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A Mixed-methods Study of Sexual Assault in Lesbian, Gay, and Bisexual Adults in the U.S.

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A Mixed-methods Study of Sexual Assault in Lesbian, Gay, and Bisexual Adults in the U.S.

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in Community Health Promotion

by

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ABSTRACT

Background. Previous research finds that (1) lesbian and bisexual (LB) women as well as gay and bisexual (GB) men have higher rates of rape victimization compared to their heterosexual (H) peers and (2) perceived familial support reduces the impact of some of rape's negative health outcomes in heterosexual victims. However, specific contextual factors regarding rape and assessment of familial support for LGB victims are severely lacking. Also, measurements of sexual assault victimization have yet to be validated in this population.

Methodology. The current study used a mixed-methods design that included two phases of data collection. Phase 1 was a national sample online survey of LBH women ($n = 1,295$). Phase 2 was a convenience sample online survey of LBH women and GBH men; data collection for Phase 2 is ongoing. Prevalence rates were calculated using a modified form of the Sexual Experience Survey – Short Form Revised (SES-SFV).

Results. In Manuscript 1, 63% of B women, 49% of L women, and 35% of H women reported experiencing rape in their lifetime. LB women had increased odds of victimization (B only) and re-victimization (L and B) compared to H women. H women reported more family support than LB women, but when victimization status was controlled for, all women reported equal levels of family support. In Manuscript 2, all nonconsensual behaviors and nearly all perpetration tactics in the original SES-SFV emerged inductively in our qualitative data. Using quantitative data, LB victims endorsed each perpetration tactic in the SES-SFV at comparable rates to H victims. However, the original SES-SFV did not capture some common experiences that participants described in their open-ended narratives.

Conclusion.

In Manuscript 1, some contextual factors of sexual violence differed between LBH women while others were the same across sexual orientation. Yet, sexual orientation clearly played a role in sexual violence risk given it had the strongest relationship with victimization status compared to all other demographic characteristics. In Manuscript 2, the SES-SFV satisfactorily assessed sexual assault and rape experiences in LBH women. Possible additions and deletions to the SES-SFV are presented alongside discussion of managing comprehensiveness and participant fatigue.

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DEDICATION

This dissertation is dedicated to all the individuals in my personal life who have told me their stories of sexual violence. I thought about each one of you throughout this process.

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CHAPTER 1: INTRODUCTION

Definitions of Sexual Assault

The terms *sexual assault* and *rape* are sometimes used interchangeably, but, in fact, they describe different experiences. The Rape, Abuse, and Incest National Network (RAINN, n.d.) and the U.S. Department of Justice (Department of Justice, 2016) state that sexual assault refers to sexual contact or behavior that occurs without the explicit consent of the recipient. Merriam-Webster's (Merriam-Webster, n.d.) definition of sexual assault includes these same sentiments but also highlights that sexual assault is illegal. Together, these organizations note that sexual assault can occur through force, can happen to a person unable to give consent (due to age, mental capacity, etc.), and can occur because the assailant is in a position of authority over the victim (e.g., parent, doctor, employer). Sexual contact or behavior can refer to attempted or completed fondling (including child molestation) of the victim's body, perpetrator penetration of the victim's body (e.g., sexual intercourse, sodomy), and the victim's forced penetration the perpetrator's body.

Rape is a type of sexual assault that involves penetration of a body without consent. Therefore, all rape is sexual assault, but not all sexual assault is rape (e.g., sexual fondling). Most sources differentiate between attempted and completed rape or sexual assault. The Federal Bureau of Investigation (FBI, 2014) recently updated their definition of rape to "Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim" (p. 5). Definitions state-to-state, however, vary widely (for a database of sexual crime law by state, see RAINN, 2016b). The state of Arkansas, where the institution approving this dissertation resides, defines rape as

...sexual intercourse or deviate sexual activity with another person: (1) By forcible compulsion; or (2) Who is incapable of consent because he is physically helpless,

mentally defective or mentally incapacitated; or (3) Who is less than fourteen (14) years of age; or (4) Who is less than eighteen (18) years of age, and the actor: (a) The victim's guardian; (b) Uncle, aunt, grandparent or step-grandparent, grandparent by adoption; (c) Brother, sister or the whole or half-blood or by adoption; (d) Nephew, niece or first cousin, (Arkansas Coalition Against Sexual Assault, n.d.).

The above definitions are broader than older definitions of sexual assault and rape. Past definitions were written with gendered language. Often these definitions did not account for male victims (Department of Justice, 2016). Other older definitions assessed either a narrow range of behaviors or vague behavioral language (e.g., "the carnal knowledge of a female forcibly and against her will;" p. 1; FBI, 2011). Earlier definitions also had several exclusions that modern definitions have eradicated. For example, until 1993, some states in the U.S. had exclusionary language in their definitions of rape that allowed for forced or coercive sexual behavior when the victim was a spouse (Bennice & Resick, 2003). In other words, this conceptualization was such that rape could not occur between married individuals. All of these changes in how sexual assault and rape are defined have shaped both legal approaches and cultural views regarding sexual violence.

Considering this, the current study defines sexual assault and rape using behavioral terms that do not assume gender of the perpetrator or victim. In order for a behavior to qualify as sexual assault or rape it must be sexual in nature and occur without the victim's consent. Behaviors are sexual assault if they meet the above criteria but do not involve penetration of the body (e.g., someone uses their hands to touch a vulva but does not penetrate the vagina). Behaviors are rape if they meet the above criteria and involve penetration of the body (e.g., someone uses their hands to penetrate the vagina with their fingers). Attempted sexual assault or rape meet the above criteria for each term but specify that the behavior was only attempted, not

completed (e.g., someone tries to use their hands to touch a vulva but is stopped before touching occurs).

Prevalence Rates of Sexual Assault by Gender

Prevalence rates are not only affected by which definition of sexual assault is used, but they also differ on who is being studied (e.g., men vs. women). In much of the scientific literature, prevalence rates of experiencing sexual assault are higher among women and most often sexual assault occurs as the result of a male perpetrator (Black et al., 2011; Snyder, 2000; Tjaden & Thoennes, 2006). According to a number of studies, between 18-22% of women in the general U.S. population have experienced rape in their lives (Black et al., 2011; Tjaden & Thoennes, 2006). Of female rape victims, 42% experience their first rape (defined as “any completed or attempted unwanted vaginal, oral, or anal penetration through the use of physical force... or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent,” p. 17) before the age of 18 (Black et al., 2011). Using this same definition, research finds that women also are at high risk for attempted rape, although this is typically less common than completed rape (Breiding, Chen, & Black, 2014). Comparing across victimization status, women who experience childhood rape (defined as “an event [before the age of 18] that occurred without the victim’s consent that involved the use or threat of force in vaginal, anal, or oral intercourse,” p. 3) are twice as likely than their peers to experience rape again in adulthood (Tjaden & Thoennes, 2006). Comparing rates within victimization status, over one-third of women who report being raped before age 18 also experience rape as an adult (Black et al., 2011).

Prevalence rates of sexual assault experienced by men tend to be lower than for women, but are still cause for concern. A review of the literature by Peterson, Voller, Polusny, and

Murdoch (2011) finds that studies of male sexual assault victimization have a range of prevalence rates depending on the definition used (1% - 14% using physical force, 1% -19% using intoxication/drugs, and 13%-27% using verbal coercion). Most of these incidences for men occur before the age of 12-years-old (Tjaden & Thoennes, 2006). Although many people conceptualize sexual assault as the penetration of one's own body, the updated FBI definition accounts for a victim being forced to penetrate someone else's body. For men, about 4.8% report being made to penetrate someone else (Black et al., 2011). Similar to women, men are also often victimized by male perpetrators (Black et al., 2011; Bullock & Beckson, 2011). Tjaden and Thoennes (2006) find that, similar to women, men also experience repeat victimization, although this happens less frequently.

Sexual Assault and Public Health

Violence, including sexual violence, has been a long-standing concern in the field of public health. Sexual assault and rape are intimately linked to negative health outcomes. When compared to individuals who have not experienced sexual assault or rape, victims often have worse mental, physiological, and behavioral outcomes.

Mental Health Factors. One in three female rape victims and nearly one in four male victims receive counseling from a mental health professional as a direct result of their most recent rape (Tjaden & Thoennes, 2006). Significant short-term or long-term impacts of rape (e.g., Post-Traumatic Stress Disorder [PTSD]) are reported by 81% of female victims and 35% of male victims (Black et al., 2011). In fact, among women, rape and sexual assault are traumas that are most commonly associated with PTSD (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). The link between mental health indicators and sexual assault are sometimes intensified when individuals experience more than one event of victimization. For example, in a study of

siblings, Balsam et al. (2011) found that having one type of victimization (childhood sexual assault or adult sexual assault) was associated with poorer mental health outcomes (e.g., suicide thoughts, self-harm) compared to those with no victimization history. These same authors also note that having experienced both types of victimization, and therefore having experienced more than one sexual assault event, was associated with even worse outcomes (Balsam et al., 2011). Additionally, Perilloux, Duntley, and Buss (2012) found more severe mental health issues when comparing victims of completed rape to victims of attempted sexual assault. More specifically, female victims of completed rape were more likely to have poorer self-esteem (than victims of attempted sexual assault; Perilloux et al., 2012), less likely to perceive themselves as a desirable romantic partner (than victims of attempted sexual assault; Perilloux et al., 2012), and less likely to perceive themselves as sexually attractive (than non-victims; Jozkowski & Sanders, 2012).

Women are more likely to be victims of sexual assault (Black et al., 2011; Snyder, 2000; Tjaden & Thoennes, 2006), and, as a result, their mental health issues have been more widely studied. However, several studies find that men have worse psychological consequences when victimized (e.g., suicide, depression, anxiety, psychiatric hospitalizations, anger, self-blame, loss of self-respect, and revenge fantasies) as compared to women (Peterson et al., 2011). Peterson et al. (2011) note that this could be due to less men reporting, so only severe cases are documented. When men do report, even just to a friend or family member, Walker et al. (2005) note that at least 25% of male victims wait five or more years to disclose. Therefore, men receive less immediate support by either not reporting or delaying reporting. Men are also more likely to report symptoms that align with gender roles (e.g., alcohol consumption) compared to those that do not (e.g., depression; Peterson et al., 2011). In some studies, male victims with female perpetrators have less psychological consequences compared to male victims with male

perpetrators (Peterson et al., 2011). The reason for this may be because sexual assault with a female perpetrator "fit the stereotypical sex role" of the men and, therefore, are easier for the men to cope with (p. 20, Peterson et al., 2011). Regardless of these constraints (delays in reporting, limited symptomology expression and coping resources due to gender roles) men do experience a wide range of serious psychological disturbances, even years after their assault (Davies, Walker, Archer, & Pollard, 2010).

Physiological and Behavioral Factors. Some sexual assault results in physical injury and other sexual assaults result in no immediately visual signs of violence (Sugar, Fine, & Eckert, 2004). Some of the most common physical injuries resulting from rape are general body bruising and abrasions as well as genital-anal bruising, abrasions, and lacerations (Sugar et al., 2004). Most sexual assault and rape victims which incur physical injury do not seek medical treatment for those injuries (Rennison, 2002). Beyond the event-level physical implications, research also links several other problematic health behaviors to sexual assault victimhood. For example, Drabble, Trocki, Hughes, Korcha, and Lown (2013) find strong relationships between hazardous drinking and reports of childhood, adult, and lifetime sexual victimization. This relationship between hazardous drinking and sexual assault victimization increases with subsequent reoccurrences of sexual assault (Hughes et al., 2010). Child and adulthood sexual assault history has a relationship with higher rates of substance abuse as well (Balsam et al., 2011; Hequembourg, Bimbi, & Parsons, 2011).

Additionally, some male victims (Hequembourg et al., 2011; Kalichman et al., 2001) and female victims (Kaltman, Krupnick, Stockton, Hooper, & Green, 2005; Wells et al., 2015) engage in more "risky" sexual behavior (defined as higher number of sexual partners, engaging in unprotected intercourse, exchanging sex for money/drugs, past STIs) when compared to non-

victims. Regarding physiological symptomology, Hulme (2000) found that female primary care patients with a history of childhood sexual assault were more likely than women with no history of assault to state that they were eating too little, eating too much, or made themselves vomit. With all these problematic physiological and behavioral factors associated with sexual assault victimization, it may not be surprising that about 19% of the female adult rape victims and 10% of the male adult rape victims state that their victimization caused them to lose time from work (Tjaden & Thoennes, 2006).

Financial Factors. Not only is sexual assault prevalent, it also has a high economic cost to society (DeLisi et al., 2010; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). In a study of the cost of incarcerated individuals' crimes, the average cost per incarceration for rape is nearly \$95,000 accounting for cost to the victim, justice system costs, loss of perpetrator productivity, third-party cost of insurance, expenditures for personal security, and other related measures (DeLisi et al., 2010). In addition to its cost to the criminal justice system, the cost of rape to society as a whole should also be considered. In total, recent estimates find that rape costs in the U.S. are about \$460 million per year, most of which comes from medical care costs that are paid directly by the victim and the victim's health insurance company (Max et al., 2004). These cost estimates are built on a working knowledge that sexual assault is not only costly to the judicial and medical systems, but that it also has a consistent link with problematic mental, physiological, and behavioral outcomes for the individual (Balsam et al., 2011; Ratner et al., 2003; Tjaden & Thoennes, 2006; Walker et al., 2005).

Characteristics of a Rape-Prone Culture

Societal Level. The idea of rape-prone and rape-free cultures comes from Sanday's (1981) anthropological work studying 95 band and tribal societies. Some of these societies had

high incidences of rape and others were seemingly free of rape incidence. Sanday (1981) argued that differences in rape prevalence are a result of the presence and degree of interpersonal violence, male dominance, and sexual separation within a culture. She interpreted rape as the sexual expression of these forces in societies where the harmony had been severely disrupted, especially between men and women. Much of the sexual assault literature since this publication notes social characteristics that create a culture conducive to rape. In this and other feminist literature, both scientific and mainstream (e.g., Friedman & Valenti, 2008; Harding, 2015; Jozkowski & Wiersma-Mosley, 2017), the term “rape culture” is now more commonly used than the term “rape-prone society.”

There are many definitions of rape culture created by organizations and professionals, but most definitions designate that a rape culture is a culture where (1) rape is prevalent, (2) sexual violence is normalized and excused (and sometimes encouraged), and (3) victims of sexual violence are often not believed and/or blamed for their victimization (Friedman & Valenti, 2008; Harding, 2015; Jozkowski & Wiersma-Mosley, 2017). To address the first portion of this definition, Friedman and Valenti (2008) and Harding (2015) cite many studies in their books like the ones above in the *Prevalence Rates of Sexual Assault by Gender* section that find sexual assault is indeed prevalent in the U.S. Secondly, these authors and others (Marshall University, 2015; Pérez & Greene, 2016) discuss ways that U.S. media and language (e.g., rape jokes) normalize and excuse sexual assault and rape (Jozkowski, 2015). To analyze the latter part of the above rape culture definition with respect to the U.S., several studies have found that sexual assault victims are blamed for their own victimization by the police (e.g., Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Greeson, Campbell, & Fehler-Cabral, 2016; Wentz & Archbold, 2012) and media (e.g., Barefoot, 2014). With all of these factors related to rape culture

(e.g., prevalence, normalization, victim blaming) both present and actively researched, it is easy to argue that rape culture is a problematic issue in the U.S.

Individual Level. We can also analyze the ways in which this violence might interact with complex cultural identities at an individual level. For example, as mentioned previously (Black et al., 2011; Snyder, 2000; Tjaden & Thoennes, 2006), women have higher rates of sexual assault victimization. Being a woman is a cultural identity that is shaped by gender roles prescribed within a particular society. When we overlay other identities with a “woman” identity, we find that certain women consistently have higher rates of victimization. To illustrate this, several studies find that rural women (Lewis, 2003), women of color (Black et al., 2011), transgender women (Langenderfer-Magruder, Walls, Kattari, Whitfield, & Ramos, 2016), women attending college (Daigle, Fisher, & Cullen, 2008), women in the military (Mattocks et al., 2013) and others have higher sexual assault rates than their peers. These higher rates are not surprising because minorities and other vulnerable groups are at greater risk for all types of violence in general due to social disadvantage and discrimination (Brown, 2004). Because the identity of “woman” already puts an individual at greater risk for sexual assault, when this identity intersects with other socially disadvantaged identities (e.g., person of color, transgender person), we find higher and higher rates of sexual assault and rape.

Sexual Assault Experienced by Lesbian, Gay and Bisexual Individuals

Sexual minorities (lesbian, gay, and bisexual individuals) often experience discrimination in the U.S. that puts them at social disadvantages in political, educational, and economic realms. For a state-by-state list of discriminatory laws and policies directed toward sexual minorities, see Human Rights Campaign (2016). This discrimination and social disadvantage contribute to sexual minorities being at higher risk for victimization of violence (Gruenewald, 2012; Parrott,

2009; Robinson, 2011). Therefore, if the U.S. harbors a rape culture (e.g., Harding, 2015) and minorities or other vulnerable groups are more at risk for general violence (e.g., Brown, 2004), including sexual assault and rape, one could assume there are higher rates of sexual assault and rape among sexual minorities.

Prevalence. Existing literature seems to confirm the above assumption: Sexual assault rates are high among lesbian, gay, bisexual (LGB) individuals (Heidt, Marx, & Gold, 2005; Hequembourg, Parks, Collins, & Hughes, 2015). In a systematic review of 75 studies published from 1989 to 2009, Rothman, Exner, and Baughman (2011) note that the median reported rate of sexual assault for LB women was 43% and for GB men was 30%. LGB individuals are over two times more likely than heterosexuals to be victims of sexual assault (Cramer, McNeil, Holley, Shumway, & Boccellari, 2012; Rothman & Silverman, 2007). However, Rothman et al. (2011) state that relatively few sexual assault studies include both LGB and heterosexual populations. They find that most comparisons of sexual assault rates occur across studies with different definitions for sexual assault, sampling methods (national samples vs. convenience samples), and grouping strategies (e.g., LGB as one group; LB women vs. GB men; L vs. G vs. B women vs. B men; etc.). Therefore, although prevalence rates are high in the LGB community, we are unable to make true comparisons between LGB individuals and heterosexual individuals across the literature.

Repeat Victimization. In addition to the issues of sexual assault and rape, there is an issue of victims experiencing repeated instances of sexual assault and/or rape. In a study of college women, Daigle et al. (2008) find that women who experience one instance of sexual assault or rape are more likely to experience subsequent instances of sexual violence compared to women who experienced non-sexual violence. Because sexual violence and re-victimization

are repeatedly associated with higher rates of anxiety, depression, post-traumatic stress disorder, and social difficulties in heterosexual populations (Messman-Moore & Long, 2000), it is important that these rates be thoroughly assessed in LGB populations as well.

Types of Sexual Assault and Rape. Previous research has measured childhood sexual assault, adult sexual assault, lifetime sexual assault, intimate partner sexual assault, and hate crime related sexual assault (Rothman et al., 2011). Existing research has documented rates of one or two types of sexual assaults with only one documenting the rates of all five, though even this study was limited (Morris & Balsam, 2003). Morris and Balsam (2003) only sampled LB women, and, therefore, are unable to make comparisons to GB men or heterosexual individuals. Without these data, it is difficult to assess sexual victimization among LBG women and men fully. Additionally, the existing research heavily lends itself to the study of childhood sexual assault (Rothman et al., 2011) creating a continuing need for investigation of other sexual assault variables (e.g., adult sexual assault, sexual assault as a result of a hate crime) within this population.

