, casual sex, etc.). They found that college students who joined fraternities and sororities both reported a more sexually permissive group environment than those who did not join these organizations. Interestingly though,



although fraternity men reported a permissive environment in their first year fraternity membership, sorority women didn't report the more permissive group environment until later in their college career. The researchers hypothesized the permissive peer group was not other sorority women, but the fraternity men with whom they interacted with increasing frequency as they became more integrated into sorority culture.

Boeringer (1996) assessed non-affiliated men, men on sports teams, and men in fraternities on "likelihood" (measured via a hypothetical vignette) of engaging in sexually coercive tactics, using alcohol to gain access to sex, and rape via force (the word rape was not used). Participants were also asked whether they had engaged in coercive, alcohol-based, or forceful tactics to facilitate sex. Although fraternity men reported higher levels of coercion and using alcohol to facilitate sex, they did not report higher levels of rape via force than other men. Moreover, Copenhaver and Grauerholz (1991) and Minow & Einolf (2009) reported that fraternity houses or fraternity parties were one of the more common locations where rapes occur (57% and 32% respectively).

There is also evidence that members of sororities and fraternities may drink more than their unaffiliated counterparts. As noted above, alcohol is associated with the majority of date and acquaintance rapes. Wechsler and Nelson's 2008 review of the Harvard School of Public Health College Alcohol Study (CAS), which collected data from 1992 until 2006 at over 40 colleges and universities, noted that relative to other social activities attended by college students, heavier drinking occurred at fraternity and sorority parties. Moreover, Weitzman, Nelson, & Wechsler (2003) found that compared to their high school student drinking levels, college students joining sororities and fraternities engaged in more frequent binge drinking. Copenhaver and Grauerholz (1991) found that 96% of the sorority women they surveyed who

reported being raped said they had alcohol in their system at the time of the assault. Minow and Einolf's (2009) results revealed that 81% of sorority women endorsed having alcohol in their system at the time of the rape.

Data suggest several variables associated with sexual assault among college women. A history of being sexually active at an earlier age, having higher numbers of sexual partners, and are levels of alcohol consumption have been suggested as predictors of increased risk of sexual victimization. Several studies also suggest that sorority membership and the resulting increased exposure to fraternity men, fraternity/sorority parties and the drinking culture associated with fraternities/sorority life may also serve to increase sexual victimization risk. However, some evidence that is inconsistent with this notion has been reported.

Minow and Einolf (2009) surveyed 779 college women, 438 of whom were in sororities and 341 who were nonaffiliated about incidents of attempted and completed rape since they began college, as well as several aspects of college life, including average alcohol consumption per week, the number of social events attended per month; sorority women were asked to complete additional questions about their participation in sorority/fraternity social events. It was reported that weekly alcohol consumption and attendance at sorority/fraternity events where alcohol was served correlated with sexual victimization, for both affiliated and nonaffiliated women. However, when looking only at the sorority women, researchers found that the relationship between attendance at events where alcohol is served and rape was not significant when alcohol consumption by sorority members was controlled. That is, sorority membership was strongly associated with rape even when alcohol consumption and attendance at fraternity/sorority parties where alcohol was served was controlled. This indicates that there may

be some other factor contributing to sorority women's increased vulnerability, above and beyond the increased alcohol use and exposure to higher-risk social situations.

#### IV. SEXUAL ASSERTIVENESS

Sexual assertiveness, as conceptualized and operationalized by Morokoff et al (1997), involves the willingness and ability to initiate wanted sexual experiences, refuse unwanted sexual experience, and use successful STD and pregnancy prevention techniques (i.e., being willing to suggest the use of a condom with a partner). Sexual assertiveness, particularly sexual refusal assertiveness (the ability and willingness to say no to unwanted sex) has been consistently linked to sexual victimization. Greene and Navarro (1998) assessed university women on several potential protective and risk factors. They found that women who endorsed high levels of assertiveness consistently predicted lower levels and instances of sexual victimization, and was therefore was a protective factor.

Testa and Kurt (1999) assessed several potential risk factors of sexual assault, found that low sexual assertiveness was a risk factor for experiencing sexual coercion, but not for experiencing rape or attempted rape. Testa, VanZile-Tamsen, and Livingston (2007) found that low sexual refusal assertiveness was predictive of sexual victimization by intimate partners (boyfriends, husbands) but not for non-intimate partners (friends, acquaintances, strangers).

Using a longitudinal design, Livingston, Testa, and VanZile-Tamsen (2007) examined relationship between sexual victimization and sexual assertiveness. It was reported that a history of victimization predicted low sexual assertiveness, which in turn predicted revictimization. Yeater and Viken (2010) asked 170 college women to respond to one of several vignettes (to assess assertiveness). History of sexual victimization, trait disinhibition (which involves the desire to seek out novel experiences and the willingness to engage in risk-taking behaviors to do so), alcohol use, and number of sexual partners were also assessed. Results revealed that victimization history predicted lower refusing sexual assertiveness, and that this held constant across all types of sexual victimization. Results also showed that as trait disinhibition increased, refusal decreased.

VanZile-Tamsen and colleagues (2005) asked a community sample of women to respond to a vignette that described a date rape scenario, while also assessing them on previous victimization and sexual assertiveness. The vignette varied in terms of who was the perpetrator (someone the woman just met, a friend, date, or boyfriend). Women were also asked to assess the amount of risk in the vignette. Like previous studies, previous victimization was associated with lower sexual assertiveness. Risky sexual history (high number of partners, one night stands, engaging in sexual activities with someone met on the same day) was also associated with low sexual assertiveness, which in turn correlated with higher rates of non-resistance in the vignette.

There are many risk factors that may make college women vulnerable to sexual victimization. Low sexual refusal assertiveness, as well as less direct resistance by woman when faced with a potential sexual assault, have been linked to increased instances of completed sexual coercion. Risky sexual behaviors have also been associated with low sexual assertiveness. Studies have consistently shown that alcohol use increases a woman's sexual vulnerability.

Sorority women are particularly exposed to and inclined to engage in high levels of alcohol use, including binge drinking. Socializing in public places, especially places where alcohol is being consumed, has also been associated with increased sexual vulnerability, though it has been hypothesized that this is simply due to increased exposure to potential perpetrators (e.g., the more men you are around the higher likelihood of one of those men being a rapist). Several studies also suggest sorority women are at higher risk for experiencing a sexual assault than non-affiliated women. . While investigators have examined types of sexual victimization in relation to risk factors, few studies have explored victimization vulnerability (unwanted touching, attempted and completed coercion, and attempted and completed rape) and its correlates.

## V. GOALS OF THE PRESENT STUDY

The purpose of the proposed study is to examine the role of sorority status, attendance at social (Greek and non-Greek) functions, alcohol use, traditional femininity, and sexual assertiveness on college women's vulnerability to sexual victimization. Women will be administered measures of sexual victimization, alcohol use, and sexual assertiveness. It is predicted that relative to non-affiliated women, sorority women will score higher on sexual victimization, alcohol use, social activities, and traditional femininity, and lower on sexual assertiveness. Additionally, it is hypothesized that sorority membership, alcohol use, social activities, femininity, and sexual assertiveness will predict sexual victimization.

## VI. METHODS

### **Participants**

Participants were women from a large public university in the Southeastern United States. 353 women ranging in age between 18-44 years completed the survey. 25.2% of the women were 18, 47.2% were 19, 13.7% were 20, 7.2% were 21, 4.2% were 22, and 3.3% were 23 or older. At the time of the survey, 64.5% of the participants had been students at the University of Mississippi for less than 1 year, 21.7% had been at the university between 1 and 2 years, 6.1% had been students for 2 to 3 years, 6.4% had attended the university between 3 and 4 years, and 1.4% of students had been at the university 4 or more years. 70% of the women identified as European American, 19.9% identified as African-American, 2% identified as Hispanic, 2% identified as Asian, .3% identified as Pacific Islander, .9% identified as “other” ethnicities, and 4.6% identified as multi-ethnic. (Table 1)

### **Measures**

Demographics were gathered assessing age, ethnicity, number of years in college, sorority affiliation, and number of years as a member of the sorority.