Perpetrator Characteristics. Within the context of LGB relationships, sexual violence is often studied as a subtopic within intimate partner violence (IPV) research. Craft and Serovich (2005) find that sexual violence (defined as “any tactics used to force a partner to participate in unwanted sexual activities,” p. 783) among GB men is estimated as high as 33%. In a study of IPV that included bisexual women, lifetime prevalence rates of rape of bisexual women were 46% and were predominantly perpetrated by males (Walters, Chen, & Breiding, 2013). Although some studies report perpetrator gender (Balsam, Rothblum, & Beauchaine, 2005; Hequembourg et al., 2015) or perpetrator’s relation to the victim (Heidt et al., 2005; Miller, Reed, McNall, & Forney, 2013; Stoddard, Dibble, & Fineman, 2009; Walker et al., 2005), none report

perpetrators' sexual orientation. In a review of the literature, Rothman et al. (2011) state that perpetrator information is lacking in LGB IPV studies and LGB violence research as a whole. We cannot assume that a lesbian victim of sexual IPV had a female perpetrator, especially when assessing lifetime victimization. In order to understand if sexual assaults are occurring predominantly within the LGB community or if this violence transcends from heterosexual to LGB populations, more information on perpetrator characteristics and the context of sexual assault experienced by LGB are needed. This information is critical to the design of prevention programs and support services for LGB.

Perpetrator characteristics matter to juries when victims are sexual minorities. In a study of perpetrator guilt, Davies, Austen, and Rogers (2011) assessed individuals reactions to vignette stories where the victim sexual orientation and perpetrator gender were manipulated. Findings indicated that male participants blamed the victim more than female participants when the victim was both gay and attacked by a male perpetrator. In other words, male participants were more likely to victim blame gay men who are assaulted by other men. All participants, regardless of gender, made more positive judgements toward the female perpetrator as opposed to male perpetrator.

Familial Support. In heterosexual samples, research indicates that perceived familial support reduces the impact of some of sexual assault's negative health outcomes (McGuigan & Middlemiss, 2005). Familial support may be particularly important in the LGB community because research suggests LGB individuals may have less family support in general. For example, LGB individuals experience more child abuse from parents or caregivers (McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012) and report less family connectedness (Eisenberg & Resnick, 2006) than their heterosexual peers. Additionally, Balsam et al. (2005) discussed that

lesbian and bisexual youth may be specifically targeted for sexual assault in their families due to their perceived sexual orientation. These lower levels of familial support may be related to an LGB person's choice to disclose their sexual assault to their family. For example, some sources note that LGB sexual assault victims may fear reporting because they are concerned with being "outed" to their family (Wisconsin Coalition Against Sexual Assault, n.d.). Therefore, perceived support from families of LGB individuals should be examined along with LGB victimization rates to better understand the full scope of this issue.

Measuring Sexual Assault and Rape. Lastly, highly regarded measurement tools to assess sexual assault have been mostly designed for and primarily utilized with heterosexual samples (Koss et al., 2007). When these measurement tools are used, they are often modified on a study-by-study basis (Peterson et al., 2011) that diminishes uniformity in measurement across the literature. Validated sexual assault tools for LGB individuals are lacking. All of these small differences in methodology yield prevalence rates for LB women between 16-85% and between 12-54% for GB men in the literature (Rothman et al., 2011). This wide margin makes comparison across most studies inappropriate. In order to best inform clinical trainings and prevention efforts, the most reliable and precise information comparing all six distinct groups (L, B women, H women, G, B men, and H men) should be available.

Current Study

Overall weakness in the current literature regarding LGB sexual assault include: (1) differing prevalence rates between national and convenience sampling, (2) failure to sample heterosexuals in addition to LGB participants, (3) inappropriate grouping of all LGB individuals together as one category, (4) minimal assessment of repeated sexual assault victimization, (5) limited study of contextual factors like type of sexual assault and perpetrator characteristics, (6)

scant analysis of family support in relation to LGB sexual assault victimization, and (7) lack of validated tools to measure sexual assault prevalence rates in the LGB population.

In order to address these shortcomings in the literature, the current study utilizes a multi-phase, mixed-methods design to assess the context of sexual assault and familial support in the LGB community. The current study builds on the recommendations made by Rothman et al. (2011) regarding the context of sexual assault by analyzing multiple types of sexual assault (childhood sexual assault, adulthood sexual assault, lifetime sexual assault, IPV sexual assault, and hate crime related sexual assault), re-victimization rates, and perpetrator characteristics using more comprehensive methods. These methods include: sampling heterosexuals along with LGB participants; categorizing lesbian women, bisexual women, gay men, and bisexual men as distinct groups in terms of sexual identity; and recruiting both national and convenience samples. Other methodological advantages to this study involve assessment of highly utilized sexual assault assessment scales, which are designed for opposite-sexed assault, in the LGB population. In addition, very few, if any, studies have examined familial support's relationship with sexual assault victimization in LGB individuals. To strengthen the body of research, the current study will also assess familial support in both victims and non-victims of all sexual orientation categories. This project will be completed in two phases.

Phase 1: National Survey. Phase 1 data were collected via a national survey disseminated by Qualtrics Online Survey Company in Summer 2016 (See Appendix A). In order to assess specific characteristics of the assault and familial support in the most at-risk groups, we made an economical choice to limit our sample to lesbian ($n = 430$), bisexual ($n = 430$), and heterosexual women ($n = 430$). Given that only a portion of participants would have experienced sexual assault, a larger sample size ($n = 1,290$) was needed in order to retain statistical power for

the planned analyses. The study protocol was approved by the Institutional Review Board at the University of Arkansas.

The Phase 1 survey consists of general demographic questions and questions pertaining to experiences of sexual assault utilizing a modified version of the Sexual Experience Survey-Short Form Victimization (SES-SFV; Koss et al., 2007) including experiences of re-victimization. When participants indicated that they had experienced a sexual assault or attempted sexual assault based on the criteria of the modified SES-SFV, they were asked follow-up questions about: (1) the perpetrator's characteristics (e.g., gender, age, sexual orientation), (2) the perpetrator's relationship to the participant, (3) situational and contextual factors surrounding the assault experience (e.g., where the sexual assault took place, if the perpetrator or participant had consumed alcohol), as well as (4) disclosure of victimization to family and familial support. The survey was reviewed by an expert panel of researchers, pre-pilot tested by small group of LGBT community members ($n = 5$), and then pilot tested again by members of the general population ($n = 20$) for validation purposes before data collection occurred. See Appendix A for finalized survey instrument.

Phase 2: Convenience Survey. In addition to the national sample, a convenience sample of lesbian ($n = 300$), bisexual ($n = 300$) and heterosexual women ($n = 300$) as well as gay ($n = 300$), bisexual ($n = 300$) and heterosexual men ($n = 300$) will also be recruited online via specific LBG social networking sites and listservs as well as in person at local LGB friendly establishments. A convenience sample will be collected for two reasons. First, by collecting national and convenience samples of LBH women, we can make comparisons in rates of sexual violence between these two sampling methods. The two samples will help us to better understand differing prevalence rates of sexual assault noted by previous research (Rothman et al., 2011).

Second, due to the expense associated with national sampling, we were forced to limit our sample to one gender. The convenience sample can operate with less cost and allow us to collect data from both men and women. Participants recruited via convenience sampling will be asked the same set of questions described above. However, the convenience sample will also be asked additional questions assessing potential perpetration of sexual assault, attitudes and beliefs associated with sexual assault, and knowledge of other's experience with victimization. See Appendix B for survey instrument.

Research Aims

Using the mixed-methods procedures described in Chapter 3, this study addresses the gaps in the literature regarding measurement of sexual assault context in LGB individuals by addressing four research aims.

Aim 1: Assess both victimization and re-victimization rates among LGB and heterosexual (H) individuals utilizing national and convenience sampling techniques.

Aim 2: Evaluate context characteristics as well as perpetrator characteristics (e.g., age, gender, sexual orientation, relation to the victim) in order to gain a more “whole picture” perspective of LGB sexual violence.

Aim 3: Assess victims' rates of disclosure to family members, actual and anticipated support from family, and determine whether family members are serving as perpetrators of sexual assault.

Aim 4: Assess a modified quantitative scale for measuring sexual violence in this population.

Expected Outcomes

Given findings of previous literature and our study goals, we hypothesize that our findings will indicate:

Aim 1: Victimization and re-victimization rates will be higher in LGB individuals compared to H individuals. Additionally, these rates will be higher when using convenience sampling methods compared to the national sample.

Aim 2: Perpetrator characteristics and context of sexual assault will be different between LGB and H populations.

Aim 3: Familial support levels will differ between LGB and H groups. Specific concerns of being “outed” by disclosing sexual assault to family will serve as a barrier to reporting.

Aim 4: Existing, though slightly modified, scales assessing sexual violence will have acceptable validity and reliability within LB populations.

Significance of the Study

Findings from the proposed study have the potential to influence sexual violence prevention programs, criminal justice services, and health services that work with the LGB population. Given that nearly one in five American women will experience sexual assault in their lifetime (Black et al., 2011), prevention programs have been developed and implemented to affect change for this issue. However, many of these programs are built on literature which predominantly focuses on heterosexual women as victims (Morris & Balsam, 2003). Programs based on this research may not be the most effective for LB women or GB men if their sexual assault experiences differ from H women. The proposed study has the potential to give a true comparison of sexual assault rates across these groups and allow individuals conducting sexual

assault prevention programs to make a stronger case for committing resources to programs and initiatives serving LGB individuals.

With regard to criminal justice services, current research states that men endorse false beliefs about lesbians and gay men who are survivors of sexual assault. For example, men are more likely to judge lesbian women who have experienced sexual assault by a male perpetrator as more compliant in the crime, less traumatized, and in less need of treatment than heterosexual males who have experienced sexual assault by a male perpetrator (Sheridan, 2005). Similarly, Sheridan (2005) finds that men are more likely to judge gay male victims of sexual assault as having experienced greater pleasure from the assault than if the victim were a heterosexual male. This is particularly concerning given that a majority of criminal justice workers are men (Crooke, 2013); if they endorse these beliefs, it could negatively affect LGB survivors' treatment. The proposed study could serve to provide a more accurate context around sexual assault experienced by LGB individuals, which could address this perception disparity.

Finally, within health services in general, LGB individuals navigate a system which still lacks appropriate knowledge of their health needs (Bolderstona & Ralphb, 2016). Research finds that mental health providers, particularly male providers, are more likely to think that a bisexual or gay victim of rape experienced pleasure during the assault (Miller, 2013). This is problematic because mental health providers may be more likely to receive disclosures of rape and sexual assault (Miller, 2013). Additionally, regarding general healthcare workers, healthcare providers can actively screen for sexual assault experiences and make necessary referrals for patients which, if caught early, can lead to better health outcomes (Stevens, 2007). However, they cannot do this effectively if the training and base-knowledge of the context of LGB sexual assault is nonexistent. Because the proposed study would provide LGB sexual assault rates and describe

LGB sexual assault contexts in more detail than previous research, our findings can better inform medical training and screening questions, which would lead to better health outcomes for LGB individuals.

CHAPTER 2: SUMMARY OF EVIDENCE

Theoretical Framework

Socio-Ecological Model. Most traditional health theories focus on the role of the individual in regard to addressing health behavior. Although violence is a health behavior, individual-level theoretical approaches may not be relevant to issues such as sexual violence (Jozkowski, 2015). Because several culturally embedded constructs help to support or discourage a rape culture (Harding, 2015; Sanday, 1981) which ultimately influences interpersonal behavior, assessing sexual assault as a health behavior at an individual-level effectively ignores these cultural influences. As such, the proposed study will use an ecological approach in order to target multiple influences of sexual assault. Bronfenbrenner's (1979) model of human development utilizes a multi-level, socio-ecological approach to understanding human behavior. Guided by this theory, we plan to assess characteristics about the individuals (e.g., age, race), the microsystem (e.g., relationship between the individual and perpetrator, familial support), the mesosystem/exosystems (e.g., contextual factors surrounding the sexual assault; the environment in which the assault took place), and the macrosystem (e.g., messages that the individual and possibly the perpetrator had been exposed to). This will also allow us to uncover the socio-cultural determinants of sexual violence among LGB in order to provide a foundation for future intervention design.

Intersectionality. Intersectionality focuses on the idea that people occupy multiple social identities simultaneously. For example, a person can have the identities of woman, black, lesbian, and low socioeconomic status. Each one of these identities have social implications that shape her experience with the world. When research focuses on only one identity (e.g., woman), it assumes that this black, lesbian, low socioeconomic status woman's experience is similar to a

woman who has other identities (white, heterosexual, and high socioeconomic status) with respect to the phenomena being studied. Many authors have noted that research which does not pay explicit attention to these social complexities often distorts and misrepresents people's experiences (Bright, Malinsky, & Thompson, 2016). In brief, using intersectionality in research attempts to correct these analytical shortcomings by directing researcher's attention to the ways in which intersecting social identities produce distinct effects.

Intersectional theory is appropriate for the current study because, although it was born out of discussions of employment discrimination, its author, Kimberly Crenshaw, quickly applied Intersectionality to violence literature (Crenshaw, 1991). Crenshaw (1991) discusses how both race and gender identities simultaneously and uniquely affect women of color's experiences of violence. Similarly, the current study assumes that both gender and sexual orientation identities simultaneously and uniquely affect LGB individual's experiences of sexual violence. Therefore, quantitative assessment must analyze variables using the most discrete social identity categorization as possible and, to illuminate social identities that are not considered quantitatively, qualitative assessment is also necessary.

Prevalence of Sexual Assault

In this section, I will outline findings from the literature on sexual assault and rape in the lesbian, gay, and bisexual (LGB) community. However, due to changing conceptualizations of lesbian, gay, and bisexual identity over the last several decades as well as advances in the measurement of sexual assault and rape (Bachman, 2012), I will only include studies published on or after 1995 unless a study has noteworthy historical value. Additionally, studies detailed below will predominantly come from U.S. samples. Studies with samples from somewhat similar

westernized cultures (e.g., Canada, England, Germany) are included, but studies from less similar eastern cultures (e.g., Japan, China) have been excluded.

All the literature reviewed in this chapter will retain the original terminology of the variables studied within the respective study. In other words, although we define and use the terms “sexual assault” and “rape” for our study, other researchers use different terminology (sexual abuse, sexual violence) to describe similar constructs. We will not attempt to categorize their variables within our definitions of “sexual assault” or “rape.” We opt to describe the research in this way because consolidating others’ terms within our framework may distort their research findings and may make the state of the literature appear more concise, coherent, and streamlined than it is.

Other terms in this section, however, are more standardized in the literature. In the remainder of this chapter, I will frequently reference childhood sexual assault (CSA), adulthood sexual assault (ASA), and lifetime sexual assault (LSA). Throughout most studies, childhood sexual assault is defined as occurring when the victim is age 13 and younger. Some studies of CSA include the age of the perpetrator in order to define victimization (e.g., Balsam et al., 2011); other studies do not reference perpetrator age (e.g., Hequembourg et al., 2011). Adulthood sexual assault is often defined as occurring when the victim is age 14 and older. Lifetime sexual assault concerns any sexual assault experience that occurs within the lifetime irrespective of the age of the victim when the assault occurs. Rates of all three of these types of sexual assault will be rounded to the nearest whole number when reported below.

In the following section regarding prevalence, reviews of the literature are presented first. Studies using nationally-based samples are presented second. Prevalence rates from

convenience-based samples are presented last. When available, specific item wording used to assess prevalence will be described.

Lesbian and Bisexual Women.

- In a systematic review of the literature, Rothman et al. (2011) found prevalence rates for lesbian and bisexual women for sexual assault/rape/sexual abuse, etc. ranged from 16% to 85% with a median rate of 43%.
- In a study using pooled samples from the National Study of Health and Life Experiences of Women and the Chicago Health and Life Experiences of Women, Hughes et al., (2010) stated that more than twice as many sexual minority women (lesbian, mostly lesbian, and bisexual) as heterosexual women indicated histories of CSA. The authors assessed CSA experience using eight questions about sexual activity before the age of 18, but they stop short of providing specific wording of these questions.
 - Using similar methodology to Hughes et al. (2010), Andersen, Hughes, Zou, and Wilsnack (2014) noted that significantly more lesbian women reported experiencing CSA and ASA compared to heterosexual women. More specifically, 31% of heterosexuals, 44% of mostly heterosexual women 59% of lesbians, and 71% of bisexual women in their sample reported CSA (Andersen et al., 2014).
 - Here, CSA could include “intrafamilial sexual activity before the age of 18 that was unwanted by the participant or that involved a family member who was 5 or more years older than the participant” (p. 3) or “extrafamilial sexual activity that occurred before the age of 18 that was unwanted by the participant or that occurred before the age of 13 and involved another person who was 5 or more years older than the participant” (p. 3).

- A participant who indicated *yes* to either “Since you were 18 years old was there a time when you experienced any unwanted/forced sexual activity?” (p. 3) or “Has your partner ever forced you to have sex?” (p. 3) were categorized as a victim of ASA.
- In both studies, experiences of CSA are reported more often than experiences of ASA.
- This trend was also found in a national study of over 11,000 women conducted by Drabble et al., (2013). In this study, exclusively heterosexual women were, again, less likely to report CSA (11%) than each of the sexual minority groups (bisexuals, 26%; lesbians, 23%). The rate of ASA among heterosexually identified women with same-sex partners and bisexual women was significantly higher than rates of ASA among exclusively heterosexual women (Drabble et al., 2013).
 - CSA was determined by asking participants “Did anyone ever force you to have sex against your will? By sex, I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse” (p. 11) before the age of 18.
 - ASA was determined using the exact same language as CSA but indicated that this occurred since turning 18 (Drabble et al., 2013).
- Data from the National Intimate Partner and Sexual Violence Survey launched by the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control in 2010, indicated that bisexual women had a significantly higher prevalence of lifetime rape, physical violence, or stalking by an intimate partner (61%) compared to lesbian women (44%) and heterosexual women (35%, Breiding et al., 2014). When assessing only sexual assault variables with weighted estimates, the study found that 22%

of bisexual women and 9% of heterosexual women experienced rape in their lifetime; counts for lesbians were too small to estimate (Breiding et al., 2014).

- Breiding et al. (2014) defined rape as any completed or attempted unwanted vaginal, oral, or anal penetration through the use of physical force or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent.
- Using data from the same study, Walters et al. (2013) found that rates of rape for women were 13% for lesbians, 46% for bisexuals, and 17% for heterosexuals. Rates of sexual violence other than rape (being made to penetrate, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences) were 46% for lesbians, 75% for bisexuals, and 43% for heterosexuals (Walters et al., 2013).
 - Being made to penetrate someone else included the victim being made to, or there was an attempt to make them, sexually penetrate someone without the victim's consent because the victim was physically forced, threatened with physical harm, or when the victim was too drunk, high, drugged, or passed out (Walters et al., 2013).
 - Sexual coercion is defined as unwanted sexual penetration (vaginal, oral, or anal sex) that occurs after a person is pressured in a nonphysical way. These nonphysical ways included being worn down by someone who repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, being told promises that were untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority (Walters et al., 2013).

IPV) before conducting comparisons. Altogether, both lesbian (OR = 1.7, 95% CI: 1.2–2.4) and bisexual (OR = 2.2, 95% CI: 1.5–3.1) adolescents had elevated odds of experiencing any adversity compared to heterosexuals (McLaughlin et al., 2012).

- In a national study of nearly 2,500 lesbian and bisexual women who completed the 1995 Lesbian Wellness Survey, Morris and Balsam (2003) noted that 62% reported bias-related victimization because of their sexual orientation. That is, they indicated yes to at least one item on list of experiences (e.g., verbally harassed, lost job, property damage, physically attacked, sexual assault, rape) that happened to them because they were lesbian, gay, or bisexual. Regarding sexual victimization specifically, 39% reported sexual victimization before the age of 16 and 36% reported experiences at age 16 or older.
 - Here, sexual victimization was determined by asking “Before/after the age of 16, did anyone force you to engage in sexual activities” (p. 71, Morris & Balsam, 2003).
- Research conducted by Martin, Fisher, Warner, Krebs, and Lindquist (2011) found that, among college students, the prevalence of sexual assault before and during college was higher among bisexual women (25% before, 24% during) and lesbians (22% before, 18% during) compared with their heterosexual peers (11% before, 13% during). Sexual assault before college was highly predictive of sexual assault during college, especially among non-heterosexual women (Martin et al., 2011).
 - Non-heterosexual women (bisexuals and lesbians) who had been previously assaulted had eight times the odds of sexual assault during college compared to

heterosexual women who were not sexually assaulted before university (Martin et al., 2011).

- In contrast, previously assaulted heterosexual women had four times the odds of sexual assault during university. Therefore, women who had already experienced sexual assault had increased odds of victimization occurring during college, but having a non-heterosexual identity further compounded those odds (Martin et al., 2011).
- Sexual assault was assessed by asking “Has anyone had sexual contact with you by using physical force or threatening to physically harm you?” or “Has someone had sexual contact with you when you were unable to provide consent or stop what was happening because you were passed out, drugged, drunk, incapacitated or asleep?” (p. 201, Martin et al., 2011) Both questions had two timeline options of “before entering college” and “since entering college” (p. 201).
- Other research on college students indicated that these increased odds are of particular concern for bisexual women because nearly two out of every five bisexual female college students in their study had experienced sexual assault after four years in college (Ford & Soto-Marquez, 2016).
 - Ford & Soto-Marquez, (2016) measured sexual assault using three yes-or-no questions. Each question began with the timeline of since the participant had started college “have you had sexual intercourse that you felt was physically forced on you?” “has someone tried to physically force you to have sexual intercourse, but you got out of the situation without having intercourse?” or “has

someone had sexual intercourse with you that you did not want when you were drunk, passed out, asleep, drugged, or otherwise incapacitated?” (p. 108).

- In a study of women from the greater Chicago area, Sigurvinsdottir and Ullman (2015) reported that lesbian and bisexual women were equally likely to have CSA victimization in comparison to each other, but heterosexual women had significantly lower rates of CSA compared to lesbians or bisexual women. CSA rates were determined using the Sexual Experiences Survey (Koss, Gidycz, & Wisniewski, 1987) for experiences prior to the age of 14.
 - The authors not only assessed prevalence, but also assessed severity. Bisexual women had significantly higher CSA severity than heterosexual women (Sigurvinsdottir & Ullman, 2015). No significant difference existed between lesbian women and bisexual women or between heterosexual and lesbian women for CSA severity.
- To remove extraneous factors in order to make a more direct comparison between sexual orientation identities, Stoddard, Dibble, and Fineman (2009) surveyed lesbian women over the age of 40 years living in California and their heterosexual sisters. Over the lifespan, 35% of lesbians experienced sexual assault compared to 21% of their heterosexual sisters. Twenty-seven percent of lesbians and 16% of sisters experienced CSA, but there were no significant differences in experiences of ASA between the two groups. Participants were categorized into victimization categories based on a single question with two time periods “Were you ever sexually abused or assaulted as an adult/child (16 or older/ less than 16 years old)?” (p. 411).

- In a study of lesbian, bisexual, and queer Canadian women, Logie, Alaggia, and Rwigema (2014) reported that almost half (42%) of participants had experiences of sexual assault sometime in their lives (LSA). Participants identifying as queer were more likely to have experienced LSA than those identifying as lesbian. Lesbian, bisexual and queer women experience sexual violence at similar or higher rates than heterosexual women (Logie et al., 2014).
 - The authors discuss these findings through a socio-ecological lens stating that stigma, discrimination, and violence contribute to health disparities among sexual minorities.
 - Lifetime sexual assault rates were assessed using a single dichotomous item stating “In your life, have you ever experienced forced sex (for example rape or sexual assault)?” (p. 674, Logie et al. (2014).
- In a retrospective cohort study of female Operation Enduring Freedom and Operation Iraqi Freedom veterans, Mattocks et al. (2013) reported that lesbian and bisexual veterans were significantly more likely to have experienced both military and childhood sexual trauma than heterosexual women (military sexual trauma: 31% vs. 13%; childhood sexual trauma: 60% vs. 36%).

Gay and Bisexual Men.

- In general, when research is conducted with sexual minorities, sexual minority men are most often studied (Coulter, Kenst, & Bowen, 2014). However, sexual minority men are far less studied in the sexual assault literature (Menning & Holtzman, 2014; Peterson et al., 2011).

- In a systematic review of the literature, (Rothman et al., 2011) found prevalence rates from 11.8-54% (30% median) for gay and bisexual men.
- In a review of thirteen studies, Bullock & Beckson (2011) note that there were higher rates of sexual assault of males in studies that had higher portions of their sample consisting of gay and bisexual men.
- Data from the National Intimate Partner and Sexual Violence Survey published by Breiding et al. (2014) indicated that the lifetime prevalence of rape, physical violence, or stalking by an intimate partner was 29% among heterosexual men, 37% among bisexual men, and 26% among gay men. However, it is hard to discern what percentage of these rates account only for rape because authors do not present rape by sexual orientation category due to wide standard error margins.
 - This study's definition of rape included the victim being made to penetrate the perpetrator's body, which may better capture men's experiences. Breiding et al. (2014) that, for men, could include "being made to penetrate a female's vagina or anus, or another man's anus, using one's own penis; being made to penetrate another man's anus, or a woman's vagina or anus, using one's own mouth; being made to penetrate a man's or woman's mouth using one's own penis." (p. 81). Rape also includes perpetrators unsuccessful attempts to make male victims penetrate the perpetrator (Breiding et al., 2014).
- Using a national random digit-dial telephone survey, Walters et al. (2013) reported that the lifetime prevalence of sexual violence other than rape (including being made to penetrate, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual

experiences) by any perpetrator was 40% for gay men, 47% for bisexual men, and 21% for heterosexual men.

- Rates for rape were too small to estimate for gay and bisexual men. Rape rates for heterosexual men were 0.7% (Walters et al., 2013).
- Gay college men report sexual assault rates during college similar to rates of heterosexual women (Ford & Soto-Marquez, 2016). These college students were categorized as sexual assault victims if they answered yes to one of the following questions: “have you had sexual intercourse that you felt was physically forced on you?” “has someone tried to physically force you to have sexual intercourse, but you got out of the situation without having intercourse?” or “has someone had sexual intercourse with you that you did not want when you were drunk, passed out, asleep, drugged, or otherwise incapacitated?” (p. 108, Ford & Soto-Marquez, 2016).
- In a community convenience sample of gay and bisexual men in Atlanta, Georgia, 35% reported experiencing unwanted sexual intercourse at some point in their lives (Kalichman et al., 2001). Unwanted sexual intercourse was assessed by asking participants if they ever had sexual intercourse even though they did not want to because (1) a man threatened to leave you or (2) a man threatened to use physical force to make you. Additionally, participants were also asked “Has a man ever forced or pressured you to have sexual intercourse when you did not want to?” (p. 3, Kalichman et al., 2001).
 - Compared to Kalichman et al. (2001), Miller, Reed, McNall, and Forney (2013) found similar rates of sexual assault trauma (33%) among an exclusively Black gay and bisexual male state-wide Michigan sample. Here, sexual assault trauma

was measured with a single item, but authors do not provide the specific wording for this item.

- Using similar sampling methods but more a comprehensive measure of sexual assault (Koss et al., 1987), Han et al. (2013) reported that of the 117 gay men, 72 (62%) participants reported at least one sexual victimization experience. These victimization experiences included CSA, ASA, or both CSA and ASA.
- In a study of gay and bisexual men attending community events in New York City, Hequembourg et al. (2011) note that 15% of their sample reported unwanted sexual experiences at age 14 or younger while 14% had unwanted sexual experiences after age 14. These rates were assessed using a single item stating “have you ever been forced or frightened into doing something sexually that you did not want to do?” (p. 6, Hequembourg et al., 2011).
- These same authors later utilized a convenience sample of gay/bisexual men from Buffalo, New York and measured sexual assault using more comprehensive measures (Hequembourg et al., 2015). Rates in this study indicated that 51% experienced unwanted sexual behavior during childhood. Additionally, 67% experienced ASA or unwanted adult sexual behavior while 27% experienced attempted rape in adulthood. Between these experiences, 40% reported re-victimization (CSA and ASA, Hequembourg et al., 2015). The average age during most recent ASA was 21yrs old.
 - Here, CSA was something that “occurred against your will, without your consent, or when you didn’t want [it] to happen” (p. 286) for six behaviors ranging from inappropriate touching to forced anal penetration before age 14 (Hequembourg et

al., 2015). ASA was defined as happening after age 14 and was assessed using the Sexual Experiences Survey – Short Form Victimization (Koss et al., 2007).

- Through recruiting individuals via LGB email lists, periodicals, and organizations, Balsam et al. (2005) found that 2% of heterosexual men report having been raped during adulthood where 12% of gay men and 13% of bisexual men report having been raped during adulthood.
 - This same trend occurred for attempted rape, coerced intercourse, and coerced non-intercourse. Coerced non-intercourse was the most common victimization experience for all men (Balsam et al., 2005).
 - These authors note that, when comparing victimization rates between different sexual orientation identities, discrepancies are greater for men than for women.
 - Rape and other sexual assault items were assessed using a modified version of the Sexual Experiences Survey (Koss et al., 1987). However, the authors do not describe which items in the 10-item measure they count as rape as opposed to what they count as “coerced non-intercourse sexual contact, coerced intercourse, [or] attempted rape” (p. 479).
- Homosexual men from community centers, events, social clubs in Berlin, Germany reported that 1 in 4 homosexual men had severe sexual victimization rate, which was defined as sexual victimization through force, threat of force, or drugs (Krahe, Scheinberger-Olwig, & Schütze, 2001). Krahe et al. (2001) also report that 17% of men in this sample experienced moderate victimization, which they defined as sexual victimization from verbal pressure, or that was attempted only and not completed.

- Survey responses indicated that a substantial proportion of homosexual males indicated that they were both victims and perpetrators of sexual aggression (Krahe et al., 2001).
- In a study of non-consensual sexual experiences of about 2,500 men from England who were accessing general practice doctors, men who reported having consensual sex with other men were six times more likely to have had nonconsensual sex as an adult compared with men reporting only consensual experiences with women (Coxell, King, Mezey, & Gordon, 1999). Nonconsensual sex in this study occurs when “a person(s) uses force or other means so that they can do sexual things to you that you did not want them to do” or when “a person(s) uses force or other means to make you do sexual things that you did not want to do.” (p. 847, Coxell et al. (1999).

Combined LGB Status.

- In a meta-analysis of all studies that included any LGB participants, Katz-Wise and Hyde (2012) found that, in both types of gender samples, LGB individuals experienced more victimization than heterosexual individuals, but the difference was larger in male samples than in female samples.
 - Due to varying definitions of sexual assault across studies, this study looked at all levels of sexual assault, from unwanted touching to rape. Sexual assault was coded separately from familial sexual abuse and sexual harassment and did not include intimate partner violence (Katz-Wise & Hyde, 2012).
- In another meta-analysis focusing on adolescents, Friedman et al. (2011) reported that sexual minority individuals were on average 3.8 times more likely to experience childhood sexual abuse. Moderation analysis showed that disparities between sexual

minority and sexual nonminority individuals were larger for males than females for sexual abuse (Friedman et al., 2011). Studies in this meta-analysis asked about whether respondents were forced either “to have sex or were sexually abused, to engage in sexual intercourse, or touched sexually against their wishes or forced to touch someone else sexually” (p. 1482, Friedman et al., 2011).

- In a study of nearly 900 people recruited from venues, magazines, and websites serving the LGB community, Balsam et al. (2011) noted that lesbians had higher rates (44%) of CSA compared to gay men and heterosexual women, who did not differ from each other (31% and 30%, respectively). In terms of adult rape, lesbians (15%) had higher rates than heterosexual women (8%), yet gay men (12%) did not differ from either group.
 - Balsam et al., (2011) defined CSA as sexual contact before the age of 14 with someone five or more years older than the participant (who may or may not have used force or coercion) or any sexual contact before the age of 18 with a family member at least five years older than the participant. Additionally, any forced or coerced sexual contact before the age of 18 with a person less than five years older than the participant was also categorized as CSA.
 - ASA was determined using the 10-item Sexual Experiences Survey (Balsam et al., 2011).
- In a matched study where LGB participants recruited a heterosexual sibling, Balsam et al. (2005) reported that LGB participants were more likely to report a history of non-intercourse sexual coercion, coerced intercourse, and rape than heterosexual participants. LGB participants reported more childhood sexual abuse, and more sexual assault

experiences in adulthood (Balsam et al., 2005). CSA and ASA were defined using the same measures as the Balsam et al. (2011) study.

- Sexual orientation differences in sexual victimization were greater among men than among women. Gender was a significant predictor of the CSA variables and the ASA variables, where women of all sexual orientation groups more likely to report a history of sexual victimization than men (Balsam et al., 2005).
- These results were later replicated using a convenience snowball sample of sexual minority individuals (Menning & Holtzman, 2014). These authors noted that both sexual minority status and sex are predictive of increased assault risk of most assault types, but that most effects of sexual minority status are restricted to men. Sexual assault experiences were assessed using questions modeled after the Sexual Experience Scale (Koss et al., 1987).
- Using snowball sampling at Pride events and organizations in Iowa, gay Iowan men also experienced a significantly higher mean number of coercive sexual experiences compared to Iowan lesbians (Waldner-Haugrud & Gratch, 1997). Altogether, Waldner-Haugrud and Gratch (1997) reported that more than half of the total of gay men and lesbian women (52%) reported at least one incident of sexual coercion. Here, participants were presented with a list of 12 tactics (e.g., “my partner got me drunk or stoned,” “my partner physically held me down,” “my partner used a weapon”) that a lesbian/gay partner used to obtain sex that the victim did not want. In order to endorse sexual coercion, participants then indicated whether each tactic resulted in kissing, resulted in fondling breast/genitals, resulted in oral/vaginal/anal penetration, or was not applicable.

- Sixty three percent of LGB individuals attending community events reported experiencing some form of sexual victimization (CSA, ASA, or both; Heidt et al., 2005). Among those individuals who reported some sexual victimization, 31% reported CSA only and 31% reported ASA only. CSA was measured using the 62-item Life Experiences Questionnaire Modified, which is derived from an unpublished manuscript (as cited in Heidt et al., 2005). ASA is measured using the Sexual Experience Survey (Koss et al., 1987). Age distinction between CSA and ASA is set before 18 years old and since 18 years old, respectively (Heidt et al., 2005).
 - In a study of 122 lesbian women and 117 gay men that were drawn from Heidt et al.'s (2005) sample, Han et al., (2013) noted that of those who reported a history of CSA, 18% reported contact, 6% reported attempted penetration, and 74% reported completed penetration. Among those who reported a history of ASA, 22% reported contact, 7% reported coercion, 18% reported attempted rape, and 54% reported completed rape (Han et al., 2013).
- Research using medical clinics for underserved populations in Texas reported 33% of LGB individuals indicated sexual assault victimization (Gemberling et al., 2015). This was assessed by asking patients if they have “ever been a victim of any of the following crimes” (p. 3,437) and providing “sexual assault” as one of the answer choices.
- In a study of violent crime victims seeking emergency medical treatment at a public-sector hospital in San Francisco, Cramer et al. (2012) note that LGB victims were 2.3 times more likely to be victims of sexual assault than heterosexual victims.

Perpetrator Characteristics

The number of studies that assess perpetrator characteristics are relatively few in comparison to the number of studies that assess sexual assault or rape prevalence rates. Similar to the above section, the following section on perpetrator characteristics will detail lesbian and bisexual women's perpetrators and then gay and bisexual men's perpetrators. Studies that categorize all sexual minorities together or make direct comparisons between LB women and GB men are presented last.

Female victims' perpetrators.

- A male relative was the most commonly reported perpetrator of CSA for both lesbian women and their heterosexual sisters (Stoddard et al., 2009). A male neighbor was the second most common perpetrator of CSA. The most commonly reported perpetrator of ASA among both lesbians and the heterosexual sisters was a male stranger. Date rape by a male was the next largest group of ASA perpetrators for the heterosexual sisters, but date rape was less common for the lesbians (Stoddard et al., 2009).
- In a qualitative study of female same-sex rape, Campbell's (2009) participants described their perpetrators as: a friend, roommate, neighbor, girlfriend, teacher, and co-worker. All victims knew their perpetrators. Campbell (2009) also notes that perpetrators had power (age and/or authority positions) over the victims.
- In a study of urban mid-western women who had experienced male-perpetrated sexual assault, lesbians were more likely to be assaulted by relatives than bisexual or heterosexual women (Long, Ullman, Long, Mason, & Starzynski, 2007).
- In a study of women from the greater Chicago area, lesbians, again, were most likely to be victimized by relatives (Sigurvinsdottir & Ullman, 2015). All sexual orientation

groups were more likely to be victimized by men. Heterosexual women were most likely to have male perpetrators, bisexual women were the second most likely, and lesbians least likely to have male perpetrators (Sigurvinsdottir & Ullman, 2015).

Male victims' perpetrators.

- In a study of mostly gay and bisexual men who had experienced sexual assault, Walker et al. (2005) indicated that perpetrators were often someone the victim knew (e.g., acquaintance, lover, or family member). However, strangers did carry out a significant number (25%) of assaults.
 - In most cases (63%), one perpetrator raped the victim, but in 25% of cases there were two perpetrators. Three or more perpetrators were involved in the assault in 13% of cases (Walker et al., 2005).
 - Most victims knew or perceived the perpetrator to be gay (43%) or bisexual (13%). A total of 23% believed the perpetrator(s) to be heterosexual, and the remaining 23% said that they did not know the perpetrator's sexual orientation (Walker et al., 2005)
- Hequembourg et al. (2015) found that 84% of assaults on gay and bisexual men were perpetrated by another man, and significantly more bisexual men had female perpetrators. The authors offer two explanations for this. Either female partners of bisexual men are more likely to perpetrate or bisexual men are more likely to report sexual assault than gay men. Regarding relationship to the victim, most perpetrators were an intimate partner (22%) or a stranger (30%) and most occurred in a bar (Hequembourg et al., 2015).

Female and male victims' perpetrators.

- In a study of lesbian, gay, bisexual, and heterosexual individuals who then also recruited their siblings for the study, Balsam et al. (2005) stated that, for female victims there were fewer reports of coerced and non-coerced intercourse by female perpetrators compared to male perpetrators. However, lesbians did report higher numbers of female perpetrators than heterosexual women, but the two groups did not significantly differ on perpetrator gender. Within men, gay men reported the highest percentage of male sexual abuse perpetrators in childhood and heterosexual men reported the least (Balsam et al., 2005). These differences of CSA perpetrator gender between sexual orientation groups were significant for men (Balsam et al., 2005).
 - The authors also note that many rapes occur in the context of a dating relationship (Balsam et al., 2005).
- Data from the National Intimate Partner and Sexual Violence Survey indicated that most bisexual and heterosexual women (98% and 99%, respectively) who experienced rape in their lifetime reported having only male perpetrators (Walters et al., 2013). Estimates for sex of perpetrator of rape for other groups (lesbian women, gay and bisexual men) are not reportable because numbers were too small to calculate a reliable estimate.
 - Regarding sexual violence other than rape, the majority of lesbian, bisexual, and heterosexual women (85%, 88%, and 95%, respectively) who experienced sexual violence other than rape in their lifetime reported having only male perpetrators (Walters et al., 2013). Additionally, 79% of gay men and 66% of bisexual men who experienced sexual violence other than rape in their lifetime reported having only male perpetrators. In comparison, only 29% of heterosexual men who

experienced sexual violence other than rape in their lifetime reported having only male perpetrators, while 55% of heterosexual men reported only female perpetrators, and 17% reported both male and female perpetrators (Walters et al., 2013).

Context Characteristics

When studying sexual assault, context characteristics can include such things as the location an assault occurs, types of force used, presence of alcohol or other drugs, and other cultural considerations. In addition to describing these other context characteristics, in this section, I also briefly review literature that conceptualizes sexual assault against LGB individuals as a hate crime because hate crimes are created by cultural context characteristics.

- Qualitative analyses of open-ended questions suggest that sexual minority men and women interpret the experience of assault differently (Menning & Holtzman, 2014). In this study, sexual assault was defined as unwanted sexual experiences. Sexual minority men conceptualize their unwanted sexual experiences as “giving in” due to feelings of guilt or low self-worth. Conversely, women of all sexual orientations conceded to these unwanted sexual experiences because it was perceived to be easier or more practical than resisting.
- In a study of mostly gay and bisexual men who had experienced sexual assault, Walker et al. (2005) noted that the highest proportion of assaults took place in the perpetrator’s home. Other common locations included the victim's home and a car.
 - Regarding types of force, some form of coercion was reported in most cases. Physical force (e.g., kicking, punching, and slapping) was used in more than half

the cases, yet few involved the use of a weapon (e.g., knife, baseball bat, gun; Walker et al., 2005).