The Revised Sexual Experiences Survey (Koss et. al., 2007) is a 7 item self-report inventory assessing a woman's sexual victimization experiences, and is an update from the original 1982 SES (Koss & Oros, 1982). Each question has a stem such as "a man put his penis in my vagina, or someone inserted fingers or objects without my consent:" and then 5 lettered (a-e) "strategies", that range from unwanted sexual touching, to attempted coercion and coercion (lies, threats to end the relationship) to attempted rape to rape (physical force, threats of physical force, alcohol).

The 2007 version differs from the original in several ways: there is a change in wording to target behavior instead of thoughts and feelings ("when you didn't want to" was changed to "when you did not consent"); greater detail has been added as to the technique used by the perpetrator, such as pressure, threats, alcohol, or violence (which allows the researcher to more clearly distinguish coercion from rape); and data is collected on the number of times the incidents have occurred since the age of 14 as well as in the past year. There is currently an ongoing effort to refine the revised version of the SES and to provide additional psychometric data. The original Sexual Experiences Survey (Koss & Oros, 1982) has a Pearson correlation of .73, based on the woman's self report via the SES as compared to the response given to an interviewer. Internal consistency (Chronbach's alpha) is .74, and there was test-retest reliability of 93%. (Koss & Gidycz, 1985)

For the purposes of this research, the revised SES was modified slightly. The original SES asks the participant about sexual victimization experiences within the last year, and from the age of 14 up through 1 year ago. Because the current research is focused on the role of sorority affiliation, the participants were asked to report on the number and types of incidents *since*

*starting college*, and the number and types of incidents between the age of 14 until starting college.

The Sexual Assertiveness Survey (Morokoff et al, 1997) is an 18 item question assessing three aspects of sexual assertiveness: Initiation (whether a woman engages in behaviors that lets her partner know she is desirous of sex), Refusal (whether a woman engages in behaviors that lets her partner know she is *not* interested in sex), and Pregnancy/STD prevention (whether a woman engages in behaviors that protects herself from unwanted consequences of sex.) Factor analyses showed support for these three different categories. Construct validity, convergent validity, and test-retest reliability were also measured and were found to be quite strong. For the purposes of this research, the Sexual Refusal subscale (which is made up of six questions) will be used.

The Daily Drinking Questionnaire (Collins, Parks, & Marlatt, 1985) is a 3 item self-report measure that assesses drinking behavior over the past 30 days, as well as average daily and weekly alcohol use. It was adapted from the Drinking Practices Questionnaire (Calahan, Cisin, & Crossley, 1969) and scores on the DDQ correlate highly with scores on the DPQ (Collins et al., 1985). Scoring is done by looking at the number of drinks per week and categorizing them thusly. A person who endorses drinking an average of 12 or more alcoholic beverages per week is labeled as a “high volume drinker;” a person who has between 4 and 11 drinks per week is considered a “moderate volume” drinker, and someone who drinks less than 1 ounce of alcohol per month is considered an “abstainer/infrequent” drinker.

The Conformity to Feminine Norms Inventory – 45 (CFNI-45, Parent & Moradi, in press) is a survey that assesses various types of traditionally feminine attitudes, and has an overall femininity score as well as scores in various subtypes of feminine attitudes, titled

Thinness, Domestic, Invest in Appearance, Modesty, Relational, Involvement with Children, Sexual Fidelity, Romantic Relationship, and Sweet and Nice. Forty-Five items tap into these various attitudes. Each subtype has 5 items assessing it, and the items are on a 4 point Lichert Scale ranging from Strongly Disagree to Strongly Agree. Examples of items include “I would be happier if I were thinner,” “I would feel comfortable having casual sex,” “I never wear makeup,” and “I like being around children.” Parent and Moradi’s (2011) assessment of the CFNI-45’s psychometric properties reveal that the questions load appropriately into a nine factor model as well as a bifactor model (“general” feminine norms as well as the nine subscales). Chronbach’s alphas for the subscales ranged from .69 for the relational subscale to .92 for the Cares for Children subscale. They also reported good convergent as well as divergent validity.

Additionally, participants were asked how many social events (Greek versus no social affiliation) she attended per week and how many social events with alcohol (Greek versus no social affiliation) she attended per week.

## **Procedure**

Participants were recruited using the University of Mississippi online participant recruitment system. Questions were administered using Qualtrics (Enterprise Service Tools; Provo, UT), which is designed for anonymous online data collection. Prior to beginning the survey, participants received and completed the informed consent, detailing confidentiality as well as the ability to terminate the survey in case of discomfort or distress. Demographics were collected followed by the CFNI-45, Daily Drinking Questionnaire, Sexual Assertiveness Questionnaire, questions regarding participation in social events, and finally The modified SES. For each SES event endorsed, participants were also asked questions assessing alcohol use by the perpetrator and perpetrator affiliation. If a participant experienced a certain type of victimization

more than once since attending college, she was asked to answer regarding the most recent event. At the end of the survey there was a page dedicated to local resources if the participant felt distressed upon completion of the survey.

## VII. RESULTS

355 participants completed the online survey. Of those, two were men and their results were excluded from analyses. Prior to analyses, descriptive statistics were calculated and distributions examined. Mahalanobis Distance revealed seven multivariate outliers which were excluded, leaving 346 participants in the final analyses. Of those, 176 women endorsed being members of a Panhellenic Sorority, and 170 reported they were not affiliated with a Panhellenic sorority. Sexual victimization was measured by analyzing whether the participant reported experiencing any kind of sexual victimization in college (unwanted sexual touching, attempted coercion, coercion, attempted rape, and rape), and given a dichotomous score of 1 (yes) if any of those items were endorsed and a score of 0 (no) if not.

A between-groups multivariate analysis of variance was performed to investigate differences between sorority and non-sorority women on measures of sexual victimization in college, social activity, alcohol use, and sexual assertiveness (Table 2). Although the preliminary assumption testing revealed a Box's Test Sig. value of .000, the large sample size and near equal n between the two groups means that the MANOVA is interpretable. There was a significant

difference between sorority and non-sorority women on the combined variables,  $F(6, 350) = 38.62$ ,  $p < .000$ ; Wilks' Lambda = .575; partial eta squared = .425.

When the results for dependent variables were considered separately (Table 3), there were expected significant differences in social activity,  $F(1, 350) = 193.58$ ,  $p = .000$ ; traditionally feminine attitudes,  $F(1, 350) = 11.32$ ,  $p = .001$ ; average drinks per week,  $F(1, 350) = 27.76$ ,  $p = .000$ ; and heaviest drinking in the last month,  $F(1, 350) = 13.67$ ,  $p = .000$ . Inspection of mean scores revealed that relative to non-sorority women, sorority women reported higher rates of social activities per week, ( $M=3.79$ ,  $SD=1.64$  vs.  $M=1.46$ ,  $SD=1.34$ ); scored higher on the overall measure of femininity ( $M=86.45$ ,  $SD=10.69$  vs.  $M=82.14$ ,  $SD=12.21$ ); drank twice as many alcoholic beverages in an average week ( $M=8.61$ ,  $SD=8.71$  vs.  $M=4.15$ ,  $SD=6.13$ ); as well as drank more heavily during their heaviest drinking weeks ( $M=11.80$ ,  $SD=11.30$  vs.  $M=7.19$ ,  $SD=11.010$ ). Contrary to expectations, no differences were found in overall sexual victimization between sorority and non-sorority women. Additionally, counter to hypotheses, sorority women scored slightly higher on measures of assertiveness  $F(1, 350) = 873$ ,  $p = .003$ , ( $M=49.23$ ,  $SD=10.86$ ) than non-sorority women ( $M=45.68$ ,  $SD=10.59$ ).

Chi-Square analyses (Table 4) were performed in order to compare sorority and non-sorority women on specific types of victimization (unwanted touching, attempted coercion, attempted rape, coercion, and rape). Relative to sorority women, a greater number of non-sorority women reported experiences of attempted coercion (in which the perpetrator attempts to convince the woman to engage in sexual acts via methods such as threatening to spread lies or rumors, continual verbal pressure after being told no, or criticizing the sexual attractiveness of the potential sexual partner, but is unsuccessful in these attempts) in college (Pearson Chi Square

= 8.52,  $p = .004$ ; 21% vs 9.7%). No differences between sorority and non-sorority women regarding other forms of sexual victimization in college were seen.

Regarding differences in sorority and non-sorority women regarding sexual victimization between the ages of 14 until beginning college, only one area of sexual victimization was observed. Relative to sorority women, a higher number of non-sorority women reported experiences of coercion (Pearson Chi Square = 5.422,  $p = .02$ ; 24.6% vs. 14.5%) between the age of 14 until starting college.

Independent-samples t-tests were conducted to compare the various subtypes of assertiveness [(willingness to initiate, willingness to refuse sexual advances, and willingness to insist on protection (using condoms)] for sorority and non-sorority women. (Table 5) Significant differences were found for all types of assertiveness except willingness to initiate. Sorority women had higher scores on Refusal [(Sorority  $M=18.28$ ,  $SD=4.867$ ) (Non  $M=17.24$ ,  $SD=4.988$ );  $t(344) = -1.98$ ,  $p=.049$ ], Protection [(Sorority  $M=18.43$ ,  $SD=5.887$ ) (Non  $M=17.01$ ,  $SD=6.203$ );  $t(344) = -2.185$ ,  $p=.03$ ], and Total Assertiveness [(Sorority  $M= 48.85$ ,  $SD=10.826$ ) (Non  $M=45.74$ ,  $SD=10.64$ );  $t(344) = - 2.7$ ,  $p=.007$ ]. Means and standard deviations suggest that although there were statistical differences on assertiveness scores, eta square values were below .006 indicating small effect sizes.

Independent-samples t-tests were also conducted to compare the traditional femininity scores for sorority and non-sorority women. (Table 6) Sorority women scored significantly higher than non-sorority women for variables Sweet and Nice, ( $M=11.28$ ,  $SD=2.044$ ) ( $M=10.31$ ,  $SD=2.519$ );  $t(325.3) = -3.936$ ,  $p=.000$  (two-tailed.), Relational, ( $M=10.67$ ,  $SD=1.98$ ) ( $M=9$ ,  $SD=2.323$ );  $t(344) = -1.67$ ,  $p=.000$  (two tailed), and Sexual Fidelity, ( $M=10.35$ ,  $SD=3.512$ ) ( $M=9.44$ ,  $SD=3.666$ )  $t(344) = -2.376$   $p= .018$ . Importantly, sorority women scored higher

[(M=86.17, SD=10.624) than non-sorority women (M=81.82, SD=12.249)  $t(333.682) = -3.526$ ,  $p=.000$ ] on the total score of the CFNI-45. The only variable in which non-sorority women scored higher [(M=11.05, SD=3.091) than sorority women (M=10.34, SD=2.579)  $t(329) = 2.323$ ,  $p=.000$ ] was Domesticity. No significant differences were found for Romantic, Modesty, Thinness, Appearance, or Children variables. Similar to assertiveness, means and standard deviations on this measure revealed eta square values ( $< .006$ ) suggesting small effect sizes.

A correlation matrix was computed examining relationships among alcohol use, traditional femininity, assertiveness, and sexual victimization during college (Table 7). Results included sexual victimization in college being positively correlated with alcohol consumption and engaging in any social activities, and negatively correlated with overall assertiveness, refusal assertiveness, and traditional femininity. Alcohol use was positively correlated with attending Greek events (fraternity parties, dances, etc.), but was negatively correlated with the number of years a participant had been in college. In regards to assertiveness, results showed that refusal assertiveness was negatively correlated to number of years a participant has been in a sorority.

Although sorority membership was not associated with victimization, several variables were. In order to examine whether assertiveness, femininity, social activity, and alcohol use predicted sexual victimization in college, a logistic regression was computed. Assertive refusal, femininity, social activities, and average alcohol consumption were entered as predictors, and sexual victimization in college was entered as the dependent variable. Due to the high collinearity between average drinking weeks and heavy drinking weeks ( $r \text{ squared} = .846$ ), an omnibus predictor variable was created by averaging the two measures. Statistics computed on the omnibus variable found it correlated with vulnerability as well, and also found that sorority women continued to report twice as much use of alcohol compared to non-sorority women. Due



to the high collinearity between refusal assertiveness and overall assertiveness ( $r^2 = .771$ ), two regressions were performed.

The first logistic regression included Refusal Assertiveness, femininity, social activities, and the Omnibus Drinking variable as predictors, and victimization in college as the dependent variable. The full model was statistically significant, chi squared (4,  $n=346$ ) = 38.355,  $p < .001$ , indicating that the model was able to distinguish between respondents who reported and did not report sexual victimization. Prior to including the predictor variables, the model correctly classified 61.6% of cases, 100% of those cases being the null (no victimization,) and 0% of the victimization cases. After including the predictor variables, the model correctly classified 69.4% of cases; it correctly classified 86.3% of non-victimized cases and 42.3% of victimized cases. Refusal and Average Drinking made a significant contribution to the model (Table 8). Refusal had an odds ratio of .901. Results indicate that for every point scored on the Refusal category, participants were .901 times as likely to experience sexual victimization. Drinking had an odds ratio of 1.046, which indicates that for every drink reported, participants were 1.046 times as likely to experience sexual victimization.

A second logistic regression was performed using overall assertiveness, femininity, social activities, and drinking as predictor variables, and sexual victimization as the dependent variable. The full model was statistically significant, Chi Square (4,  $n=346$ ) = 34.665,  $p < .001$ . Prior to adding predictor variables, the model correctly classified 61.6% of cases. After adding predictor variables, the model correctly predicted 69.4% of cases; 88.3% of non victimized cases were correctly classified and 39% of victimized cases were correctly classified. Overall assertiveness and drinking made a significant contribution to the model (Table 9). Assertiveness had an odds ratio of .959, meaning that for every point scored on the assertiveness scale, participants were

.959 times as likely to experience sexual victimization. Drinking had an odds ratio of 1.043, meaning that for every drink reported, participants were 1.043 times more likely to experience sexual victimization.

## VIII. DISCUSSION

It was predicted that relative to non-sorority women, women who were members of sororities would report higher levels of sexual victimization. This prediction was based on data indicating that sorority membership was associated with several victimization risk variables. Although sorority and non-sorority women differed in the expected direction on alcohol use, social activities, and measures of traditional femininity, they did not differ in rates of victimization.

Relationships were observed between alcohol consumption and fraternity and sorority membership, and participating in fraternity events. This is consistent with previous research (Weitzman, Nelson, & Wechsler, 2003). For example, Wechsler and Nelson (2008) reported that heavy drinking frequently occurs at fraternity and sorority functions, and relative to non-fraternity/sorority members, fraternity and sorority members engage in more frequent binge drinking. As sororities are social organizations with regularly scheduled social activities where alcohol is present, it is not surprising that increased exposure to alcohol results in elevated levels of drinking behavior.