- Walker et al. (2005) also detailed different types of assault. In addition to these men being anally raped, 55% of victims had also experienced oral penetration by one or more perpetrators. In half of the cases, the victim had been manually stimulated by the perpetrator, and, in some cases forced to manually stimulate the perpetrator.
- In a study of nearly 600 men attending a gay pride event in Atlanta, Georgia, Kalichman et al. (2001) reported that men who had experienced adult sexual assault indicated that their perpetrators used the following tactics: 53% because of use of force, 50% because of threat of force, 44% because the man threatened abandonment, and 37% by using more than one of the above techniques.
- Lesbian women had earlier age of onset of abuse, higher frequency of abuse, and more severe abuse compared to heterosexual women in Andersen et al.'s (2014) study which blended datasets from the Chicago Health and Life Experiences of Women study and the National Study of Health and Life Experiences of Women study. Here, the term “abuse” refers to both sexual abuse and physical abuse that was not sexual (Andersen et al., 2014). The authors do not report frequency or severity indicators specifically for sexual abuse.
- In a study of lesbian, gay, bisexual, and heterosexual college students, all students who reported experiences of sexual assault victimization were also more likely to report participating in college hookup culture (socially normative casual sex; Ford & Soto-Marquez, 2016)

- Campbell (2006) conducted a small, qualitative study of female same-sex sexual assault. Each of her respondents disclosed a same-sex rape experience between the ages of fifteen and early twenties. This sexual assault was most victim's first sexual experience.
- Many gay and bisexual male victims from Buffalo, New York had been drinking and/or using drugs (67%) and believed perpetrators had been drinking and/or using drugs (76%) prior to the sexual assault (Hequembourg et al., 2015).

Hate crimes.

- In a study about homicides as a hate crimes against LGB people, Gruenewald (2012) noted that “Although all homicides can devastate victims’ families and respective communities, targeting victims because of their gender identity or sexual orientation leads to disproportionate psychological harm and feelings of vulnerability” (p. 3,603).
- In Lehavot and Simpson's (2014) article on lesbian and bisexual veteran women’s healthcare needs, the authors discuss the term “corrective rape.” They define this term as “a hate crime in which an individual is raped because of their perceived sexual or gender orientation, with the intended consequence of the rape to ‘correct’ the individual’s orientation or make them ‘act’ more like their gender” (p. S611).

Re-victimization

- In a study of over 11,000 women who participated in the National Alcohol Survey, Drabble et al. (2013) reported that rates of re-victimization (experiencing both childhood and adult abuse), were lower in the exclusively heterosexual group (10%) than in either lesbian or bisexual women (23% and 26%, respectively). Here, sexual assault was defined as “force you to have sex against your will” (p. 11, Drabble et al., 2013)

- Associations between CSA and ASA were significant among gay men, but not significant among lesbians in Han et al.'s (2013) study. The authors note that it is possible that lesbians who were sexually victimized by men in childhood have fewer relationships with men in adulthood which would decrease their risk for ASA perpetrated by men.
 - Similarly, Heidt et al., (2005) also found gay men and bisexuals were more likely than lesbians to experience sexual re-victimization in a study of nearly 350 LGB individuals attending community events. However, because Han et al. (2013) used a subset of Heidt et al.'s (2005) data, these similar conclusions are not surprising. In total, 39% reported re-victimization (Heidt et al., 2005).
- In a sample of lesbian and bisexual women from 1995, Morris and Balsam (2003) found that participants who were victimized in childhood were four times more likely to experience that same type of victimization (physical or sexual) in adulthood. They were two times more likely to experience the other type of violence (e.g., experienced physical violence as a child and then sexual violence as an adult) compared to those who had experienced no violence in childhood.
- Re-victimization was the strongest predictor of hazardous drinking among women who identified as mostly heterosexual and mostly lesbian in a national study of nearly 550 lesbian, bisexual, and heterosexual women (Hughes et al., 2010).

Familial Support of LGB Individuals

- In a study of LGBT adolescents and a matched sample of heterosexual adolescents, LGBT youth were more likely to leave or be kicked out of their homes (Cochran, Stewart, Ginzler, & Cauce, 2002). The National Gay and Lesbian Task Force Policy

institute stated that family conflict is the primary cause of an “epidemic of homelessness” (p. 1, Ray, 2006) in LGBT youth.

- In a study of nearly 22,000 high school students, LGB teens reported less family connectedness than their heterosexual peers (Eisenberg & Resnick, 2006).
- Balsam et al. (2005) discussed that LGB youths may be specifically targeted for all types of abuse in their families on the basis of their perceived sexual orientation, after disclosing their orientation to others.
- Professionals at the Wisconsin Coalition Against Sexual Assault (n.d.) noted that familial support may be particularly important in the LGB community because some sources note that LGB sexual assault victims may fear reporting their sexual assault because they are concerned with being “outed” to their family.
- In a small, qualitative study of female same-sex rape, Campbell (2009) explained that the women she interviewed maintained a lot of denial about their rape for fear of being outed to families, friends, and the community. As a result, the women's silence ensured that no help was available and they felt alone (Campbell, 2009). Some stayed with their abusers for fear of being outed.
- A history of sexual violence was associated with lower self-rated health, lower overall social support, lower family social support and lower self-esteem in lesbian, bisexual, and queer Canadian women (Logie et al., 2014).

Reporting Concerns

Reporting to Criminal Justice System.

- In general, falsely reporting sexual assault or rape to the criminal justice system is rare. Research finds that between 2-6% of reports are falsified (Kelly, Lovett, & Regan, 2005; Lisak, Gardinier, Nicksa, & Cote, 2010)
- In a review of 13 studies of sexual assault with male victimization, Bullock and Beckson (2011) reported that police may be less willing to help male victims especially if the victim had an erection or ejaculated during the assault.
- In a study of barriers to reporting sexual assault, Sable, Danis, Mauzy, and Gallagher (2006) reported that heterosexual male sexual assault victims fear being labeled gay if they report. Female victims, in general, refrain from reporting mostly for fear of retaliation. Both males and females report shame, guilt, embarrassment, concerns of confidentiality, and fear of not being believed as reasons for not reporting (Sable et al., 2006).
 - The authors do not explicitly state who participants are reporting to. However, it is assumed because the authors refer to the sexual assault instance as a “crime” (p. 159) that participants were asked about reporting to the criminal justice system (Sable et al., 2006).
- There are several barriers to society recognizing the problem of gay and bisexual male rape. Rumney (2009) synthesized findings from several studies on police and law officials’ attitudes toward or reactions to gay men’s experiences of rape. Rumney (2009) noted that the three main barriers to recognizing male rape as a problem are (1) denial of

the problem, (2) viewing the problem on a low level within a hierarchy of suffering, and (3) victim blaming.

- In a review the literature on woman-to-woman sexual violence, Girshick (2002) argued that homophobia and biphobia among police, prosecutors, juries, and judges is a major reason why lesbians and bisexual women might stay away from the criminal justice system.
- Lesbian rape survivors who were interviewed described that they were not comfortable seeking help from social service agencies and law enforcement for their sexual trauma (Campbell, 2009).
- In a study of English male sexual assault survivors, most of which identified as gay, very few ever reported their assault to the police (Davies et al., 2010).

Reporting to Others.

- In a study of mostly gay and bisexual men who had experienced sexual assault, Walker et al. (2005) noted that the majority (60%) of men stated that they reported the assault to someone they knew including friends (54%), partners (29%), and family members (17%). Of the remaining 40% of the sample, 28% said that they reported to a professional such as a work colleague, health care professional, social worker, therapist or the police. However, when each of these categories are analyzed individually, very few men ever reported their assault to the police (Walker et al., 2005). The remaining 13% of men said that they had never told anyone until they participated in the study.
- In Campbell's (2009) qualitative study of female same-sex rape, most women in her sample had not disclosed the sexual trauma until their interviews. Campbell (2009) stated that this was partially due the victims feeling confused, intimidated and betrayed when

the sexual violence happened. Having a female attacker added more confusion and pain to the participants' experiences because women are not viewed as sexual aggressors in American society (Campbell, 2009).

- In a study of lesbian, bisexual, and heterosexual Midwestern women, Long et al. (2007) wrote that bisexual women disclosed the assault to the greatest number of formal support sources (e.g., a psychiatrist or mental health counselor) and were most likely to tell a romantic partner about the assault, but they received the fewest positive social reactions to their disclosure.
- Similarly, of women completing a paid mail survey in the greater Chicago area, bisexual women received significantly greater negative social reactions than heterosexual women after disclosing their sexual assault (Sigurvinsdottir & Ullman, 2015).

Prevention Efforts and Clinical Services

- Lesbian sexual assault survivors may have a more difficult recovery than heterosexual female survivors due to the chronic stress associated with their minority status (Hughes, Johnson, & Wilsnack, 2001).
- Data collected from a community-based organization that provides counseling for LGBT victims of intimate partner violence found that among LGBT victims of intimate partner violence, 41% reported being forced by their partners to have sex (Heintz & Melendez, 2006). A portion (19%) of these victims reported that the sexual abuse was a direct consequence of asking their partner to use a safer sex protection mechanism (e.g., condoms, dental dams).
- In a study of mostly gay and bisexual men who had experienced sexual assault, Walker et al. (2005) stated that medical services were utilized by only 35% of the men after their

assault. However, of these, only 1% reported the sexual context of the assault, the others only disclosed their physical injuries to medical providers.

- Over half (58%) of the men sought psychological treatment at some point after the assault (Walker et al., 2005). However, in most cases help was not sought until long after the assault occurred. The men reported that they felt the professionals lacked the expertise to deal with male sexual assault issues. Men reported depression, anxiety, anger, confusion of sexuality, changes in sexual behavior, grief, self-blame, and suicide ideation (Walker et al., 2005).
- In their guidelines for healthcare practice, Bolderston and Ralph (2016) argue that LGB people generally experience systematic discrimination in health care. Within their list of recommendations, Bolderston and Ralph (2016) state that healthcare providers need awareness training of the health issues affecting the LGB community.

Sexual Assault Centers.

- Rape crisis services are dwindling in general according to research conducted by the National Sexual Violence Resource Center (2016). In a survey of 644 rape crisis centers, National Sexual Violence Resource Center (2016) found that 56% of centers had been forced to reduce staff in last year, 25% of centers had waiting lists for services, and 66% of centers had to reduce prevention and public awareness efforts due to budget cuts.
- In regard to how these centers support LGB survivors, Todahl, Linville, Bustin, Wheeler, and Gau (2009) noted that barriers to sexual assault services are created both within and outside of the LGB community.
 - Within the LGB community, Todahl et al. (2009) reported that there is low awareness that sexual assault is a problem. LGB people also reported guilt for

sharing their experiences, a need to protect their experience as a secret, feelings of entrapment and isolation, as well as self-degradation (Todahl et al., 2009).

Additionally, LGB people minimized their experiences of sexual assault, avoided addressing the experience, had a desire to not share their story with people outside of the LGB community.

- LGB people stated that they think society has both an ignorance of LGB existence and, as a result, an ignorance of violence in the LGB community. LGB people reported experiencing discrimination based on their degree of outness and whether they held multiple minority statuses. Additionally, Todahl et al.'s (2009) participants reported gaps and barriers to sexual assault services; some of these barriers include limited knowledge of staff and low levels of resources.
- In a review the literature on woman-to-woman sexual violence, Girshick (2002) discussed that lesbians and bisexual women do not feel sexual assault agencies are open to them; rather, they perceive these services are for heterosexual women abused by men. Moreover, Girshick (2002) discussed that trainings for staff and volunteers may have a section on diversity but almost never cover same-sex sexual abuse, same-sex battering, or discuss female perpetrators.
 - However, qualitative research by Hall (1999) found that lesbian victims of male-perpetrated sexual assault express a feeling of commonality of experience with those of heterosexual women. Therefore, services may not need to differ for these two populations.

Legislation, Policy, and Funding

- In a review of National Institute of Health funded projects, only 0.1% of studies (excluding studies of HIV/AIDS) concerned sexual and gender minority health (Coulter et al., 2014).
- Although research finds that when rape victims receive advocate-assisted services following assaults, they receive more helpful information, referrals, and services and experience less secondary trauma or re-victimization by medical and legal systems, few advocacy organizations offer LGB specific services (Campbell, 2006).
- In a review of the woman-to-woman sexual violence literature, Girshick (2002) stated that people in the criminal legal system interpret the laws in a heterosexist way even when the laws are not explicitly written with heterosexist language. Prior to same-sex marriage being legal, nine states specifically excluded same-sex partners from domestic violence statutes by either applying only to female-male relationships or to married or formerly married partners (Girshick, 2002). Although most legal statutes have expanded the meaning of rape to include oral and anal penetration, penetration is still largely viewed as something men do to women (Girshick, 2002). Girshick (2002) argues that, consequently, forced finger penetration experienced by many lesbians and bisexual women might be a misdemeanor sexual offense rather than a felony rape.

CHAPTER 3: METHODOLOGY

Study Design

Although previous research has found that sexual assault and rape occur at high rates in lesbian women, bisexual women, gay men, and bisexual men, these rates are vastly affected by the methodology used in these various studies. Therefore, the current study aimed to strengthen the literature by utilizing a cross-sectional, multiphase, mixed-method design that operates around contemporary, comprehensive definitions of sexual assault and rape. The current study derived its definition of sexual assault from a modified version of the Sexual Experiences Survey-Revised (Koss et al., 2007). Sexual assault was defined as having an experience where “someone fondled, kissed, or rubbed up against the private areas of my body (lips, breasts/chest, crotch or butt) or removed some of my clothes without my consent (but did NOT attempt sexual penetration).” Oral rape was defined as having an experience where “someone had oral sex with me or made me have oral sex with them without my consent.” Rape for a person who had a vagina was defined as having an experience where “a person put their penis into my vagina, or someone inserted fingers or objects without my consent.” Rape for a person who had a penis was defined as having an experience where “a person put my penis into their vagina or butt without my consent.” Anal rape was defined as having an experience where “a person put their penis into my butt, or someone inserted fingers or objects without my consent.” Attempted oral rape, rape, and anal rape utilized elements of the above, respective definitions and indicated “even though it did not happen, someone TRIED” to do the behavior.

Because sexual assault victimization is a sensitive topic, it was especially important that each element of the study design (e.g., informed consent procedures, data collection techniques, measurement wording) sought to minimize response bias. The current study used an anonymous

cross-sectional survey delivered via Qualtrics online software. The informed consent indicated to participants that the survey was about sexual experiences, but it did not indicate we were interested in the experiences of LGB people. Collecting anonymously and masking sample recruitment intention was important because Balsam et al. (2005) noted that LGB people, similar to people in other oppressed groups, may be particularly sensitive to the potential of making themselves look bad in the eyes of researchers. Therefore, LGB people may be biased toward reporting less victimization if they suspect that their victimization will be tied to their sexual orientation (Balsam et al., 2005). Balsam et al. (2005) argued that this could be particularly true in the area of sexual abuse and sexual assault because most LGB people have been exposed to myths that sexual abuse causes people to become LGB.

Because most studies of sexual assault and rape suffer from underreporting issues (Rennison, 2002), we attempted to curb this by utilizing a few intentional strategies. First, we collected this information online and anonymously so participants could complete the survey in a setting of their choice. This was an improvement over designs where data collection is conducted at LGB community events because, although surveys may be anonymous, participants may feel social pressure at a community event that they may not experience in spaces that are more private. Utilizing online surveys also allowed us to avoid data that were biased to one geographical region because we could widen distribution easily. Second, because barriers to reporting sexual assault to the police exist, underreporting issues are particularly heightened in studies that rely on police reports (Tjaden & Thoennes, 2006). Therefore, we used self-reported data to avoid some of these reporting barriers. Lastly, we employed measurements with behaviorally specific language to assess experiences of sexual assault. This is important because several studies have found that questions that use the words “rape” or “sexual assault” in the

prompt result in far less affirmative reports (e.g., Fisher, Daigle, Cullen, & Turner, 2003; Koss et al., 2007). This is because some victims of sexual assault or rape (using a researcher-imposed definition of sexual assault or rape) do not define their experience as rape; these individuals are described by Koss, Gidycz, and Wisniewski (1987) as unacknowledged rape victims.

Sampling Procedures

The current study used a multi-level, mixed methods design that included two phases of data collection. In order to be eligible to participate in any phase, participants must have been over the age of 18, lived in the United States, and had access to Internet.

Phase 1: National Survey. Phase 1 data were collected in Summer 2016 via a national survey disseminated by Qualtrics Online Survey Company (see Appendix A for Phase 1 survey). A larger sample size ($n = 1,290$) was needed in order to retain statistical power for the planned analyses because we estimated that only a portion (~20%) of participants would have experienced sexual assault. This estimate was generated from a body of research noting that one in five women experience sexual assault (for review, see Muehlenhard, Peterson, Humphreys, & Jozkowski, 2017). Due to the cost associated with national sampling, we made an economical choice to limit our sample to lesbian ($n = 430$), bisexual ($n = 430$), and heterosexual women ($n = 430$). We chose to sample women over men because the established literature consistently finds that women experience higher victimization rates than men (Black et al., 2011; Snyder, 2000; Tjaden & Thoennes, 2006). The study protocol was approved by the Institutional Review Board at the University of Arkansas prior to survey dissemination.

For Phase 1, participants were recruited via Qualtrics Online Survey Company's participant pool. This service identified individuals from their national participant pool who met the study's eligibility requirements and sent out invitations to participate in the study. Qualtrics

Online Survey Company is an online research sample aggregator that collaborates with more than 20 online panel providers, reaching over one million people. There are specific challenges in recruiting samples of lesbian and bisexual women, particularly when trying to avoid convenience samples in favor of more representative samples. As such, a Qualtrics Online Survey Company audience was utilized in order to obtain a sample that is representative to the general population of the United States. In order to aid in recruitment, the company offered incentives to participants for completing the survey (see Appendix A for Phase 1 Study Measures). These incentives could include cash, airline miles, gift cards, redeemable points, and sweepstakes entrances (Qualtrics, personal communication, August 15, 2014).

Phase 2: Convenience Survey. In addition to the national sample, a convenience sample of lesbian ($n = 200$), bisexual ($n = 200$) and heterosexual women ($n = 200$) as well as gay ($n = 200$), bisexual ($n = 200$) and heterosexual men ($n = 200$) was also collected. After reviewing prevalence rates in the Phase 1 data, required Phase 2 sample sizes were calculated assuming a higher perpetration rate (~30%) in the power analyses calculations. Recruitment occurred via specific LGB online magazines (e.g., Elixher.com), social networking sites (e.g., Facebook, Reddit.com/r/LGBT), and listservs as well as in person at local LGB friendly establishments. Advertising funds were used to recruit participants from LGB magazines and/or social networking sights. In these ads, participants learned that they could be entered into a drawing to win one of ten \$50 electronic gift cards for their participation. However, because entering into the drawing would require participants to provide identifying information (e.g., name, email), participants could also choose not to leave their name and email at the end of the survey and forgo the chance to win a \$50 electronic gift card.

A convenience sample was collected for two reasons. First, this enabled us to directly compare rates of sexual violence between national and convenience sampling techniques after holding participant categorization (LBH women) and sexual assault/rape measurement constant. The two samples helped us to better understand differing prevalence rates of sexual assault between sampling methods noted by previous research (Rothman et al., 2011). Second, we were forced to limit our sample to one gender in Phase 1. Because convenience sampling operated with less cost than national sampling, collecting a convenience sample in Phase 2 allowed us to collect data from both men and women. Participants recruited via convenience sampling were asked the same set of questions used in Phase 1. However, the convenience sample were also asked additional questions assessing potential perpetration of sexual assault, attitudes and beliefs associated with sexual assault, and knowledge of family and peer's experience with victimization (see Appendix B for Phase 2 Study Measures).