The current data also revealed a correlation between alcohol use and sexual victimization. Previous research has revealed that alcohol use is associated with sexual victimization in general,

and rape in particular. Mohler-Kuo, Dowdall, Koss, and Wechsler (2004) found that of college women who reported having been raped in the last year, 70% said they had alcohol in their system at the time of the assault. Other researchers have reported similar or higher rates of victimization. Graham et al (2014) observed and coded behaviors such as gender, intoxication, invasiveness, persistence, and target response at bars and clubs, and found that 90% of initiators of contact were men targeting women. Moreover, almost all of these men engaged in sexually aggressive behaviors towards female targets, and that invasiveness of contact was directly correlated to the target's level of intoxication. It was suggested that these men were intentionally seeking out women they perceived as intoxicated.

In the current study sexual assertiveness and refusal assertiveness were negatively correlated with sexual victimization. Testa and Derman (1999) also reported that women reporting lower levels of sexual assertiveness experienced higher rates of sexual coercion victimization. That is, women characterized by low levels of sexual assertiveness reported lower levels of resistance to verbal pressure and threats from sexually aggressive man. These data suggest that being assertive, particularly being assertive about sexual refusal, may contribute to better abilities to communicate sexual boundaries effectively.

Previous research suggests that women with more "traditional" views concerning sexual behavior report lower likelihood of experiencing sexual victimization (Koss, 1985). In the current sample traditional femininity was negatively correlated with sexual victimization. Previous research reveals several other variables are associated with sexual victimization. These factors include higher number of sexual partners, older age at first intercourse, and engaging in risky sexual behaviors (e.g., one night stands) (Koss, 1985). Although these specific factors were not assessed in the current research, several items on the measure of traditional femininity

used in the current study included questions addressing comfort with casual sex, one night stands, and whether the woman feels it is necessary to be in a relationship to engage in sexual activities. It may be that women with more traditional views of sexual behavior are engaging in behaviors less likely to make them vulnerable to sexual victimization.

Although several risk variables were correlated with sexual victimization, only refusal assertiveness and alcohol consumption accounted for significant variance in the prediction of sexual victimization. Alcohol consumption has been consistently associated with sexual victimization over several decades of research on sexual victimization (Muehlenhard & Linton, 1987; Kilpatrick et al., 1997; Mohler-Kuo et al, 2004). Similarly, assertiveness has been shown to be correlated with fewer sexual victimization experiences, as well as with specific types of sexual victimization (i.e. sexual coercion), (Greene & Navarro, 1998; Testa & Derman, 1999). The current findings reaffirm that these variables are important factors in sexual victimization.

Consistent with prior research, sorority women consumed on average nearly twice the amount of alcohol and spent more time consuming alcohol than unaffiliated women. Ullman, Karabatsos, and Koss (1999) and Mohler-Kuo et al (2004), found that alcohol abuse was correlated with increased risk for sexual victimization, and that when compared to women who didn't engage in binge drinking, heavy alcohol use was the single largest predictor of rape in college. However, contrary to expectations no differences in victimization were observed between sorority and unaffiliated women. Although unaffiliated women reported lower levels of drinking when compared to sorority women, their average weekly consumption would meet criteria for binge drinking if consumed in one sitting. Most of the drinking by both sorority and non-sorority women in our sample clustered around Friday or Saturday. It may be that a failure to note differences in victimization despite differences in weekly alcohol consumption may be

the result of consumption patterns. That is, despite differences in volume consumed there may be similarities in drinking patterns consistent with binge drinking. For example, unaffiliated women may not drink as regularly as sorority women, but may be at high likelihood of bingeing when they drink. Sorority women may regularly consume alcohol, but may be at particular risk for bingeing drinking on weekends. Future research should examine sexual victimization and drinking patterns among sorority and non-sorority women (e.g., drinking days per week, drinks per sitting, where alcohol use occurred).

Another potential explanation for the absence of differences in rates of victimization between sorority and unaffiliated women may be a result of sample composition. Participants were primarily in their first or second year of college (approximately 85%). Several studies have reported that relative to older women (> 21 years), younger women are at greater risk for sexual victimization (Mohler-Kuo et al. 2004; Gross et al. 2006). Additionally, younger students reportedly engage in higher frequencies of social activities, dating, and drinking which are associated with greater levels of sexually risky behaviors. It may prove informative to examine these behaviors in a sample with a better representation of junior and senior years undergraduate women.

An interesting finding in the current study is the relationship between duration of sorority membership and sexual refusal assertiveness. This finding suggests some aspect of sorority culture may adversely affect women's sexual assertiveness. Lottes and Kuriloff (1994) reported the longer women were members of a sorority the greater likelihood of their sexual attitudes becoming increasingly more permissive. These authors suggested that membership in a sorority or fraternity may result in a student spending increasing amounts of time in an environment in which sexual permissiveness may be reinforced (Lottes and Kuriloff, 1994). This relationship

may also help explain the lack of victimization differences in the current study. The overwhelming majority of our sample had experienced a relatively short duration of exposure to sorority culture. Further research should examine the relationship between sexual assertiveness and sorority membership.

## IX. LIMITATIONS AND FUTURE DIRECTIONS

The current sample involved college women, primarily Caucasian freshmen and sophomores, from a large southern university campus. It would be beneficial to replicate the findings using a diverse age group with a wider variety of years in college, as well as years spent in a sorority. In addition, because alcohol use in college is correlated with ethnicity, with Caucasian students drinking more heavily than African American and Asian students (Meilman, Presley, & Lyerla; 1994), a more diverse participant pool may shed further light on how ethnicity interacts with alcohol and sexual victimization. It would also be beneficial to replicate the findings at other universities to ensure generalizability of these findings.

Assessing alcohol use prospectively (e.g. drinking diaries) may also provide more precise information regarding drinking volume, drinking patterns, and situations in which alcohol use most frequently occurs (for example, fraternity or non-fraternity social events; bars and clubs as opposed to apartments or dorm rooms). Moreover, including monitoring of unwanted sexual experiences in these diaries may also facilitate a better understanding of the direct and indirect relationships between alcohol use and sexual victimization. Finally, the finding that duration of sorority membership and sexual assertiveness were related suggests it may be beneficial to examine more thoroughly this issue focusing on identification of factors which may contribute to this change in attitude.



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## LIST OF APPENDECIES



APPENDIX A: SEXUAL EXPERIENCES SURVEY

## SEXUAL EXPERIENCES SURVEY SHORT FORM VERSION

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box  showing the number of times each experience has happened to you. If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. The past 12 months refers to the past year going back from today. Since age 14 refers to your life starting on your 14<sup>th</sup> birthday and stopping one year ago from today.

a.	b.	<b>Sexual Experiences</b>	<b>How many times in the past 12 months?</b>	<b>How many times since age 14?</b>
1.		<b>Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (<i>but did not attempt sexual penetration</i>) by:</b>	0 1 2 3+	0 1 2 3+
	a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Threatening to physically harm me or		

d. someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2. <b>Someone had oral sex with me or made me have oral sex with them without my consent by:</b>	0 1 2 3+	0 1 2 3+
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	How many times in the past 12 months?	How many times since age 14?
3. <b>If you are a male, check box and skip to item 4</b> <input type="checkbox"/>		
<b>A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:</b>	0 1 2 3+	0 1 2 3+
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Taking advantage of me when I was too drunk or out of it to stop what was	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	happening.		
d.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

4.	<b>A man put his penis into my butt, or someone inserted fingers or objects without my consent by:</b>	0 1 2 3+	0 1 2 3+
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

5.	<b>Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:</b>	0 1 2 3+	0 1 2 3+
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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		How many times in the past 12 months?	How many times since age 14?
6.	<p><b>If you are male, check this box and skip to item 7.</b> <input type="checkbox"/></p> <p><b>Even though it didn't happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:</b></p>	0 1 2 3+	0 1 2 3+
a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

7.	<b>Even though it didn't happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:</b>	0 1 2 3+				0 1 2 3+			
		a.	Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Threatening to physically harm me or someone close to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. I am: Female  Male  My age is \_\_\_\_\_ years and \_\_\_\_\_ months.