Study Instrument and Measurement Development

Phase 1 Instrument Development. The Phase 1 survey was developed using the below measures and modified / refined using a systematic process (see Appendix A for exact wording of Phase 1 survey). The preliminary survey was first reviewed by an expert panel ($n = 6$) of sexual health researchers and researchers with expertise in gender and sexual orientation. Panelists were both female and male who worked both in and outside of academia. After several rounds of revisions, the survey was then pilot tested using a small focus group ($n = 5$) of LGBT community members. These members were all college students representing different majors and identified as female, transgender, and genderqueer. After additional revisions, the survey was pilot tested again ($n = 20$) with members from the general population. People in this group represented a range of ages (23-68 years old), differing racial identities, several sexual

orientation categories, politically liberal and conservative ideologies, and a range of educational and income levels. After incorporating feedback from participants of this last pilot phase, the survey was reviewed again by a panel of sexual health researchers. At this final stage, timing and survey skip logic were tested and edited.

Phase 1 Measures. In this section, I will describe the measures of the survey in the order that participants encountered them. Each sub-section will first describe the measure and then describe the rationale for its inclusion and/or modification.

Demographics. In the demographics section, participants were asked their gender (man, woman, transgender), age (open text response), and race (White, Black or African American, Latino/a, Native American or American Indian, Asian or Asian American, Middle Eastern or Middle Eastern American, Bi- or Multi-racial, Other). Participants were also asked about sexual orientation (Heterosexual/Straight, Lesbian/Gay, Bisexual, Unsure/questioning, Queer, Another orientation), household income (less than \$15,000 to more than \$135,001), relationship status (single and not dating, single but causally seeing someone, in a relationship, married, divorced, widowed, other), and level of education (Less than middle school to Doctoral degree). Questions about how "... 'out' or 'open' you are about your sexual orientation" as well as how "... you feel about your sexual orientation" were also included in this section.

Most of the modifications to this section resulted from the first pilot test with LGBT community members. During this phase, we were encouraged to display the gender question in a check-all-that-apply format because some transgender individuals would want to select both "transgender" and "woman" or "man." At this time, we were also encouraged to add the categories of "unsure/questioning" and "queer" to the sexual orientation question. Additionally, although we received positive feedback about the question asking how out and open someone is

about their sexual orientation, focus group brainstorming generated a new answer option of “I don’t think this applies to me” for this question because heterosexual participants may not identify with the idea about being “out” about their sexual orientation.

Anatomy. Next, participants were asked about their reproductive anatomy. This question allowed participants to select either “I have a vagina” or “I have a penis” in response to “To determine your next questions, please select whether you have vagina or a penis.” This question was important for two reasons. First, the measure immediately following this question referenced body parts that may be involved in sexual assault. Second, because there was as potential for transgender people in the sample, it increased the risk of making incorrect assumptions of anatomy based on gender identity. This question was used to sort individuals in order to display the next questions in a way that was most appropriate to each person.

Modified Sexual Experiences Survey-Short Form Victimization (SES-SFV). To satisfy Aim 1 of the current study, we assessed sexual assault victimization with a modified version of the SES-SFV (Koss et al., 2007). The original SES-SFV (Koss et al., 2007) asks participants about their experiences with four distinct non-consensual behaviors: (1) non-penetrative sexual behaviors (fondling, kissing, rubbing up against private areas of body, or removing clothing), (2) oral sex, (3) vaginal penetration, and (4) anal penetration. The measure then repeats for attempted non-consensual behaviors in the categories of (5) oral sex, (6) vaginal penetration, and (7) anal penetration. Because men were instructed in the original SES-SFV to skip questions about completed and attempted vaginal penetration (Koss et al., 2007), we created two mirrored items to assess male victimization where men are forced (via a completed or attempted behavior) to penetrate another person. Therefore, there were a total of nine sections in the modified SES-SFV.

Participants were presented each of these behaviors in a block format with six options under each of the nine behaviors. Participants were asked if each of these behaviors occurred “without my consent by:” (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; (b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to; (c) Taking advantage of me when I was too drunk or out of it to stop what was happening; (d) Threatening to physically harm me or someone close to me; (e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon; (f) Making me feel as though refusing was useless; or (g) Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior). Items A-E were developed by Koss et al. (2007) while item F was developed by Jozkowski and Peterson (2013) and item G is original to this study. Participants could select if any of the options A-G occurred from birth to 13yrs old (0, 1, 2, 3-9, or 10+ times) or from 14yrs old to present (0, 1, 2, 3-9, or 10+ times). Directions for this section indicated “Please indicate how many times the statements below have occurred in your lifetime.” These directions are consistent with the directions provided by Koss et al.’s (2007) revised measure.

The original SES-SFV also contained a standalone question of “Have you ever been raped?” This question a dichotomized yes/no answer. However, we added an “Unsure” option. Participants who selected anything option A-G greater than “0” times on either of the two time frames (birth to 13 yrs, 14 yrs to present) for any of the nine behavioral categories were then triaged into the victim branch of the survey (named “Part B” in Appendix A). Participants who only selected “0” times for all options A-G over both time periods for all behaviors, but also

selected “Yes” or “Unsure” to the “Have you ever been raped?” question were also triaged into the victim branch of the survey. All other cases who selected “0” times all options A-G over both time periods for all behaviors and answered “No” to being raped were triaged into a non-victim branch (named “Part C” in Appendix A). All items unique to the non-victim branch of the survey (Part C) are not within the scope of this current study and will not be discussed here; items can be reviewed in Appendix A.

The SES-SFV has frequently been modified to measure male sexual assault (Katz-Wise & Hyde, 2012; Peterson et al., 2011). In this study, the modification rationale for adding behavioral items that mirrored women’s items for vaginal penetration was first prompted by pilot study feedback in using a general population sample. A male participant who identified as a victim of rape indicated that he felt his experience of being made to penetrate a woman while he was sleeping was not reflected in the original SES-SFV options. This incident prompted further review of the literature where we found that, Black et al. (2011) had used items with “made to penetrate” wording to analyze both women and men’s experiences of sexual violence.

Additionally, when describing the need to update the original Sexual Experiences Survey (Koss & Gidycz, 1985), Koss et al. (2007) noted that a heterosexist bias existed in the former measure. Koss et al. (2007) attempt to address this issue by neutralizing the gendered language in the items. However, they stop short of ensuring there are an equal number of items for both women and men by creating items that reflect sexual assault experiences unique to men. Having equal numbers of prompts for both men and women is important because research (Bachman, 2012) finds that the more examples participants are given, the more likely it will prompt a memory of sexual assault and allow them to answer affirmatively to this experience. Therefore, having unequal numbers of prompts would maintain a gendered bias in the measure.

The two additional options for how the non-consensual sexual behavior occurred were added to the existing SES-SFV items for separate reasons. First, the item “Making me feel as though refusing was useless” was generated by Jozkowski and Hunt (2014) in their qualitative work with college students. This is supported by research in LGB populations as well. Menning & Holtzman (2014) stated in their study of patterns of LGB sexual assault that, according to qualitative data, women identify experiences of coercive sex as “giving in” (p. 108) to constant badgering and verbal pressure to have sex. Men identified their coercive experiences as a result of guilt (Menning & Holtzman, 2014). Both of these feelings could be captured in the idea that refusing is useless. In fact, a study using this item in two university samples (Canan, Jozkowski, & Crawford, 2016) indicated that 14% of women and 11% of men experienced non-consensual vaginal-penile intercourse sometime during their life because they felt refusing was useless. In this same study, the rates increase to 39% of women and 41% of men for non-consensual sexual behaviors other than vaginal-penile intercourse because refusing was useless (Canan et al., 2016).

Secondly, regarding the item that participants experience a non-consensual sexual behavior by “Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior),” this item was generated after another issue was highlighted during the piloting phase in the general population. One of our participants indicated an experience where she was engaging in consensual vaginal penetration and her new partner, without warning, digitally penetrated her anus. She was uncomfortable with the behavior but froze because she was unsure how to communicate her discomfort to her new partner. She explained that her experience of being surprised with the behavior was not captured in the current SES-SFV. After reviewing the literature, we found that other research described this same phenomenon in college

students (Jozkowski & Peterson, 2013). Therefore, we added this novel item before the final expert panel review of the survey.

Adding the “Unsure” option to the “Have you ever been raped?” question was suggested by the panel of sexual health experts. These individuals argued that some participants might be truly unsure of their victimization status. This could happen because some victims may feel that they have experienced rape but, due to the stigma of rape victimization, be reluctant to indicate a clear “yes” to the question (e.g., an unacknowledged rape victim, Peterson & Muehlenhard, 2004). Additionally, because participants had just completed the detailed behavioral experience questions of the SES-SFV, this line of questions may have prompted a memory that the individual had not previously categorized as rape. If this occurred, the participant, again, might be reluctant to indicate a clear “yes” to the question because categorizing this experience of rape is a new idea for them.

LGB Sexual Violence Climate. Both the victim (Part B) and non-victim (Part C) branches of the survey asked participants how much of a problem they thought sexual violence was in the LGB community. Answer options ranged from “not at all a problem” to “very much a problem.” Additional answer options of “I don’t know because I don’t know much about this community” and “I don’t know because I haven’t thought about it before” were also included. Because the current study is guided by Bronfenbrenner's (1979) Socio-Ecological model, this question will allow us to compare perceived cultural norms at the macrosystem level between victims and non-victims as well as between differing sexual orientation identities.

Contextual Factors of Sexual Assault. To satisfy Aim 2 and part of Aim 3, the next section of questions asked participants about contextual factors and perpetrator characteristics of their assault. This included assessing if family members were perpetrators of sexual assault.

Participants were asked to “Please answer the following questions about the previous sexual experience items. If you selected that you had more than one experience, please respond to the following questions about the one experience that you remember in the most detail.” For this one experience, participants were asked if the behaviors were attempted or completed, how old they were when it occurred, what parts of their body were involved, and the location the experience occurred. Regarding the perpetrator, participants were asked how many perpetrators were involved in the assault, the perpetrator’s sex, the perpetrator’s sexual orientation, and their relationship to the perpetrator. Information about alcohol and illicit drug consumption were also requested. Throughout these questions, participants were reminded with repeated directions that they were asked to provide information about the one experience they remembered in the most detail.

Because it is possible for participants to have experienced multiple assaults, we indicated in the directions that participants should focus on the one event they remembered the most. This was done for two reasons. First, we limited it to one experience to avoid participant fatigue and to avoid an implied “penalty” for being victim of repeated sexual assaults or rapes. Next, we selected the event that they remembered in the most detail because it was assumed that this would provide us with the most accurate data they could report. Although some researchers have requested that participants with multiple assaults should report details on their “most serious” or “most recent” unwanted sexual experience (Long et al., 2007), we did not direct participants in this way. Because critics of sexual assault research sometimes accuse researchers of unfairly boosting prevalence rates or focusing on the most severe cases (Koss et al., 2007), directing participants to report on their “most serious” sexual assault event may invite this type of criticism. Additionally, although the most recent experience of sexual assault may be their most

memorable, this is not guaranteed. For example, participants may have been drunk or passed out during most or all of their most recent assault. Data reported from such an event would be limited. Therefore, if they had a less recent experience that they remembered more detail, asking them to report this would allow us to gather data that is more complete.

Again, because participants could experience more than one sexual assault or rape, we asked questions about whether the behavior was attempted or completed, how old they were when it occurred, and what body parts were involved to help us pinpoint which affirmative answer from the SES-SFV they were reporting on. The question about body parts was put in a check-all-that-apply format because there could be several behaviors that happen in the same event (e.g., the assault begins with non-consensual oral sex and then proceeds into non-consensual vaginal penetration). Also in this section, participants were asked where the event took place. The original list of locations was expanded upon during the pilot phases. However, due to the infinite possibilities of locations, we limited our options to the 11 most seemingly popular locations (see Appendix A).

All questions regarding perpetrator information used the language of "...the person or persons who did this to you" in lieu of the term "perpetrator" to avoid insinuating that the event was sexual assault or that the participant was a victim. To assess gang rape, we asked about the number of perpetrators. We also asked about perpetrator gender and sexual orientation. On all three of these questions, we included an option of "I am not sure" because participants may have been drunk or passed out during the event. The question assessing the victim-perpetrator relationship was presented in a check-all-that-apply format because (1) there may be more than one perpetrator or (2) a single perpetrator might have a dual role relationship with the victim (e.g., a neighbor that also babysat them when they were young). Each of these perpetrator

characteristics were assessed because, in a review of the LGB sexual assault literature, Rothman et al. (2011) stated that these perpetrator characteristics received relatively little attention in research.

Disclosure of Victimization Items. In order to further satisfy Aim 3 of the current study, participants were asked two of three possible additional questions. First, they were asked, “Have you told anyone about this experience?” Fifteen different options (e.g., family member, friend, coworker, sexual assault hotline) including a “No, I have not told anyone” option were listed in a check-all-that apply format. Next, if participants indicated that they told anyone about their assault, they were then directed to a question that stated, “If you have discussed this experience, were the people you told supportive?” If participants indicated that they had not told anyone about their assault, they were directed to the “If you have not discussed this experience but intend to, do you think people you tell will be supportive?” Both of these questions had option choices ranging on a four-point scale from “all will be supportive” to “none will be supportive.” Answer options of “I don’t know how they will react” and “I never intend to tell anyone” were also provided for the question displayed to participants who have never disclosed. These questions will allow us to analyze how often victims are disclosing to family members as compared to disclosing to others. Additionally, we will be able to analyze if participants were supported after that disclosure.

Multidimensional Scale of Perceived Social Support (MSPSS). To analyze general family support and satisfy the remaining aspects of Aim 3, we used the Family sub-section of the MSPSS (Zimet, Dahlem, Zimet, & Farley, 1988). It was theorized that using the Family subscale on its own would be appropriate because Zimet et al. (1988) reported that the Family subscale was more independent due to its weak correlations with the other subscales in the MSPSS. This

subscale contained four items with answer choices on a 7-point likert scale from “Very strongly disagree” to “Very strongly agree.” Composite scores range from 0-28 with higher levels indicating higher family support. Example items include, “My family really tries to help me” and “I can talk about my problems with my family.” Zimet et al. (1988) report a Cronbach’s alpha score of .87 for the Family sub-scale. The MSPSS, as a whole, has satisfactory construct validity (Zimet et al., 1988).

Open-ended Sexual Assault Narrative. In order to gain further contextual information about the participants sexual assault experience (Aim 2) that could potentially aid in the assessment of the modified SES-SFV (Aim 4), we included an open-ended question near the end of the survey. The directions for this question indicated that

We would like to learn more about your experience(s). In as much detail as you can remember and are able to share, please tell us about the context (e.g., location, time of day, actions before the event, other things about the experience) in which this event / these events happened. Any and all information you are willing to provide would be appreciated. All responses are anonymous.

The question then ensured the participants that their story was important and thanked them for sharing it. The question allowed for an unlimited amount of text. Participants were not asked to write any specified amount.

The main reason for including this open-ended item was to capture additional details about the sexual assault experience that could not be captured in the close-ended questions. Here, it was possible for participants to tie their story together in a more cohesive way than single data points could describe. This item also allowed participants to tell us what they thought was important for us to know. Therefore, with this item, we would not have to limit the findings to the close ended questions which were generated solely on what the literature and pilot testing indicated were important.

Illinois Rape Myth Acceptance Scale – Short Form (IRMA). In order to further satisfy Aim 4, we wanted to assess the 20 item IRMA scale (Payne, Lonsway, & Fitzgerald, 1999) in lesbian, gay, and bisexual sample. The IRMA scale tests participant's agreement with common myths about rape using a 5-point likert scale from "Strongly disagree" to "Strongly agree." Example items include "A woman who 'teases' men deserves anything that might happen," "If the rapist doesn't have a weapon, you really can't call it a rape," and "Rape happens when a man's sex drive is out of control." Most of these items describe women as victims of rape and men as perpetrators. A few items do not acknowledge gender. No items describe men as victims or women as perpetrators of rape. Three of the 20 items are categorized by Payne et al. (1999) as filler items, which are not scored. These filler items include statements like "All women should have access to self-defense classes." All non-filler items are scored in the same direction. The IRMA has acceptable internal consistency ($\alpha = .87$) and construct validity (Payne et al., 1999).

In the initial stages of instrument development and refinement, an expert panel of sexual health researchers, including researchers with expertise in gender and sexual orientation, decided that the gendered language of the IRMA scale might be inappropriate for lesbian, gay, and bisexual individuals. Utilizing a scale that only assesses rape myths as they apply to female victims and male perpetrators may fail to capture attitudes regarding the reversal of one or both of those roles. At this time, modifying the IRMA to use more gender-neutral terms was assumed to make the scale more flexible and applicable to LGB individuals. This flexibility was theorized to be important in a study built on research that finds (1) gay and bisexual men encounter high rates of sexual assault victimization and (2) women can perpetrate sexual assault against other women.

After gendered wording was neutralized in the IRMA (e.g., “Rape accusations are often used as a way of getting back at men” became “Rape accusations are often used as a way of getting back at someone”), a focus group of LGBT community members reviewed the items. They indicated that they preferred the gender-neutral wording to the original wording. However, at this time, several of them also advocated for two new items that addressed gender and rape myths in a direct way. As a result, the items “Men cannot be raped” and “A woman cannot rape someone” were created. These items were inserted in the item 10 and item 21 slots of the now 22 item scale.

Phase 2 Instrument Development. The Phase 2 survey was developed by adding the measures described below to the measures previously used in the Phase 1 survey. With these additional items, Phase 2 survey took a slightly longer time for participants to complete compared to Phase 1. Items added to the Phase 2 survey also underwent several rounds of revisions by sexual health experts ($n = 6$) prior to inclusion in the survey. Timing and survey logic were tested and edited prior to data collection.

Phase 2 Measures. In this section, I describe the measures of the Phase 2 survey in the order that participants encountered them. Because only measures unique to Phase 2 are included in this section, I will refer back to measures from Phase 1 survey in order to describe the unique Phase 2 measure’s location in the Phase 2 survey. Each sub-section will first describe the measure and then describe the rationale for its inclusion and/or modification.

Other’s Victimization Experiences. After navigating through the SES-SFV measure of sexual assault experiences, participants were asked if they knew anyone who had been a victim or a perpetrator of rape (see Part A of Appendix B). Participants were first asked, “Do you know someone who was made to have sex when they did not consent to the sex?” Immediately

afterward, participants were then asked, “Do you know someone who made another person have sex with them without the other person’s consent?” The terms “was made” in the first question and “made another person” in the second question were underlined to help participants distinguish the intent of the question. Possible answers for both questions included “Yes,” “No,” or “Unsure.” If participants selected “Yes” they were also asked “How do you know them (e.g., brother, sister, friend, coworker): _____” with an open text response option.

In following the rationale built into the SES-SFV, we used the terminology “without consent” instead of “rape” in these items because participants are less likely to give an affirmative answer to the question “Have you ever been raped?” (Koss & Gidycz, 1985). This bias may also exist if the word “rape” is used in asking about someone else’s experience. Because the current study was guided by Bronfenbrenner’s (1979) Socio-Ecological model, this question allowed us to analyze microsystem-level factors between victims and non-victims as well as between differing sexual orientation identities. If a participant knows an individual who was a victim or a perpetrator of rape and that person is part of the participant’s microsystem, this may have a relationship with the participant’s endorsement of rape myths assessed in the IRMA scale.

Sexual Strategy Scale-Revised. Near the end of the survey and immediately following the IRMA described in Phase 1, participants will encounter the Sexual Strategy Scale-Revised (SSS-R; Peterson, personal communication, October 3, 2016). This scale has been substantially lengthened from its original version (Strang, Peterson, Hill, & Heiman, 2013), and showed great promise as a more comprehensive measure of rape perpetration than previous versions. Validation efforts on this scale are currently near completion. The SSS-R was presented in both Part B and Part C of the Phase 2 survey.