9. Did any of the experiences described in this survey happen to you 1 or more times? Yes  No

What was the sex of the person or persons who did them to you?

- Female only
- Male only
- Both females and males
- I reported no experiences

10. Have you ever been raped? Yes  No

Citation: Koss, M.P. Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2006). The Sexual Experiences Short Form Victimization (SES-SFV). Tucson, AZ: University of Arizona.

APPENDIX B: DAILY DRINKING QUESTIONNAIRE





APPENDIX C: SEXUAL ASSERTIVENESS SURVEY FOR WOMEN

## SEXUAL ASSERTIVENESS SURVEY FOR WOMEN

### Initiation

1. I begin sex with my partner if I want to.
2. I let my partner know if I want my partner to touch my genitals.
3. I wait for my partner to touch my genitals instead of letting my partner know that's what I want. (R)
4. I wait for my partner to touch my breasts instead of letting my partner know that's what I want. (R)
5. I let my partner know if I want to have my genitals kissed.
6. Women should wait for men to start things like breast touching.(R)

### Refusal

7. I give in and kiss if my partner pressures me, even if I already said no. (R)
8. I put my mouth on my partner's genitals if my partner wants me to, even if I don't want to. (R)
9. I refuse to let my partner touch my breasts if I don't want that, even if my partner insists.
10. I have sex if my partner wants me to, even if I don't want to. (R)
11. If I said no, I won't let my partner touch my genitals even if my partner pressures me.
12. I refuse to have sex if I don't want to, even if my partner insists.

### Pregnancy-STD Prevention

13. I have sex without a condom or latex barrier if my partner doesn't like them, even if I want to use one. (R)

14. I have sex without using a condom or latex barrier if my partner insists, even if I don't want to. (R)

15. I make sure my partner and I use a condom or latex barrier when we have sex.

16. I have sex without using a condom or latex barrier if my partner wants. (R)

17. I insist on using a condom or latex barrier if I want to, even if my partner doesn't like them.

18. I refuse to have sex if my partner refuses to use a condom or latex barrier.

*Note.* R in parentheses after item denotes item was reverse scored.

a = *never, 0% of the time*; b = *sometimes, about 25% of the time*; c = *about 50% of the time*; d = *usually, about 75% of the time*; and e = *always, 100% of the time*.

APPENDIX D: CONFORMITY TO FEMININE NORMS INVENTORY-45

## CONFORMITY TO FEMININE NORMS INVENTORY-45

The following pages contain a series of statements about how women might think, feel or behave. The statements are designed to measure attitudes, beliefs, and behaviors associated with both traditional and non-traditional feminine gender roles.

Thinking about your own actions, feelings and beliefs, please indicate how much you personally agree or disagree with each statement by circling SD for "Strongly Disagree", D for "Disagree", A for "Agree," or SA for "Strongly agree" to the left of the statement. There are no right or wrong responses to the statements. You should give the responses that most accurately describe your personal actions, feelings and beliefs. It is best if you respond with your first impression when answering.

- 1 I would be happier if I was thinner
- 2 It is important to keep your living space clean
- 3 I spend more than 30 minutes a day doing my hair and make-up
- 4 I tell everyone about my accomplishments
- 5 I clean my home on a regular basis
- 6 I feel attractive without makeup
- 7 I believe that my friendships should be maintained at all costs
- 8 I find children annoying
- 9 I would feel guilty if I had a one-night stand
- 10 When I succeed, I tell my friends about it
- 11 Having a romantic relationship is essential in life
- 12 I enjoy spending time making my living space look nice
- 13 Being nice to others is extremely important
- 14 I regularly wear makeup
- 15 I don't go out of my way to keep in touch with friends
- 16 Most people enjoy children more than I do
- 17 I would like to lose a few pounds
- 18 It is not necessary to be in a committed relationship to have sex
- 19 I hate telling people about my accomplishments
- 20 I get ready in the morning without looking in the mirror very much
- 21 I would feel burdened if I had to maintain a lot of friendships
- 22 I would feel comfortable having casual sex
- 23 I make it a point to get together with my friends regularly
- 24 I always downplay my achievements
- 25 Being in a romantic relationship is important
- 26 I don't care if my living space looks messy
- 27 I never wear make-up
- 28 I always try to make people feel special
- 29 I am not afraid to tell people about my achievements
- 30 My life plans do not rely on my having a romantic relationship

- 31 I am always trying to lose weight
- 32 I would only have sex with the person I love
- 33 When I have a romantic relationship, I enjoy focusing my energies on it
- 34 There is no point to cleaning because things will get dirty again
- 35 I am not afraid to hurt people's feelings to get what I want
- 36 Taking care of children is extremely fulfilling
- 37 I would be perfectly happy with myself even if I gained weight
- 38 If I were single, my life would be complete without a partner
- 39 I rarely go out of my way to act nice
- 40 I actively avoid children
- 41 I am terrified of gaining weight
- 42 I would only have sex if I was in a committed relationship like marriage
- 43 I like being around children
- 44 I don't feel guilty if I lose contact with a friend
- 45 I would be ashamed if someone thought I was mean

APPENDIX E: INFORMED CONSENT

## INFORMED CONSENT

### INVESTIGATORS:

Mary Ashton Phillips, M.A.  
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(662) 259 2267  
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Alan M. Gross, Ph.D.  
Department of Psychology  
University of Mississippi  
(662) 915-5186  
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### DESCRIPTION:

Ms. Phillips and Dr. Gross are studying the personality and behavioral correlates of various types of unwanted sexual experiences.

Participation will involve completing online surveys that ask about some of your sexual experiences and your emotions and behaviors during and after those experiences. You will be asked to provide demographic information, and then to complete one or more questionnaires about past sexual experiences, behaviors during those sexual experiences, and emotions and perceptions of the experiences.

This survey is for women only. Men cannot participate in this survey and will not receive credit for participation in this survey.

### RISK AND BENEFITS:

The benefits of participating in this study include the satisfaction of contributing to psychological research on an important social issue and an awareness of resistance to unwanted sexual pressures. Risks of participation include possible discomfort from answering questionnaire items regarding personal unwanted sexual experiences.

### COSTS AND PAYMENTS:



There are no costs to you for participating in this study. You will receive 1.5 hours of research credit towards a Psychology class at the end of the session, if that option is available through your class. You will also be entered into a lottery for the chance to win 1 iPod shuffle.

#### CONFIDENTIALITY:

Any information obtained about you from this research will be kept confidential. When the study is completed, all identifying links between you and the data will be destroyed. When the results are published, they will be reported in aggregate so that identification cannot be made.

#### RIGHT TO WITHDRAWAL:

You are free to refuse to participate in this study or to withdraw from it at any time simply by informing any of the investigators in person, by phone, by email, or by letter (Mary Ashton Phillips or Alan Gross, Department of Psychology, Peabody Hall, University of Mississippi, MS. 38677). Your decision will not adversely affect your status with the Psychology Department or the University, nor will it cause you any penalty or loss of benefits to which you are entitled.