Directions for the SSS-R indicated that the researchers want to know how participants initiate sex. The directions further defined sex in behaviorally specific terms as oral sex, vaginal penetration, or anal penetration. Fifty-seven different initiation strategies were presented. Participants could check all applicable options. Participants were reminded that they should only report strategies that actually resulted in oral, vaginal, or anal sex. Options measuring rape perpetration include items like “After she says ‘no’ to sex, just going ahead with sex anyway,” “Starting sex with her while she is asleep,” and “Blocking her if she tries to leave the room.” Additional options that do not measure perpetration were also included in the measure (e.g., “Buying her gifts,” “Suggesting that you watch an erotic movie together”). Items that assessed intense levels of violence (e.g., “Using a weapon to frighten her into having sex”) were inserted in no particular order in the list. The authors of the measure indicated that they wanted to avoid a clear progression of more intensely violent strategies in the original measure (Strang et al., 2013).

We included this measure in the current study because previous research indicated that a substantial proportion of homosexual males reported both victimization and perpetration of sexual aggression (Krahe et al., 2001). Because Phase 2 included not only homosexual men but also bisexual men, heterosexual men, lesbian women, bisexual women, and heterosexual women, the SSS-R allowed us to make comparisons across gender and sexual orientation identity for perpetration rates and tactics. These comparisons allowed us to draw conclusions as to whether, as previous research suggests, males in general are more likely to perpetrate sexual assault and rape (Tjaden & Thoennes, 2006) or whether homosexual men, in particular, have higher rates of perpetration.

Analysis Plan

In order to best meet all four aims of the overall study, several analyses were conducted over multiple manuscripts. This dissertation will contain the first two of those manuscripts. All survey data were automatically downloaded from the Qualtrics Survey Software into two SPSS 20 files. The first file contained Phase 1 data; the second file contained Phase 2 data. However, at time of the defense of this dissertation, Phase 2 sample size was smaller than what was needed for the planned analyses due to an unforeseen slow data collection pace. Therefore, all analyses in both manuscripts were conducted using Phase 1 only. See Chapter 6 for future plans for Phase 2 of the study.

Manuscript 1: “Differences in Lesbian, Bisexual, and Heterosexual Women’s Experiences of Sexual Assault, Rape, and Familial Support in a National U.S. Sample.”

This manuscript used data from Phase 1 only and will partially address Aim 1, Aim 2 and Aim 3 of the overall project. For more details on specific variables used in each analytic plan and what aims are satisfied by that analytic plan, see Table 3.1 below. The manuscript will be submitted to *Women & Health* (impact factor: 2.03) which publishes original research articles that will inform practitioners of women’s health issues.

Aim 1. To address Aim 1 in this manuscript, we categorized women’s experiences with sexual assault into four categories based on their SES-SFV responses: non-victim, victim of non-penetrative behavior only (hereafter referred to as ‘sexual assault’), victim of attempted penetrative behavior only (hereafter referred to as ‘attempted rape’), and victim of penetrative behavior (hereafter referred to as ‘rape’). Frequency counts of these experiences were conducted independently for lesbian, bisexual, and heterosexual women. Next, because both the sexual orientation variable and the SES-SFV variable were categorical variables, a 3x4 Chi-Square

analysis was conducted with an alpha set at 0.05. Because of the large sample size of each group and Chi-square's sensitivity to sample size, we expected these analyses would be significant regardless of degree of difference. Therefore, to understand if these differences are meaningful, we conducted either a Cramer's V effect size analysis because our table will be larger than a 2x2 (Kotrlík, Williams, & Jabor, 2011). Effect sizes for Cramer's V near 0.1 are small, 0.3 are medium, and 0.5 are large for 1 degree of freedom while effect sizes near 0.07 are small, 0.21 are medium, and 0.35 are large for 2 degrees of freedom (Cohen, 1988).

To test whether differences in victimization experiences were predicted by sexual orientation or whether demographic (race, income, education) and "outness" differences between sexual orientation categories were confounding the relationship, we performed a multinomial logistic regression. The dependent variable was victimization which had three levels: victim during one time period (either birth to 13 years, or 14 years to present) = 1; revictimization (victimization during both time periods) = 2; and non-victim = reference. Independent variables included sexual orientation (Bisexual = 1; Lesbian = 2; Heterosexual = reference), race (Non-White = 1; White = reference), income (\$0-\$30,000 = 1; \$30,001-\$60,000 = 2; \$60,001-\$90,000 = 3; \$90,001-\$120,000 = 4; \$120,001+ = reference), education (less than high school = 1; some college = 2; undergraduate degree = 3; graduate degree = reference), and outness (not / not very out = 1; out / very out = 2; not sure / NA = reference). Demographic characteristic responses were collapsed from original, more discrete answers to ensure cell counts exceeded 30 participants per option. Reference categories were selected to reflect response options which were theorized, based on previous reports (Grecco & Dawgert, 2007), to have less victimization (heterosexual, white, high income, high education, and "unsure/NA" outness). In an effort to build a concise model, we first performed individual univariate tests with each dependent

variable separately. If the Likelihood Ratio χ^2 of these univariate tests met a liberal threshold of $p < .25$ (Bursac, Gauss, Williams, & Hosmer, 2008), then the dependent variable was retained in the multivariate model.

Aim 2: To partially address Aim 2, we again ran frequency counts for several contextual factors of sexual assault questions. Specific questions used in this analysis were B3, B4, B5, B6, B7, B8, B9, B10, B12, and B13. Exact wording of these questions can be found in Part B of the Phase 1 survey (Appendix A). For these analyses, if a question contains answer responses of any one answer that are fewer than 10, these answer responses could be collapsed into other answer responses if the items are conceptually similar. We then conducted multiple Chi-square analyses for several contextual factors of sexual assault questions by the three sexual orientation categories. Due to the exploratory nature of this analysis, specific questions B3-B13 that will be analyzed with Chi-square analyses were determined after assessing the frequency counts. Because we utilized a Holm sequential Bonferroni correction (Holm, 1979) to account for inflated alpha levels due to multiple comparisons, we wished to only select questions that may produce the most theoretically meaningful Chi-square results. Again, Cramer's V effect sizes were also calculated. Additionally, because B2 was a continuous variable concerning participant's age during the assault, we also conducted an ANOVA to assess differences in age by sexual orientation category. We planned that if ANOVA results were significant, we would use a Tukey post-hoc test to examine between group differences. However, if data violated any assumptions of an ANOVA (normality, homogeneity), another post hoc test would be more appropriate (Maxwell & Delaney, 2004).

Aim 3. In order to satisfy Aim 3, we conducted frequency counts specifically of family-related answers for B8 and B13 (see Part B of Appendix A for exact wording) within the

different sexual orientation categories. For B8, which asks the victim-perpetrator relationship, we collapsed the immediate family and extended family answer options into one answer option. We then dichotomized perpetrators into ‘family member’ and ‘non-family member’ categories. Using only victims for this analysis, we then conducted a 3x2 Chi-square analysis of the dichotomized perpetrator relationship variable by the three sexual orientation categories and assessed effect size using Cramer’s V (Kotrlík et al., 2011). Following a similar process, we also conducted a 3x2 Chi-square for disclosure of assault to family using the Disclosure of Victimization item (B13). Lastly, we conducted a one-way ANOVA using composite scores of the MSPSS as the dependent variable and sexual orientation as the independent variable. . A Tukey post-hoc test was used to test between group differences because data meet independency, normality, and homogeneity of variance assumptions of an ANOVA test (Maxwell & Delaney, 2004).

Table 3.1: Manuscript 1 Analysis Plan

Aim	Aim Description	Variable notation (DV = dependent variable; IV = Independent variables)	Analytic Plan
1	Assess both victimization and re-victimization rates among LGB and heterosexual individuals using national and convenience sampling.	DV: SES-SFV IV: Sexual Orientation IV: Outness, Income, Education, Race	Descriptive statistics Chi-square analyses Multinomial logistic regression
2	Evaluate context characteristics as well as perpetrator characteristics in order to gain a more “whole picture” perspective of LGB sexual violence.	DV: Contextual Factors of Sexual Assault questions IV: Sexual Orientation	Descriptive statistics Chi-square analyses ANOVA
3	Assess victims’ rates of disclosure to family members, actual and anticipated support from family, and determine whether family members are serving as perpetrators of sexual assault.	DV: Contextual Factors of Sexual Assault questions DV: Disclosure of Victimization DV: MSPSS IV: Sexual Orientation	Descriptive statistics Chi-square analyses ANOVA

Manuscript 2: “Lesbian, Bisexual, and Heterosexual Women’s Narratives of Sexual Violence: Implications for the Sexual Experience Survey – Short Form Revised.” This manuscript used data from Phase 1 only and addressed Aim 4 as well as partially addressed Aim 2 of the overall project. For more details on specific variables used in each analytic plan and what aims are satisfied by that analytic plan, see Table 3.2 below. This manuscript was planned for submission to *Trauma, Violence, & Abuse* (impact factor: 3.19) which has a readership of professionals and advanced clinical students who work with all forms of trauma, abuse and violence.

Aim 2: To further investigate Aim 2, we analyzed question B17, which was the open-ended narrative at the end of Part B of the Phase 1 survey (see Appendix A). We did this using the multi-step thematic analysis procedure laid out by Braun and Clarke (2006). Thematic analysis was defined as, “a method for identifying, analyzing, and reporting patterns (themes) within data” (p. 6). In their article, Braun and Clarke (2006) argued that thematic analysis is a stand-alone qualitative method and does not reside solely within the context of other types of qualitative methods. Because B17 was one very broad question asking participants to tell us about an event, thematic analysis provided us with the flexibility to systematically analyze very varied response types.

This thematic analysis was rooted in a constructionist paradigm using an inductive or ‘bottom-up’ approach to analyzing the data with a goal of creating latent themes. In Step 1 of the thematic analysis, we read and re-read through the entire dataset of responses while taking note of patterns and interesting text. In Step 2, we worked “systematically through the entire data set, giving full and equal attention to each data item and identified interesting aspects in the data items that may form the basis of repeated patterns (themes) across the data” (p. 18, Braun &

Clarke, 2006). At this time, we also divided the narratives into three sections, assigned each section of narratives to an external sexual health researcher, and had them each independently read and note patterns within the narratives. Patterns identified by these external sexual health researchers were merged and organized with our original list of potential patterns. These identified items represented codes which were then be organized into themes in Step 3. Some codes from Step 2 eventually formed main themes, sub-themes, and/or were discarded in Step 3.

Step 4 involved theme refinement--themes were made to adhere together meaningfully with identifiable distinctions between themes. This was done by first reviewing all of the coded data items and then rereading the entire data set using ATLAS.ti 8 qualitative software to (1) ensure themes fit the data and to (2) code additional data missed in Step 2 that now fit the established themes. At this time, we also created a thematic map of the data. In Step 5, we defined and named themes using ongoing analysis to refine the specifics of each theme and the overall story of the data set. In other words, we revisited and reorganized codes to ensure the accompanying narrative matches the definition of themes in Step 5. Through this process, we assigned sub-themes to main themes. In Step 6 we and a team of seven coders trained in the ATLAS.ti software then used these refined definitions to systematically apply finalized codes directly to the narratives while maintaining at least a 20% overlap between coders to assess inter-rater reliability using Cohen's kappa (Hallgren, 2012).

Aim 4: In order to assess whether the SES-SFV is a useful measure for LBH women, we could not use traditional statistical validity and reliability analyses (e.g., exploratory factor analysis, Cronbach's alpha). The SES-SFV was not a scale that measures an underlying latent construct. In fact, the SES-SFV was better conceptualized as a series of several related, but distinct questions that are presented in a block format for ease of interpretation. In their article

discussing the updates to the SES-SFV, Koss et al. (2007) criticized the conceptualization of the SES-SFV as a latent model and instead suggested it is an induced model. With this in mind, the SES-SFV could have “observed variables combine to form a new variable” (p. 11, Koss et al., 2007) but this variable is not a latent variable. For example, all options A-G for the stem “Someone had oral sex with me or made me have oral sex with them without my consent by,” can be combined for a new overall variable of “oral rape experience.” In this example, “oral rape experience” was not an underlying idea that is indirectly measured (latent construct); it was directly measured repeatedly using multiple prompts. Therefore, these prompts could be collapsed together to form the new, more general variable of “oral rape experience.”

Because it is not appropriate to assess validity of induced models using sophisticated quantitative statistics, we did three things to test the SES-SFV: (1) conducted frequencies of new response options F and G, (2) compared perpetration tactics in the SES-SFV with tactics mentioned in the participants open-ended narratives, and (3) read open-ended narratives for insights into successful SES-SFV categorization. When conducting frequencies of items F and G for all nine sections of the SES-SFV, we determined how often participants reported experiencing the non-consensual behavior by “making me feel as though refusing was useless” (F) and “just doing the behavior without giving me the chance to say ‘no’ (e.g., surprising me with the behavior)” (G).

Because the open-ended narrative was the only chance participants had to indicate to us that they thought they were miscategorized as a victim, we also analyzed the open-ended narrative for such false positive categorizations. We highlighted participants who wrote responses like “this does not apply to me,” “NA,” “I don’t have an experience,” or more specific criticisms. We then borrowed the concept of triangulation from qualitative methodology (Patton,

2014) and analyzed these participant’s responses to the SES-SFV and other related victimization measures in more detail. Here, we determined if user error or flaws within the SES-SFV may have caused the miscategorization by looking at the patterns in their responses in the SES-SFV and contextual factors of sexual assault questions.

Table 3.2: Manuscript 2-A Analysis Plan

Aim	Aim Description	Variable notation (DV = dependent variable; IV = Independent variables)	Analytic Plan
2	Evaluate context characteristics as well as perpetrator characteristics in order to gain a more “whole picture” perspective of LGB sexual violence.	DV: Open-ended narratives IV: Sexual Orientation	Thematic Analysis Cohen’s Kappa Frequency counts
4	Validate modified quantitative scales for assessing sexual violence in this population.	DV: SES-SFV IV: Open-ended narratives	Triangulation

Phase 1 Data Cleaning

Phase 1 data collection originally yielded 1,794 unique participants. However, after various quality checks, several participants were removed from the sample. First, although Qualtrics Online Survey Company targeted their recruitment to women over the age of 18 years old, 111 participants indicated they were a man, and five other participants indicated they were under 18 years old. Some participants ($n = 201$) were removed because they stopped the survey early before completing measures beyond the demographics section. Others were removed because their responses were flagged as possibly disingenuous. More specifically, 66 people did not complete the attention check “Please select Somewhat Disagree to this question” that ensured they were reading each question while 24 people were removed based on an improbably fast time completion (completed survey in less than a third of the average completion time).

Additionally, after suspecting mischievous responders (Robinson-Cimpian, 2014), inter-quartile range (IQR) values were calculated for overall responses to the SES-SFV to highlight

participants who may be outliers (e.g., selected they were sexually assaulted or raped “10+” times using every single tactic on every possible behavior across both time frames). Due to heavy skew (3.104) of SES-SFV responses, participants with responses that were double the 75th IQR were highlighted ($n = 47$). These participants were then crosschecked with their open-ended sexual assault narrative. Those who omitted a response, “smashed the keyboard” (e.g., “asdfiljhasdfkl;whe”), or directly stated they did not take the survey seriously (e.g., “I didn’t read a single question. I just put random answers”) were removed. Five people were removed using this process. If participants provided detailed or seemingly genuine responses to the open response story, they were kept in the sample because their responses, though extreme, were likely to be true.

After reading the open response stories and suspecting some people, based on their narratives (e.g., “N/A,” “nothing,” and “does not apply”) were miscategorized in the victim branch of the survey, we flagged 63 possibly miscategorized participants. These 63 stories were then cross-referenced with each participant’s response to the SES-SFV items and other items in the victim branch. If the participant (1) likely made a mistake in the SES-SFV [e.g., selecting zero for all behaviors except the very last row (attempted anal); selecting all tactics 1 time]; (2) tried to express that they were in the wrong branch [e.g., writing in “this does not apply” on all possible open response options]; (3) or gave impossible answers (e.g., they were assaulted at zero years old) then they were deemed likely incorrectly categorized and removed from the victim branch. This systematic cross-referencing yielded 16 participants confirmed as miscategorized. These 16 participants were removed from the sample in Manuscript 1, but were retained in the sample for Manuscript 2. Because Aim 1 of Manuscript 1 focused on sexual assault and rape prevalence, it was important to remove these individuals so to not inflate

victimization rates. Because Aim 4 of Manuscript 2 focused on the accuracy of the SES-SFV as a tool to assess sexual assault and rape victimization, it was important to retain these individuals to assess the false-positive rate of the SES-SFV. Therefore, the final sample size for Manuscript 1 was 1,366 participants, and the final sample size for Manuscript 1 was 1,382 participants.

Delimitations and Limitations of the Study

The study's intent was to assess the context of sexual assault and familial support in the LGB community. Due to the nature of this study, findings are delimited to only English-speaking, literate adults who had access to the internet. Findings were not intended to be generalized to non-English speaking, illiterate, and/or non-internet capable populations in the U.S.

Limitations of this study included self-reported responses, particularly as they related to LGB identity. It is important to note here that same-sex sexual behavior and LGB identities are different concepts; having sex with someone of the same sex does not necessarily qualify someone as LGB. Balsam et al. (2005) explained some concerns about those who respond to sexual orientation questions based on identity rather than based on behavior may be more “out” than those who do not identify as LGB but still engage in same-sex sex and relationships. Therefore, because these individuals may be more “out,” they may also be more well-connected to the LGB community (Balsam et al., 2005). This was particularly true in our Phase 2 data because we advertised the study on LGB-related websites and venues. Additionally, similar to people in other oppressed groups, LGB people may be sensitive to making themselves “look bad” in the eyes of researchers, especially regarding sexual assault experiences (Balsam et al., 2005). Balsam et al. (2005) also note that LGB people have been exposed to the myths that sexual abuse causes people to become LGB, and, therefore, may bias their responses toward

reporting less victimization. Although protective measures were implemented, responses from participants in both phases of the study, including focus group and pilot testing, may be limited due to fear of this judgement.

CHAPTER 4: MANUSCRIPT 1

Differences in Lesbian, Bisexual, and Heterosexual Women's Experiences of Sexual Assault, Rape, and Familial Support in a National U.S. Sample

Abstract

BACKGROUND: Previous research finds significantly higher rates of sexual assault and rape in lesbian (L) and bisexual (B) women compared to heterosexual (H) women (Rothman, Exner, & Baughman, 2011). Yet, there is minimal research on the context (e.g., victim age, location, victim / perpetrator relationship, alcohol involvement) in which this sexual violence occurs in this population. Additionally, although family support can be beneficial for victims (McGuigan & Middlemiss, 2005), LB women tend to receive less general family support and may not disclose their assault to family for fear of being outed. **METHOD:** Women ($N = 1,366$) who identified as lesbian (31%), bisexual (32%), and heterosexual (31%) completed a nationally disseminated online survey. Prevalence rates were calculated using a modified form of the Sexual Experience Survey – Short Form Revised. Differences in context and perpetrator characteristics as well as family support were assessed across sexual orientation. **FINDINGS:** Overall, 63% of B women, 49% of L women, and 35% of H women reported experiencing rape in their lifetime. LB women had increased odds of victimization (B only) and re-victimization (L and B) compared to H women. Median victim age during assault was 17 years old with LB women experiencing victimization at younger ages compared to H women. Most perpetrators were men (89%) and heterosexual (76%) with L women being the most likely to have female and homosexual perpetrators. B women were more likely to have perpetrators who were friends (compared to H women) and dating partners (compared to L women). L women were the least likely to report to the police, while H women were the most likely to tell no one at all about their

experience. Although H women reported more family support than LB women, in general, when victimization status was controlled for, all women reported equal levels of family support.

CONCLUSION: Some contextual factors between LBH women differ (e.g., victim age, perpetrator sex, perpetrator sexual orientation, victim reporting) while other contextual factors of sexual violence are the same across sexual orientation (e.g., location, alcohol, number of perpetrators, family support / perpetration). Yet, sexual orientation clearly plays a role in sexual violence risk given it had the strongest relationship with victimization status compared to all other demographic characteristics. This elevated risk of sexual violence for LB women is discussed in the context of the sexualization and sexual objectification of sexual minority women.