#### IRB APPROVAL:

This study has been reviewed by the University of Mississippi's Institutional Review Board for Human Subject Research (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University standards for protecting the rights and welfare of the subjects who volunteer for this study. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB at (662) 915-7482.

#### VOLUNTARY CONSENT:

My agreement below means that I freely agree to participate in this experimental study. You may print this consent form for your records by using the **print** button in your browser's **File** menu.

## APPENDIX F: TABLES

Table 1. Descriptive Statistics of Participants (n=357)

Age	Frequency	Percentage
18 years old	90	25.2%
19 years old	165	47.2%
20 years old	49	13.7%
21 years old	26	7.2%
22 years old	15	4.2%
23+	12	3.3%
Years at U of M (n=346)	Frequency	Percentage
< 1 year	224	64.5%
1-2 years	75	21.7%
2-3 years	21	6.1%
3-4 years	22	6.4%
4+ years	5	1.4%
Ethnicity (n=346)	Frequency	Percentage
European American	243	70.2%
African American	69	19.9%
Hispanic	7	2%
Asian	7	2%
Pacific Islander	1	.3%
Other Ethnicity	3	.9%
Multi-Ethnic	16	4.6%
Sorority Membership (n=346)	Frequency	Percentage
Yes	176	50.9%
No	170	49.1%
Years in Sorority (n=176)	Frequency	Percentage
< 1 year	135	76.7%
1-2 years	26	14.8%
2-3 years	8	4.5%
3-4 years	7	4.0%

Table 2. MANOVA investigating differences between sorority and non-sorority women on the variables sexual victimization in college, social activity, alcohol use, and sexual assertiveness  
2a.Descriptive Statistics

	Sorority Membership	Mean	Standard Deviation	N
Social Activities	No	1.46	1.341	156
	Yes	3.79	1.641	164
	Total	2.65	1.902	320
Femininity	No	82.14	12.208	156
	Yes	86.45	10.692	164
	Total	84.35	11.640	320
Assertiveness (Total)	No	45.68	10.585	156
	Yes	49.23	10.859	164
	Total	47.50	10.856	320
College Victimization	No	.40	.492	156
	Yes	.37	.483	164
	Total	.38	.487	320
Average Drinks in a week	No	4.15	6.125	156
	Yes	8.61	8.712	164
	Total	6.44	7.873	320
Heaviest Drinking weeks	No	7.19	11.010	156
	Yes	11.80	11.304	164
	Total	9.55	11.381	320

2b.Multivariate Tests

Effect	Value	F	Hypothesis df	Error df	Sig	Partial Eta Squared
Intercept						
Pillai's Trace	.987	4034.928	6	313	.000	.987
Wilk's Lambda	.013	4034.928	6	313	.000	.987
Hotelling's Trace	77.347	4034.928	6	313	.000	.987
Roy's Largest Root	77.347	4034.928	6	313	.000	.987
Panhell Soror.						
Pillai's Trace	.425	38.623	6	313	.000	.425
Wilk's Lambda	.575	38.623	6	313	.000	.425
Hotelling's Trace	.740	38.623	6	313	.000	.425
Roy's Largest Root	.740	38.623	6	313	.000	.425

Table 3. Univariate analyses investigating differences between sorority and non-sorority women on measures of sexual victimization in college, femininity, social activity, alcohol use, and sexual assertiveness

Source	Dep Var.	df	Mean squared	F	Sig	Partial Eta Squared
Sor. Mem.	Social Act	1	436.86	193.582	>.001	.378
	Feminin.	1	1485.293	11.318	.001	.034
	Assertive	1	1005.370	8.738	.003	.027
Vict.College	AveDrinks	1	.115	.485	.487	.002
	HeavyDrinks	1	1587.418	27.759	>.001	.080
		1	1698.983	13.637	>.001	.041

Table 4: Chi Square Analyses Comparing Sorority and Non-Sorority women on victimization

4a.Descriptive Statistics:

Sor. Memb.		College Victimization		
		No	Yes	Total
No	Count	94	63	157
	% of group	59.9%	40.1%	100%
	% of Coll. Vic.	47.2%	51.2%	48.8%
	% of Total	29.2%	19.6%	48.8%
Yes	Count	105	60	165
	% of group	63.6%	36.4%	100%
	% of Coll. Vic.	52.8%	48.8%	51.2%
	% of Total	32.6%	18.6%	51.2%
Sor. Memb.		College Unwanted Touching		
		No	Yes	Total
No	Count	121	46	167
	% of group	72.5%	27.5%	100%
	% of Coll. Unw.	48.6%	52.3%	49.6%
	% of Total	35.9%	13.6%	49.6%
Yes	Count	128	42	170
	% of group	75.3%	24.7%	100%
	% of Coll. Unw.	51.4%	47.7%	50.4%
	% of Total	38%	12.5%	50.4%

Sor. Memb.		College Att. Coercion		
		No	Yes	Total
No	Count	131	35	166
	% of group	78.9%	21.1%	100%
	% of att.coerc.	45.3%	67.3%	48.7%
	% of Total	38.4%	10.3%	48.7%
Yes	Count	158	17	175
	% of group	90.3%	9.7%	100%
	% of att. Coerc.	54.7%	32.7%	51.3%
	% of Total	46.3%	5.0%	51.3%

Sor. Memb.		College Coercion		
		No	Yes	Total
No	Count	146	22	168
	% of group	86.9%	13.1%	100%
	% of Coll. Coer.	47.7%	61.1%	49.1%
	% of Total	42.7%	6.4%	49.1%
Yes	Count	160	14	174
	% of group	92%	8%	100%
	% of Coll.Coer.	52.3%	38.9%	50.9%
	% of Total	46.8%	4.1%	50.9%



Sor. Memb.		College Att. Rape		
		No	Yes	Total
No	Count	139	27	166
	% of group	83.7%	16.3%	100%
	% of coll.att.rape	48.9%	50.0%	49.1%
	% of Total	41.1%	8.0%	49.1%
Yes	Count	145	27	172
	% of group	84.3%	15.7%	100%
	% of coll.att.rape	51.1%	50.0%	50.9%
	% of Total	42.9%	8.0%	50.9%

Sor. Memb.		College Rape		
		No	Yes	Total
No	Count	140	26	166
	% of group	84.3%	15.7%	100%
	% of Coll.Rape	48.1%	53.1%	48.8%
	% of Total	41.2%	7.6%	48.8%
Yes	Count	151	23	174
	% of group	86.8%	13.2%	100%
	% of Coll.Rape	51.9%	46.9%	51.2%
	% of Total	44.4%	6.8%	51.2%

4b. Chi Square Tests

	College Victimization Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.483	1	.487
N of Valid Cases	322		
	College Unwanted Touching Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.352	1	.553
N of Valid Cases	337		
	College Attempted Coercion Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.522	1	.004*
N of Valid Cases	341		
	College Coercion Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.314	1	.128
N of Valid Cases	342		
	College Att. Rape Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.020	1	.887
N of Valid Cases	338		
	College Rape Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.411	1	.521
N of Valid Cases	340		

Table 5. T-Tests comparing sorority and non-sorority women on assertiveness variables

5a.Group Statistics:

	Sor. Memb.	N	Mean	Std. Dev.	St. Error Mean
Initiate	No	170	11.49	4.425	.339
	Yes	176	12.14	4.302	.324
Refuse	No	170	17.24	4.988	.383
	Yes	176	18.28	4.867	.367
Protection	No	170	17.01	6.203	.476
	Yes	176	18.43	5.887	.444
Total	No	170	45.74	10.640	.816
	Yes	176	48.85	10.826	.816

5b.Independent Samples Test:

	Levene's Test		T-Tests
	F	Sig	Sig (2-tailed)
Initiate	.567	.452	.168
Refuse	.126	.723	.049*
Protection	.325	.569	.030*
Total	.070	.791	.007*

Table 6. Independent T-Tests comparing traditional femininity in sorority and non-sorority women

6a. Group Statistics:

	Soror. Memb.	N	Mean	Std. Dev.	Std. Error Mean
Sweet/Nice	No	170	10.31	2.519	.193
	Yes	176	11.28	2.044	.154
Relational	No	170	9.00	2.323	.178
	Yes	176	10.67	1.984	.150
Romantic	No	170	8.41	2.896	.222
	Yes	176	8.41	2.535	.191
Modesty	No	170	6.57	2.682	.206
	Yes	176	6.57	2.024	.153
Thinness	No	170	8.69	3.990	.306
	Yes	176	9.39	3.326	.251
Domestic	No	156	11.05	3.091	.237
	Yes	164	10.34	2.579	.194
Appearance	No	156	7.79	3.091	.235
	Yes	164	8.11	2.579	.195
Children	No	156	10.56	3.273	.251
	Yes	164	11.03	3.033	.229
Sex. Fidel.	No	156	9.44	3.666	.281
	Yes	164	10.35	3.512	.265
Total	No	156	81.82	12.249	.939
	Yes	164	86.17	10.624	.801

6b.Independent Samples Test:

	Levene's Test		T-Tests
	F	Sig	Sig (Two-Tailed)
Sweet/			
Nice	6.667	.010	.000*
Relation	2.113	.147	.000*
Romantic	1.183	.277	.992
Modesty	7.878	.005	.990
Thinness	8.535	.004	.075
Domestic	10.513	.001	.020*
Appear	5.430	.020	.294
Children	1.094	.296	.162
Sexual			
Fidelity	.469	.494	.018*
Total	7.108	.008	.000*

Table 7. Correlation Matrix examining relationships among alcohol use, traditional femininity, assertiveness, and sexual victimization during college

	1	2	3	4	5	6	7	8
<b>Social Act.</b>								
Pearson								
Corr.	1	.159**	.058	.073	.267**	.314**	-.082	.119*
Sig (2t)		.003	.285	.178	.000	.000	.277	.033
N	346	346	346	346	344	346	176	322
<b>Femin.</b>								
Pearson								
Corr.	.159**	1	.076	.100	.058	.013	.002	-.111*
Sig (2t)	.003		.158	.063	.279	.808	.975	.047
N	346	346	346	346	344	346	176	322
<b>Refusal</b>								
Pearson								
Corr.	.058	.076	1	.771**	-.031	-.048	-.205**	-.233**
Sig (2t)	.285	.158		.000	.561	.374	.006	.000
N	346	346	346	346	344	346	176	322
<b>Assertive</b>								
Pearson								
Corr.	.073	.100	.771**	1	-.076	-.078	-.124	-.216**
Sig (2t)	.178	.063	.000		.158	.149	.100	.000
N	346	346	346	346	344	346	176	322
<b>HeavDrinks</b>								
Pearson								
Corr	.267**	.058	-.031	-.076	1	.846**	.095	.206**
Sig (2t)	.000	.279	.561	.158		.000	.211	.000
N	344	344	344	344	344	346	175	320
<b>Ave.Drinks</b>								
Pearson								
Corr	.314*	.013	-.048	-.078	.846**	1	-.022	.210**
Sig (2t)	.000	.808	.374	.149	.000		.773	.000
N	346	346	346	346	344	346	176	322

Sor. Years.

Pearson								
Corr	-.082	.002	-.205**	-.124	.095	-.022	1	.139
Sig (2t)	.277	.975	.006	.100	.211	.773		.075
N	176	176	176	176	175	176	176	165

Coll. Vict.

Pearson								
Corr	.119*	-.111*	-.233**	-.216**	.206**	.210**	.139	1
Sig (2t)	.033	.047	.000	.000	.000	.000	.075	
N	322	322	322	322	322	322	165	322

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1=Social Activities, 2=Femininity, 3=Refusal, 4=Assertive, 5=Heavy Drinking, 6=Average Drinking, 7= Years in Sorority, 8=Sexual Victimization in College

Table 8: Logistic Regression examining social activities, femininity, refusal assertiveness, and drinking as predictors of sexual victimization in college

**Variables in the Equation**

**Classification Table<sup>a,b</sup>**

		Predicted			
		Vict-College		Percentage Correct	
		0	1		
Observed					
Step 0	Vict-college	0	197	0	100.0
		1	123	0	.0
		Overall Percentage			61.6

- a. Constant is included in the model.
- b. The cut value is .500

**Omnibus Tests of Model Coefficients**

		Chi-square	df	Sig.
Step 1	Step	38.355	4	.000
	Block	38.355	4	.000
	Model	38.355	4	.000

**Classification Table<sup>a</sup>**

		Predicted			
		Vict-College		Percentage Correct	
		0	1		
Observed					
Step 1	Vict-College	0	170	27	86.3
		1	71	52	42.3
		Overall Percentage			69.4

- a. The cut value is .500



**Variables in the Equation**

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
								Lower	Upper
Step 1 <sup>a</sup>	Refusal	-.104	.026	16.375	1	.000	.901	.857	.948
	Fem.	-.020	.011	3.618	1	.057	.980	.959	1.001
	Social Act.	.115	.067	2.944	1	.086	1.122	.984	1.281
	Drinking	.045	.014	10.755	1	.001	1.046	1.018	1.075
	Constant	2.390	.978	5.967	1	.015	10.915		

a. Variable(s) entered on step 1: Refusal, Femininity, Social Activities, Drinking.

Table 9: Logistic Regression examining social activities, femininity, overall assertiveness, and drinking as predictors of sexual victimization in college

**Omnibus Tests of Model Coefficients**

	Chi-square	df	Sig.
Step 1	34.665	4	.000
Block	34.665	4	.000
Model	34.665	4	.000

**Classification Table<sup>a</sup>**

	Observed	Predicted			
		Vict-college		Percentage Correct	
		0	1		
Step 1	Vict-College	0	174	23	88.3
		1	75	48	39.0
	Overall Percentage				69.4

a. The cut value is .500

**Variables in the Equation**

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)		
							Lower	Upper	
Step 1 <sup>a</sup>	Fem.	-.019	.011	3.246	1	.072	.981	.960	1.002
	Social Act.	.115	.067	2.960	1	.085	1.122	.984	1.280
	Drinking	.042	.014	9.548	1	.002	1.043	1.016	1.072
	Assertive	-.042	.012	12.808	1	.000	.959	.937	.981
	Constant	2.486	1.012	6.037	1	.014	12.010		

a. Variable(s) entered on step 1: femininity, Social Activity, Drinking, Overall Assertiveness.

VITA

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**Education:**  
**2007 - 2014**

**University of Mississippi**  
**Oxford, Mississippi**

- Clinical Psychology graduate student
- Ph.D. expected August 2014
  - Dissertation: *Sexual assertiveness as a predictor of differential vulnerability in sexual victimization between sorority- and non-affiliated women*
  - proposed October 2012
  - currently writing results and discussion section
  - Advisor Alan Gross, Ph.D.
- M.A. Clinical Psychology (03/2012)
  - Masters thesis: *Perception of resistance as a predictor of self-blame in college women who have experienced sexual assault*
  - Advisor Alan Gross, Ph.D.