Introduction

According to current estimates, nearly 7% of women in the U.S. identify as lesbian (1%) or bisexual (6%) with 17% of women under the age of 44 reporting same-sex sexual experiences (Copen, Chandra, & Febo-Vazquez, 2016). This population is becoming increasingly recognized in the field of health disparities as a community of interest (Pérez-Stable, 2016), especially regarding experiences of sexual assault and rape. Sexual assault rates are high among lesbian and bisexual (LB) women (Heidt et al., 2005; Hequembourg et al., 2015). In a systematic review of 75 studies, Rothman et al. (2011) note that the median reported rate of sexual assault for LB women is 43%. When compared to heterosexual (H) women, LB women are over two times more likely to be victims of sexual assault (Cramer et al., 2012; Rothman & Silverman, 2007).

There are also issues of repeated sexual assault and rape victimization. In a study of college women, Daigle et al. (2008) found that women who experience one instance of sexual assault or rape are more likely than women who did not experience sexual violence to experience subsequent instances of sexual violence. In a national study of over 11,000 women, Drabble et al. (2013) reported that rates of re-victimization (experiencing both childhood and adult abuse), were lower in their group of exclusively heterosexual women (10%) than in either lesbian or bisexual women (23% and 26%, respectively).

Types of Assault

Previous research has measured childhood sexual assault (CSA), adult sexual assault (ASA), lifetime sexual assault (LSA), and hate crime related sexual assault (Rothman et al., 2011). Most existing research has documented rates of one or two types of sexual assaults with only one study (Morris & Balsam, 2003) documenting the rates of all types, however they only sampled LB women, and, therefore, were unable to make comparisons to heterosexual women.

Without these data, it is difficult to fully understand how sexual victimization risk may be related to sexual orientation because rate comparisons occur across studies with different measurements and sampling techniques. Additionally, the existing research focuses heavily on the prevalence of childhood sexual assault (Rothman et al., 2011) creating a need for investigation of other sexual assault types and associated variables (i.e., adult sexual assault, hate crime sexual assault).

In a study about homicide hate crimes against LB women as well as gay and bisexual men, Gruenewald (2012) noted that “Although all homicides can devastate victims’ families and respective communities, targeting victims because of their gender identity or sexual orientation leads to disproportionate psychological harm and feelings of vulnerability” (p. 3,603). This suggests that other crimes, such as rape, perpetuated with biased motivation may be particularly deleterious to LB women. Rapes perpetuated as hate crimes against LB women are referred to as “corrective rape” (Lehavot & Simpson, 2014). This term is defined as “a hate crime in which an individual is raped because of their perceived sexual or gender orientation, with the intended consequence of the rape [being] to ‘correct’ the individual’s orientation or make them ‘act’ more like their [biologically assigned] gender” (p. S611).

Perpetrator Characteristics

Scholars argue that perpetrator information is lacking in LB violence research as a whole (Rothman et al., 2011). Although the LB sexual assault and rape literature report perpetrator gender (Balsam et al., 2005; Hequembourg et al., 2015) or perpetrator’s relation to the victim (Heidt et al., 2005; Miller, Reed, McNall, & Forney, 2013; Stoddard, Dibble, & Fineman, 2009; Walker et al., 2005), other characteristics are not recorded. Specifically, none report perpetrators’ sexual orientation. This makes it hard to know if sexual assaults are occurring predominantly within the LB community or if this violence is perpetrated by heterosexual communities to LB

victims. More information on perpetrator characteristics and the context of sexual assault experienced by LB could uncover these potential trends, which could have important implications. For example, studies find that perpetrator characteristics matter to juries in general, but are particularly influential when victims are sexual minorities (Davies, Austen, & Rogers, 2011). Current research states that men endorse false beliefs about lesbians and gay men who are survivors of sexual assault. For example, men are more likely to judge lesbian women who have experienced sexual assault as more compliant in the crime, less traumatized, and in less need of treatment than heterosexual males who have experienced sexual assault by a male perpetrator (Sheridan, 2005).

Reporting Concerns

In general, false reports of sexual assault or rape to the criminal justice system are relatively rare events. Consistent with other violent crimes, an estimated 2-6% of reports are falsified (Kelly et al., 2005; Lisak et al., 2010). Rather, it is much more likely that sexual assault and rape experiences are not reported at all (Cohn, Zinzow, Resnick, & Kilpatrick, 2013). In a study of barriers to reporting sexual assault, Sable, Danis, Mauzy, and Gallagher (2006) reported that both males and females report shame, guilt, embarrassment, concerns of confidentiality, and fear of not being believed as reasons for not reporting. There is a reason to believe that such stigma may further hinder female reporting if they had female perpetrators. Regarding woman-to-woman sexual violence, Girshick (2002) argued that homophobia and biphobia among police, prosecutors, juries, and judges are a major reason why lesbians and bisexual women avoid criminal justice system involvement.

Familial Support

Research indicates that perceived familial support reduces the impact of some of sexual assault's negative health outcomes within heterosexual samples (McGuigan & Middlemiss, 2005). This is an important consideration given that LB women may have less family support in general. For example, LB individuals experience more child abuse from parents or caregivers (McLaughlin et al., 2012) and report less family connectedness (Eisenberg & Resnick, 2006) than their heterosexual peers. These lower levels of familial support may play a role in LB women's choice of whether or not to disclose their sexual assault to family. Indeed, some sources note that LB women as well as gay and bisexual men may fear reporting sexual assault because they are concerned with being "outed" to their family (Wisconsin Coalition Against Sexual Assault, n.d.). Thus, perceived support from families of LB women may be an important determinant of victim reporting and disclosure as well as victim coping.

Current Study

Overall weakness in the current literature regarding LGB sexual assault include: (1) failure to achieve a comprehensive sample of women including heterosexual women in addition to LB women, (2) minimal assessment of various types of victimization and repeated sexual assault victimization, (3) limited study of contextual factors including perpetrator characteristics, and (4) scant analysis of family support in relation to LB sexual assault victimization. In order to address these shortcomings in the literature, the current study aims to assess the context of sexual assault and familial support in LB women while also sampling heterosexual women for comparison purposes. The current study builds on the recommendations made by Rothman et al. (2011) regarding the context of sexual assault by analyzing multiple types of sexual assault, re-victimization rates, and perpetrator characteristics. In addition, very few, if any, studies have

examined familial support's relationship with sexual assault victimization responses among LB women.

Our study addressed these gaps in the literature by addressing three aims.

Aim 1: Assess both victimization and re-victimization rates among LBH women using national sampling.

Aim 2: Evaluate context characteristics as well as perpetrator characteristics in order to gain a more “whole picture” perspective of LB sexual violence.

Aim 3: Assess victims' rates of disclosure to family members, perceived support from family, and determine whether family members are serving as perpetrators of sexual assault.

Methods

Participants and Procedures

Participants ($n = 1,366$) identified as either woman (97.6%, $n = 1,333$), transgender (1.8%, $n = 25$), transgender and woman (0.2%, $n = 3$), or transgender and man (0.4%, $n = 5$). The sample was comprised of participants who identified as Lesbian (31.0%, $n = 424$), Bisexual (32.4%, $n = 443$), and Heterosexual (31.3%, $n = 428$) in fairly equal frequency with about 5% identifying as another sexual orientation (e.g., Asexual, Queer, or Unsure/Questioning). The mean age of participants was 41.9 years old ($SD = 17.4$). Many participants were White (80%) with most other participants identifying as Black (8%), Latino/a (3%), and Bi- or Multi-racial (4%). Most had a household income between \$30,001 and \$75,000 (45%), while 32% made less than \$30,000 and 24% made more than \$75,001. A slight majority have no college degree (51%), while the remaining have an Associates degree (13%), Bachelors degree (24%), Masters degree (10%), or a Doctoral degree (2%). See Table 4.1 for full demographic information.

Data were collected in Summer 2016 via a national cross-sectional survey disseminated by Qualtrics Online Survey Company. Qualtrics Online Survey Company is an online research sample aggregator that collaborates with more than 20 online panel providers, reaching over one million people. This company identified individuals from their national participant pool who met the study's eligibility requirements (women over the age of 18) and sent out invitations to participate in the study. In order to aid in recruitment, the company offered incentives to participants for completing the survey, which included cash, airline miles, gift cards, redeemable points, and sweepstakes entrances (Qualtrics, personal communication, August 15, 2014). The study protocol was approved by the Institutional Review Board prior to survey dissemination.

The survey was developed using the measures described below. We modified and refined some measures using a systematic process. The preliminary survey was first reviewed by an expert panel ($n = 6$) of sexual health researchers and researchers with expertise in gender and sexual orientation. After several rounds of revisions, the survey was then pilot tested using a small focus group ($n = 5$) of LGBT community members. These members were all college students representing different majors and identified as female, transgender, and genderqueer. After additional revisions, the survey was pilot tested again ($n = 20$) with members from the general population. People in this group represented a range of ages (23-68 years of age), differing racial identities, several sexual orientation categories, politically liberal and conservative ideologies, and a range of educational and income levels. After incorporating feedback from participants in this last pilot phase, the survey was reviewed again by a panel of sexual health researchers ($n = 6$), and the final survey was completed.

Measures

Modified Sexual Experiences Survey-Short Form Victimization (SES-SFV). Sexual assault victimization was assessed using a modified version of the SES-SFV (Koss et al., 2007). The original SES-SFV (Koss et al., 2007) asks participants about their experiences with four distinct non-consensual behaviors: (1) non-penetrative sexual behaviors (fondling, kissing, rubbing up against private areas of body, or removing clothing), (2) oral sex, (3) vaginal penetration, and (4) anal penetration. The measure then repeats for attempted non-consensual behaviors in the categories of (5) oral sex, (6) vaginal penetration, and (7) anal penetration. Because men were instructed in the original SES-SFV to skip questions about completed and attempted vaginal penetration (Koss et al., 2007), we created two additional items to assess victimization where people are forced (via a (8) completed or (9) attempted behavior) to penetrate another person with their penis. Therefore, there were a total of nine sections in the modified SES-SFV, but each participant encountered only seven.

Participants were presented each of these behaviors in a block format with six options under each of the nine behaviors. Participants were asked if each of these behaviors occurred “without my consent by:” (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; (b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to; (c) Taking advantage of me when I was too drunk or out of it to stop what was happening; (d) Threatening to physically harm me or someone close to me; (e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon; (f) Making me feel as though refusing was useless; or (g) Just doing the behavior without giving me a chance to say “no” (e.g.,

surprising me with the behavior). Items A-E were developed by Koss et al. (2007) while item F was based on previous research (Jozkowski & Peterson, 2013) and used by Canan, Jozkowski, and Crawford (2016). Item G is original to this study, but derived from previous research (Jozkowski & Peterson, 2013). Participants could select if any of the options A-G occurred from birth to 13 years of age (CSA; 0, 1, 2, 3-9, or 10+ times) or from 14 years of age to present (ASA; 0, 1, 2, 3-9, or 10+ times).

The original SES-SFV also contained a standalone question of “Have you ever been raped?” This question was dichotomized with response choices being either yes or no. However, in the current study we modified this item to include an “Unsure” option. Participants who selected any option A-G greater than “0” times on either of the two time frames (birth to 13 years of age, 14 years of age to present) for any of the nine behavioral categories were then triaged into a specific branch of the survey (hereafter referred to as the “victim branch”). Participants who selected “0” times for *all* options A-G over both time periods for all behaviors, but also selected “Yes” or “Unsure” to the “Have you ever been raped?” question were also triaged into the victim branch of the survey. All other participants who selected “0” times for options A-G over both time periods for all behaviors and answered “No” to being raped were triaged into a different set of questions (hereafter referred to as “non-victim branch”). All items unique to the non-victim branch of the survey are not within the scope of the current study and will not be discussed here.

Contextual Factors of Sexual Assault. The next section of questions asked about contextual factors and perpetrator characteristics of their assault. Participants were asked to “Please answer the following questions about the previous sexual experience items. If you selected that you had more than one experience, please respond to the following questions about the one experience that you remember in the most detail.” For this one experience,

participants were asked if the behaviors were attempted or completed, how old they were when it occurred, what parts of their body were involved, and the location the experience occurred. Regarding the perpetrator, participants were asked how many perpetrators were involved in the assault, the perpetrator's sex, the perpetrator's sexual orientation, and their relationship to the perpetrator. Information about alcohol and illicit drug consumption as well as whether they categorize the experience as a hate crime were also requested. Throughout these questions, participants were reminded with repeated directions that they were asked to provide information about the one experience they remembered in the most detail.

Disclosure of Victimization Items. To assess to whom, if anyone, participants disclosed their sexual assault or rape to, we asked two of three possible additional questions. First, participants were asked, "Have you told anyone about this experience?" Fifteen different options (e.g., family member, friend, coworker, sexual assault hotline) including a "No, I have not told anyone" option were listed in a check-all-that apply format. Next, if participants indicated that they told anyone about their assault, they were then directed to: "If you have discussed this experience, were the people you told supportive?" If participants indicated that they had not told anyone about their assault, they were directed to the "If you have not discussed this experience but intend to, do you think people you tell will be supportive?" Both of these questions had option choices ranging on a four-point scale from "all will be supportive" to "none will be supportive." Answer options of "I don't know how they will react" and "I never intend to tell anyone" were also provided to participants who have never disclosed.

Multidimensional Scale of Perceived Social Support (MSPSS). To analyze general family support, we used the Family subscale of the MSPSS (Zimet et al., 1988). Using the Family subscale on its own is appropriate for two reasons: (1) Zimet et al. (1988) reported that

the Family subscale was more independent due to its weak correlations with the other subscales in the MSPSS and (2) scale authors have previously used the Family subscale to independently test construct validity of the MSPSS. This subscale contained four items with answer choices on a 7-point likert scale from “Very strongly disagree” to “Very strongly agree.” Composite scores range from 0-28 with higher levels indicating higher family support. Example items include, “My family really tries to help me” and “I can talk about my problems with my family.” Zimet et al. (1988) report a Cronbach’s alpha score of .87 for the Family sub-scale; the current study’s Cronbach’s alpha score is .95. The MSPSS, as a whole, has satisfactory construct validity (Zimet et al., 1988).

Data Analysis

Aim 1. To address Aim 1, we categorized participants’ experiences of lifetime sexual assault (LSA) into four categories based on their SES-SFV responses: non-victim, victim of non-penetrative behavior only (hereafter referred to as ‘sexual assault’), victim of attempted penetrative behavior only (hereafter referred to as ‘attempted rape’), and victim of penetrative behavior (hereafter referred to as ‘rape’). Frequency counts of these experiences were conducted independently for lesbian, bisexual, and heterosexual women. Next, a 3x4 Chi-Square analysis with a Cramer’s *V* effect size was conducted with sexual orientation and the SES-SFV categorizations.

Frequency counts were also conducted assessing childhood sexual assault (CSA; occurring before 14 years of age) and adulthood sexual assault (ASA; occurring on or after 14 years of age). Participants were categorized as revictimized if they experienced both CSA and ASA. Three separate Chi-Square analyses were conducted with Cramer’s *V* effect sizes to assess differences in CSA, ASA, and re-victimization by sexual orientation categories.

To test whether differences in victimization experiences were predicted by sexual orientation or whether demographic (race, income, education) and “outness” differences between sexual orientation categories were confounding the relationship, we performed a multinomial logistic regression. The dependent variable was victimization which had three levels: victim during one time period (either birth to 13 years, or 14 years to present) = 1; re-victimization (at least one experience of victimization during each time period) = 2; and non-victim = reference. Independent variables included sexual orientation (Bisexual =1; Lesbian = 2; Heterosexual = reference), race (Non-White = 1; White = reference), income (\$0-\$30,000 = 1; \$30,001-\$60,000 = 2; \$60,001-\$90,000 = 3; \$90,001-\$120,000 = 4; \$120,001+ = reference), education (less than high school = 1; some college = 2; undergraduate degree = 3; graduate degree = reference), and outness (not / not very out = 1; out / very out = 2; not sure / NA = reference). Demographic characteristic responses were collapsed from original, more discrete answers to ensure cell counts exceeded 30 participants per option. For specific response options see Table 4.2. Reference categories were selected to reflect response options which were theorized, based on previous reports (Grecco & Dawgert, 2007), to have less victimization (heterosexual, white, high income, high education, and “unsure/NA” outness). In an effort to build a concise model, we first performed individual univariate tests with each dependent variable separately. If the Likelihood Ratio χ^2 of these univariate tests met a liberal threshold of $p < .25$ (Bursac, Gauss, Williams, & Hosmer, 2008), then the dependent variable was retained in the multivariate model.

Aim 2: To address Aim 2, we first conducted frequency counts for several contextual factors of sexual assault questions. We then conducted multiple Chi-square analyses for several contextual factors of sexual assault questions by the three sexual orientation categories. Due to the exploratory nature of this analysis, specific questions were first assessed using frequency

counts prior to being analyzed with Chi-square analyses. Because we planned to use a Holm sequential Bonferroni correction (Holm, 1979) to account for inflated alpha levels due to multiple comparisons, we only selected questions that may produce the most theoretically meaningful Chi-square results. Again, Cramer's *V* effect sizes were also calculated for each comparison. Additionally, because the victim's age during the assault was a continuous variable, we also conducted an ANOVA to assess differences in age by sexual orientation category. Dunnett's C post hoc test was conducted because the data violated the homogeneity of variance assumption (Maxwell & Delaney, 2004).

Aim 3. In order to satisfy Aim 3, we conducted frequency counts specifically of family-related answers for "What was your relationship to the person or persons?" and "Have you ever talked to anyone about this experience?" For the victim-perpetrator relationship, we combined the extended family and immediate family options for an overall dichotomized variable of "family perpetrator" versus "not a family perpetrator." We then conducted a 3x2 Chi-square analysis using this dichotomized variable with the three sexual orientation categories and assessed effect size using Cramer's *V* (Kotrlík et al., 2011). Following a similar process, we also conducted a 3x2 Chi-square for disclosure of assault to family. Lastly, we conducted a one-way ANOVA using composite scores of the MSPSS as the dependent variable and sexual orientation as the independent variable. A Tukey post-hoc test was used to test between group differences because data met independency, normality, and homogeneity of variance assumptions of an ANOVA test (Maxwell & Delaney, 2004).

Results

Aim 1.

Overall, based on the SES-SFV, 33% ($n = 445$) of the sample had no sexual assault or rape victimization experiences. Most (50%, $n = 678$) experienced rape alone or rape in addition to other victimizing behaviors. Some experienced sexual assault only (10%, $n = 137$) and 8% ($n = 106$) experienced attempted rape only. Fewer participants (31%, $n = 399$) experienced CSA than experienced ASA (63%, $n = 811$). Additionally, 26% ($n = 342$) experienced re-victimization (at least one instance of CSA and one instance of ASA).

Bivariate Comparisons. Overall, 63% ($n = 281$) of B women, 49% ($n = 206$) of L women, and 35% ($n = 149$) of H women reported experiencing rape in their lifetime. There were significant differences between L, B, and H women in experiencing rape [$\chi^2(2, n = 1,295) = 71.4, p < .001$; medium effect size, Cramer's $V = .235, p < .001$]. After using a Holm sequential Bonferroni correction, B women were more likely to experience rape than L women [$\chi^2(1, n = 867) = 19.36, p < .001$; small effect size, Cramer's $V = .15, p < .001$]. Similarly, B women were more likely to experience rape than H women [$\chi^2(1, n = 871) = 71.33, p < .001$; medium effect size, Cramer's $V = .29, p < .001$]. In addition, L women were more likely to experience rape than H women [$\chi^2(1, n = 852) = 16.62, p < .001$; small effect size, Cramer's $V = .14, p < .001$].