**2002 - 2006**

**Wake Forest University**  
**Winston-Salem, North Carolina**

- B.A. Psychology
- Minor: Art history
- 2004-2006 lab coordinator for Dr. Janet Boseovski

## **Supervised Clinical Experience**

- 08/2013 – present    Clinical Psychology Pre-doctoral Intern**  
**Atlanta Veterans Affairs Medical Center**  
**Supervisors: Andrea Michels, Ph.D., Evelyn Lemoine, Ph.D., Joy Reeves, Psy.D., Mark Ackerman, Ph.D.**
- Assessment instruments: SCID-I, SCID-II, WAIS-IV, WRAT-4, PAI, M-FAST, TOMM, PCL, PSS, BDI, Brown ADHD Scales, CPT-II
  - 3-5 General therapy cases
  - Intensive 4 day training in Prolonged Exposure
  - Intensive 3 day training in Cognitive Processing Therapy
  - Trauma Recovery Rotation: conducting intake interviews, individual trauma focused (Prolonged Exposure) therapy, co-leading PTSD educational groups (“PTSD 101”), participating in peer supervision
  - Substance Abuse Treatment Rotation to begin in December 2013
  - Behavioral Health Rotation to begin in April 2014
- 08/2008 – 07/2013        Student Therapist**  
**University of Mississippi Psychological Services Clinic**  
**Supervisors: Tom Lombardo, Ph.D., Alan Gross, Ph.D., Kelly Wilson, Ph.D., Danielle Maack, P.h.D., Scott Gustafson, Ph.D.**
- conducting intake interviews, seeing clients for individual therapy assessments, attending weekly supervision meetings
- 07/2012 - present    Clinical Practicum**  
**Communicare**  
**Community Mental Health, Oxford, MS**  
**Provisionally Certified Mental Health Therapist**  
**Supervisor: Dixie Church, M.ed**
- Assessment Instruments: BDI, BAI, MINI
  - conducting intake interviews, individual therapy with diverse, rural, underserved populations, including severely mental ill, chronically mental ill, and those with physical disabilities
  - Collaborate with psychiatrists and social workers to provide continuity of care for clients
- 08/2011 - 09/2012 Assessment Practicum**

**University of Mississippi Psychological Assessment Clinic  
Oxford, MS**

**Supervisors: Stefan Schulenberg, Ph.D. and Scott Gustafson, Ph.D.**

- gave full battery assessments, including clinical interviews, cognitive and personality assessments, mood and ADHD self-report and assessments, with adults and children
  - Assessment instruments: WAIS-IV, WIAT-II, WISC-IV, KBIT, WRAT-4, RBANS, MMPI-II, MMPI-II RF, PAI, PAI-A, BASC-2 (child and college), CPT-2, Barkley Scales for ADHD, BDI, BAI
- worked at Office of Student Disability Services as a Verification Specialist, gave clinical interviews, reviewed assessment data, and determined appropriate accommodations for college students

**07/2010 - 06/2011 Clinical Practicum**

**The Baddour Center: Community for Adults with Intellectual Disabilities, Senatobia, MS  
Behavior Specialist  
Supervisor: Shannon Hill, Ph.D.**

- Created and implemented behavior plans, consulted with direct care workers and work supervisors on resident behavior
- Individual therapy for residents and social skills group therapy for residents
- Resident training for community integration and skills
- Conducted annual assessments residents' adaptive and cognitive skills, particularly regarding dementia
  - Assessments instruments: MMSE, Dyspraxia Test for Adults with DD, DISCUS

**07/2009 - 06/2010**

**Clinical Practicum  
North Mississippi Regional Center, formerly North Mississippi Retardation Center, Oxford, MS and Bruce, MS  
Psychology Intern  
Supervisors: Scott Bethay, Ph.D. and Kim Sallis, Ph.D.**

- Created and implemented behavior plans, consulted with directcare workers and supervisors on resident behavior
- Social skills and group therapy for clients
- Ran seminars on behaviorist principles for direct care workers and supervisors
- Consulted with the psychiatrist on appropriate client treatment

- Conducted annual assessments of client adaptive behavior skills as well as periodic assessments of client cognitive skills
  - Assessment instruments: WAIS-IV, WIAT-II, Stanford-Binet, Vineland Adaptive Behavior Scales, DISCUS, LASSI-2, C-TONI2, PPVT

**07/2008 - 05/2009 Clinical Practicum**

**Desoto County School System, Hernando, MS and Southaven, MS  
Behavior Specialist**

**Supervisor: Sheila Williamson, Ph.D. and Kathlene McGraw, M.Ed**

- Created and implemented consults and behavior plans using functional behavior assessments (FBAs)
- Social skills training for children with autism
- Interviewed parents, teachers, and principals
- Conducted assessments for learning disabilities
- Assessments instruments: WISC-IV, WIAT-II, CARS, GADS, Barkley Scales for ADHD

**Editorial Activities**

**Summer 2012**

**Guest reviewer for *Violence Against Women***

**Research:**

**07/2012 -06/2014 Dissertation Research**

- *Sexual assertiveness as a predictor of differential vulnerability in sexual victimization between sorority- and non-affiliated women*

**04/2011 - 04/2012 Thesis Research**

- *Perception of resistance as a predictor of self-blame in college women who have experienced sexual assault*

**08/2007-08/2014 Research Assistant for Alan Gross, Ph.D.**

- responsibilities include assisting in data collection for other graduate students
- presented poster on data with student at the Summit of Violence and Abuse conference

**08/2004- 05/2006 Research Assistant for Janet Boseovski, Ph.D.**

Lab Coordinator for Dr. Janet Boseovski, Developmental Psychologist

- collected data, trained and organized other undergraduates, recruited participants, scheduled research times and places, supervised other undergraduates in data collection

**Publications and Presentations:**

Phillips, Mary Ashton, & Gross, Alan. (2012, November). *Perception of resistance as a predictor of self-blame in college women who have experienced sexual assault*. Poster Presented at the Association for Behavioral and Cognitive Therapies, National-Harbor, MD

Phillips, Mary Ashton, & Gross, Alan. (2010) Diagnostic Interviewing of Children. In D. L. Segal, & M. Hersen (Ed.), *Diagnostic Interviewing (4th Edition)* (pp. 423 - 441). New York

Kolivas, E.K., Young, J.C., Phillips, M.A., & Gross, A.M. (2008, February). *"If she didn't want to, that's rape": College male's interpretations of survey items used to measure sexual perpetration*. Poster presented at the Summit on Violence and Abuse in Relationships: Connecting Agendas and Forging New Directions, Bethesda, MD.

Boseovski, J.J., Marcovitch, S, and Phillips, M. A. (2005, October). *The Effect of Temporal Position of a Salient Event on Impression Formation in Preschoolers*. Poster presented at the meeting of the Cognitive Development Society, San Diego, CA., Fall 2005

**Relevant Employment and Volunteer Experience:**

**08/2011 – 05/2012 Teaching Assistant for Kenneth Sufka, Ph.D. and Todd Smitherman, Ph.D.**

University of Mississippi

*Duties:* held office hours, ran make-up exams, aided in creating and administering exams, scored exams, tutored undergraduates

**08/2008 – 05/2009 Behavior Consultant  
Head Start, Batesville, MS and Byhalia, MS**

**Supervisor: Alan Gross, Ph.D.**

*Duties:* Consulted with teachers and principals on classroom management, created behavior plans and consults for children

**06/2006 – 07/2007      Assistant for Parenting by Design, Inc.**

*Duties:* Responsible for contacting group homes for troubled teens, examining effectiveness of various types of drug rehabilitation programs

**07/2006 – 07/2007      Certified Victims Advocate for the Tarrant County  
Women’s Center**

*Duties:* answering emergency calls, going to hospitals to advocate for women, men, and children who are receiving rape kits

**Awards and Fellowships**

**08/2007 – 5/2011      Four Year Graduate Fellowship**

**Letters of Reference**

Available upon Request