Eleven percent ($n = 48$) of B women, 8% ($n = 35$) of L women, and 4% ($n = 18$) of H women reported experiencing attempted rape only. There was a significant difference between L, B, and H women experiencing attempted rape only [$\chi^2(2, n = 1,295) = 13.49, p = .001$; small effect size, Cramer's $V = .10, p = .001$]. After a Holm sequential Bonferroni correction to account for inflated alpha levels due to multiple comparisons, only two comparisons remained significant. B women were more likely to experience attempted rape than H women [$\chi^2(1, n =$

871) = 13.66, $p < .001$; small effect size, Cramer's $V = .13$, $p < .001$]. L women were also more likely to experience attempted rape than H women [$\chi^2(1, n = 852) = 5.99$, $p = .014$; small effect size, Cramer's $V = .08$, $p = .014$]. Comparisons between L, B, and H women for sexual assault only experiences were not significant $\chi^2(2, n = 1,295) = 2.62$ ($p = .27$), Cramer's $V = .05$ ($p = .27$). See Table 4.3 for further prevalence information.

Multinomial logistic regression. All demographic variables significantly ($p < .05$) predicted victimization at the univariate level (Sexual orientation, $\chi^2(4, n = 1,295) = 150.25$; Outness, $\chi^2(4, n = 1,366) = 88.76$; Income, $\chi^2(8, n = 1,366) = 22.24$, Education, $\chi^2(6, n = 1,366) = 18.21$; Race, $\chi^2(2, n = 1,366) = 7.94$). Because of this, all were retained in the multivariate model. At the multivariate level, only sexual orientation ($\chi^2 = 69.06$) and income ($\chi^2 = 22.26$) remained significant predictors of victimization while holding all other variables constant. In the multinomial models, participants were classified based on victimization outcome. Specifically, the log odds of each victim outcome (victimization = 1; re-victimization = 2; non-victim = reference) were modeled as a linear combination of the predictors.

With non-victimization as the independent variable reference category, B women (OR = 3.74, 95% CI = 2.38-5.87) had increased odds for victimization compared to H women. B women (OR = 7.28, 95% CI = 4.22-12.58) and L women (OR = 3.16, 95% CI = 1.84-5.44) had increased odds of re-victimization compared to H women. Additionally, none of the income levels significantly differed for victimization as compared to non-victimization; the only differences occurred when comparing income levels for re-victimization verses non-victimization. Individuals who earned \$0 to \$30,000 per year (OR = 2.85, 95% CI = 1.42-5.71) as well as individuals who earned \$90,000 to \$120,000 per year (OR = 2.41, 95% CI = 1.04-5.54) had increased odds of re-victimization compared to individuals who earned over \$120,000

a year. Mid-range incomes were not significantly different from incomes of over \$120,000 for re-victimization. See Table 4.2 for more information.

Aim 2.

Frequencies. Overall, when looking at contextual factors women reported for their selected instance of sexual assault or rape, we found that the median age of women when the event occurred was 17 years of age ($SD = 7.7$ years of age). Most participants (67%; $n = 627$) reported that their assault involved completed behaviors as opposed to behaviors that were only attempted (33%, $n = 306$). On average, women experienced 2.3 ($SD = 1.4$) nonconsensual behaviors per reported event of sexual assault or rape. Nearly 55% of the events involved touching the victim's chest/breasts, 45% involved penetrating victim's genitals (sexual intercourse), and 45% involved touching the victim's genitals without penetration. The locations that most events occurred at were in the perpetrators home (33%, $n = 308$) and in the victim's home (27%, $n = 252$) with cars (7.4%, $n = 69$), parties (6.8%, $n = 63$) and a third-party person's home (5.6%, $n = 52$) also being notable locations. A sizable portion (36%, $n = 336$) of events involved alcohol, most of which involved both the victim and perpetrator drinking ($n = 200$). An overwhelming majority (94%) did not consider the event a hate crime, but those that did mostly said it was due to their sexual orientation (3%, $n = 27$) or gender identity (1%, $n = 10$).

Most instances of sexual assault or rape involved one perpetrator (89%, $n = 831$), 6% ($n = 56$) had two perpetrators, and 4% ($n = 36$) had three or more perpetrators. Although some perpetrators were female only (7%, $n = 62$) or both males and females (3%, $n = 26$), the majority of perpetrators were male only (90%, $n = 835$). Many of the participants indicated that they believed the perpetrators were heterosexual (76%, $n = 709$), while a smaller percentage indicated their perpetrator was homosexual (4%, $n = 37$) or bisexual (5%, $n = 47$), with 15% indicating

they were not sure of the perpetrator's sexual orientation. The most commonly endorsed relationships between victim and perpetrator were an acquaintance they just met (19%, $n = 176$), a friend (15%, $n = 141$), and acquaintance they knew well (14%, $n = 132$), a dating partner from a casual relationship (14%, $n = 124$), and a dating partner from a committed relationship (10%, $n = 96$). See Table 4.4 for more frequencies.

The most common person that victims told about the sexual assault or rape was a friend (50%, $n = 464$) followed by a dating partner/spouse (36%, $n = 332$) and a family member (32%, $n = 293$). More victims reported telling counselors or therapists (20%, $n = 186$) than police officers (6%, $n = 21$), sexual assault hotlines (3%, $n = 24$), or attorneys (2%, $n = 21$). However, more than a quarter (27%, $n = 247$) of victims had never told anyone about the experience. Results are presented in Table 4.4 below.

Bivariate Comparisons. Chi-square comparisons indicated that L, B, and H women differed by gender of perpetrator, sexual orientation of perpetrator, whether the perpetrator was a friend or a dating partner, whether the experience was a hate crime, and whom they told about their experience. L, B, and H women did not differ by whether their assault was completed or attempted, if the experienced occurred at school or a party, whether alcohol was involved, if their perpetrator was a stranger or an acquaintance, or if there were multiple perpetrators. See Table 4.5 for overall Chi-squares, Cramer's V effect sizes, and accompanying post-hoc analyses with Holm sequential Bonferroni corrections.

One-way ANOVAs were conducted to assess between group differences in age at which women experienced the sexual assault or rape and number of assaultive behaviors that occurred during the event. There was a significant difference between L, B, and H women regarding age, $F(2, 867) = 7.710, p < .001$ with H women being significantly older ($n = 206, M = 19.1, SD =$

9.27) at the time of the assault or rape than both L women ($n = 290, M = 16.59, SD = 7.99$) and B women ($n = 374, M = 16.79, SD = 6.36$); there were no differences in age between L and B women. There was also a significant difference between L, B, and H women regarding number of assaultive behaviors during the event ($F(2, 875) = 30.57, p < .001$) with H women experiencing significantly less behaviors ($n = 210, M = 1.64, SD = 1.12$) during the assault or rape than both L women ($n = 294, M = 2.34, SD = 1.40$) and B women ($n = 374, M = 2.54, SD = 1.45$); there were no differences between L and B women.

Aim 3.

To test the role that family specifically played in sexual assault experiences of L, B, and H women, a Chi-square analysis was conducted for the family-related response options within the victim/perpetrator relationship question. L, B, and H women did not differ in their experiences of perpetration from family members $\chi^2(2, n = 868) = 5.30 (p = .071)$. The rates in which L, B, and H women disclosed their experiences to family members also did not differ between sexual orientation category $\chi^2(2, n = 868) = 0.46 (p = .796)$.

Regarding overall perceived social support from family regardless of victimization status, a one-way ANOVA was conducted with composite scores of the family subscale of the MSPSS score. There was a significant difference between L, B, and H women regarding perceived family support, $F(2, 1,289) = 11.844, p < .001$ with H women ($n = 426, M = 20.27, SD = 7.46$) reporting significantly higher levels of perceived family support compared to both L women ($n = 424, M = 18.35, SD = 7.41$) and B women ($n = 442, M = 17.95, SD = 7.53$); there were no differences between L and B women. However, when comparing these MSPSS scores only among participants who had experienced sexual assault or rape, there were no differences among L, B, and H women.

Discussion

Prevalence Rates

Approximately half of the sample had experienced rape (i.e., nonconsensual completed oral, vaginal, and/or anal penetration). This is notably higher than a number of studies which indicate between 18-22% of women in the general U.S. population have experienced rape in their lives (Black et al., 2011; Tjaden & Thoennes, 2006). These high prevalence rates are likely influenced by our oversampling of LB women, who experience increased rates of sexual assault and rape (Hughes et al., 2010; Rothman et al., 2011).

However, rates of rape among heterosexual women in our sample are still notably higher (35%) than previous studies (e.g., Muehlenhard, Peterson, Humphreys, & Jozkowski, 2017; Tjaden & Thoennes, 2006). These higher rates may be partially explained by the two additional prompts that were added to the original SES-SFV [“Making me feel as though refusing was useless” and “Just doing the behavior without giving me a chance to say ‘no’ (e.g., surprising me with the behavior)”]. These two prompts uniquely captured 103 additional participants that would not have otherwise been detected by the original SES-SFV items (Authors redacted). Previous research (Bachman, 2012) finds that the more examples participants are given, the more likely a memory of sexual assault will be prompted allowing them more opportunities to answer affirmatively to this experience. We argue that this methodology is more comprehensive than previous measurements, and, therefore, our rates may be more representative of U.S. women’s experiences.

When assessing our data by sexual orientation, our findings follow the trends noted in previous studies (Andersen, Hughes, Zou, & Wilsnack, 2014; Drabble et al., 2013; Hughes et al., 2010) with B women experiencing the most sexual assault and rape followed by L women and,

lastly, H women. Lamentably, it seems as though for LB women, sexual violence is the status quo with 63% and 49% experiencing rape, 11% and 8% experiencing attempted rape only, and 10% and 12% experiencing sexual assault only, respectively. In other words, only 16% of B women and 32% of L women *never* experienced sexual assault or rape in their lifetime. For comparison, one in five women on college campuses report experiences of sexual assault before they graduate (Muehlenhard et al., 2017). These college rates have warranted recent government attention (The White House, 2014) and news coverage (e.g., Bogdanich, 2014; Gray, 2014) discussing the issue as one of “seriousness and urgency” (White House Task Force to Protect Students from Sexual Assault, 2017, p. 2). Meanwhile, sexual assault and rape experiences of LB women wildly exceed these levels with minimal attention and structural support to address the crisis (Campbell, 2009; Girshick, 2002).

Because each individual holds multiple identities (e.g., sexual orientation, race, education, income) simultaneously, each of which uniquely affect their experience (Crenshaw, 1991), we attempted to parse out these identities with a multinomial logistic regression to test the association of each with victimization risk. Our finding that sexual orientation was the strongest predictor of victimization status, even when holding all other variables constant, further warrants heightened attention in this area. B women were 3.74 times as likely as H women to be a victim and 7.28 times as likely as H women to experience re-victimization. These increased odds for B women are especially noteworthy given that the odds of H women experiencing sexual assault is already quite high (35% experienced rape; 4% experienced attempted rape only; 9% experienced non-penetrative behaviors only). Although this study cannot fully answer why this occurs, it may be related to the sexualization of B women. For example, B women are often considered more sexually promiscuous than other women (Klesse, 2005). Eisner (2013) describes that the

sexualization of B women is a result of biphobia and leads to sexual objectification in this group. There is substantial feminist research which has argued that the sexual objectification of women, in general, is a contributing factor to high sexual assault rates in women (Friedman & Valenti, 2008; Loughnan, Pina, Vasquez, & Puvia, 2013). Therefore, if B women are sexually objectified at equal or increased rates compared to H women, not only because of their gender but also because of their sexual orientation, these overlaid identities may increase their risk of sexual assault and rape.

Both low (\$0 - \$30,000; OR = 2.85) and high incomes (\$90,000 - \$120,000; OR = 2.41) were also significant predictors of re-victimization compared to individuals with the highest incomes (\$120,000+). The former finding is not surprising, yet the latter finding was unexpected. Previous research has indicated that poverty is a risk factor for sexual assault victimization (Grecco & Dawgert, 2007). However, there is little, if any, research which illuminates why individuals with higher incomes are 2.41 times more likely to experience re-victimization compared to individuals only one income bracket above them. Future research exploring income's role in sexual assault risk may want to parse out these income categories which would allow for continued monitoring of this novel association.

Perpetrator Characteristics

Similar to previous research, most participants were victimized by men (Balsam et al., 2005; Sigurvinsdottir & Ullman, 2015; Walters, Chen, & Breiding, 2013) with L women being less likely than others to have male perpetrators (Balsam et al., 2005). Balsam et al. (2005) found significant differences between L, B, and H women in perpetrator gender for some behaviors (e.g., coerced non-intercourse) and not others (e.g., rape), while we found significant differences across all behaviors with medium effect sizes. These differences may be due to Balsam et al.'s

(2005) choice of studying sibling pairs. Because family members were the third most common type of perpetrator in the current study, a study design assessing sexual assault that requires participants to have a working relationship with their siblings may affect prevalence rates. That is, individuals who were victimized by siblings may avoid such studies, resulting in different findings between our independent sample and Balsam et al.'s (2005) work.

Regarding perpetrator sexual orientation, most participants, regardless of sexual orientation, indicated that they believed the perpetrators were heterosexual (76%). When there were homosexual perpetrators, they were most likely to victimize L women, while there was no significant differences for perpetrators who identified as bisexual. Perhaps because sexual orientation is typically a more easily hidden characteristic compared to other demographic characteristics (Cox, Devine, Bischmann, & Hyde, 2016), 15% indicated they were not sure of the perpetrator's sexual orientation. Overall, our findings seem to indicate that LB women are more at risk of being sexually assaulted or raped by heterosexual individuals than H women are of being assaulted by homosexual and bisexual individuals. This could be partially explained by prevalence; there are more heterosexuals in the U.S. than homosexuals or bisexuals combined (Savin-Williams, Joyner, & Rieger, 2012). However, this could also be because sexual minorities and other vulnerable groups are at greater risk for all types of violence due to social disadvantage and discrimination (Brown, 2004). Therefore, perpetrator/victim dynamics may be more likely to have perpetrators from groups with more social privilege (heterosexuals; Van Every, 1995) offending on victims with less social privilege (homosexuals and bisexuals).

Regardless of sexual orientation, all women were equally likely to be assaulted by strangers. They were also equally likely to be assaulted by acquaintances. It is only when relationships become closer or more familiar that we found differences between L, B, and H

women. B women were more likely than H women to describe their perpetrator as a friend. B women were also more likely than L women to describe their perpetrator as a dating partner. Little, if any, research has attempted to explain why B women are at greater risk for being victimized by people whom they have the closest relationships with. The research that does exist on these close relationships more often involves L and H women (Stoddard et al., 2009). In a study of siblings, Stoddard et al. (2009) found that heterosexual women were more likely to be raped by a dating partner than their lesbian sisters, yet our findings indicate there was no significant differences between these groups. This finding may be due to differing relationship variable response options. Our “dating partner” response option to the perpetrator relationship question was created a-priori where Stoddard et al. (2009) derived their “dating partner” option post-hoc from write-in responses in an “other” response option. Also these differences may be due to differences in sampling where Stoddard et al.’s (2009) sample is dependent (siblings) and ours is independent.

Among our entire sample, family members (18%) were the third most likely perpetrators of sexual assault after acquaintances (33%) and dating partners (24%). Balsam et al. (2005) discussed that lesbian and bisexual youth may be specifically targeted for all types of abuse, including sexual assault, in their families on the basis of their perceived sexual orientation. In our study though, all women were equally likely to be assaulted by family members regardless of sexual orientation category. This is different from previous research which finds lesbians are more likely than bisexuals or heterosexuals to be assaulted by a relative (Long, Ullman, Long, Mason, & Starzynski, 2007). Long et al.'s (2007) findings may be different because they included both victims and non-victims in their analyses where we only included victims.

Therefore, their differences among groups may be affected by overall prevalence differences, not specifically family member perpetration.

Although some multiple perpetrator rapes occur as hate crimes against LB women (e.g., Fraley, 2013) as a form of “corrective rape,” LB women in our U.S. sample were no more likely to have multiple perpetrators than H women. Nearly 10% of victims in our sample had two or more perpetrators during their experience of sexual assault or rape. These estimates are comparable to general population rates reported by the U.S. Department of Justice (Greenfeld, 1997; Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013). Similarly, few women categorized the experience as a hate crime. Hate crime rates in our national sample were similar to the median reported rates for LB women reported by Rothman et al. (2011) using community-based samples. Too few national studies have been conducted to date that assess hate crime related sexual assault in this population to calculate a median rate.

Context Characteristics

The average victim age at the time of sexual assault was quite young (17 years of age), and occurred at even earlier ages for LB women. Similarly, more LB women experienced CSA (before age 14) compared to H women. This trend is similar to what previous national studies have found (Andersen et al., 2014; Drabble et al., 2013; Hughes et al., 2010). However, our CSA prevalence rates were lower than rates reported by Andersen et al. (2014); this is probably due to their framing CSA as “unwanted” experiences where we focused on *nonconsensual* experiences. In the past decade, sexual assault experts have noted that it may be inappropriate to conflate consent and unwantedness as individuals can consent to behavior they do not want (Peterson & Muehlenhard, 2007). Therefore, defining CSA in terms of *wantedness* may inflate prevalence. Conversely, our CSA prevalence rates were higher than rates reported by Drabble et al. (2013);

this is also likely due to differences in definitions where Drabble et al. (2013) conceptualized CSA as “Did anyone ever *force* you to have sex against your will? By sex, I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse” (p. 11). According to the creators of the SES-SFV, “using force” is only one of several tactics a perpetrator might use to facilitate assault (Koss, Gidycz, & Wisniewski, 1987). As such, our prevalence rates capture experiences including and in addition to “using force” which would likely result in higher rates.

Similar to Planty et al.'s (2013) national data on female sexual violence victimization, most events occurred in private residences like the victim's home, perpetrator's home, or a third-party person's home. Parties were also mentioned as a common location by all participants, which may not be surprising given the link often found in the literature between alcohol and sexual assault (Drabble et al., 2013; Gilmore et al., 2014; Hughes et al., 2010). In fact, consistent with Planty et al.'s (2013) findings, 36% of our participants indicated that alcohol was involved in the sexual violence event; often both victim and perpetrator had consumed alcohol. One location highlighted in our study that has received less attention in previous studies of sexual assault or rape, however, is cars. Cars have been discussed in previous literature as a common place for sexual behavior to occur (Struckman-Johnson, Nalan-Sheffield, Gaster, & Struckman-Johnson, 2016). Cars were the third most common location for sexual assault or rape reported by women in our study. Struckman-Johnson et al. (2016) noted in their study that 4% of Midwestern college women reported being sexually coerced in cars, and our study finds a 5% rate across all perpetration tactics.

Reporting

Participants were most likely to disclose their sexual assault to those who are probably closest to them interpersonally (friends, family, and dating partners) or to tell no one at all. These

overall findings are also consistent with previous literature (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Banyard, Plante, Cohn, Moorhead, & Walsh, 2005; Richardson, Armstrong, Hines, & Reed, 2015). In Ahrens et al.'s (2007) qualitative work, participants indicated that the main reasons they purposefully disclosed to these informal sources was to seek help (e.g., emotional support, catharsis, tangible aid). However, several of their participants described non-purposeful disclosure to these individuals who were closest to them as a result of direct questioning about their whereabouts or their emotional state (Ahrens et al., 2007). Regardless of whether purposeful or non-purposeful disclosure occurs, these close interpersonal relationships and the potential support they can offer are likely to play a critical role in victim recovery (Ahrens et al., 2007). Thus, it is encouraging to see that most of our women were able to disclose to these close informal sources.

Conversely, research into the motives for why women do not disclose finds that women felt the sexual assault incident was a private or personal matter (Allen, 2007), did not think the incident was serious enough, did not think that harm was intended or a crime was committed, or, simply, that they did not want others to know (Cohn et al., 2013). Interestingly, H women in our sample were more likely to tell no one compared to LB women. This may relate to our finding that H women experience less assaultive behaviors, on average, during the event compared to LB women. Experiencing less behaviors may result in a participant categorizing their experience as less severe. As such, our H participants may have been likely to think that the incident was not serious enough to report.

Regarding reporting to formal sources, more women tell a counselor or therapist than tell any other formal source. LB women were more likely to tell a therapist than H women in our sample. This may be due, in part, to increased psychological symptomology among these groups.

Long et al.'s (2007) work with an ethnically diverse sample of Midwestern women found that LB victims of sexual assault have higher rates of post-traumatic stress disorder (PTSD) than H victims. Therefore, if LB women have higher rates of PTSD, they may seek out counseling or therapy services more often to cope.

Rates of disclosure to police officers (6%, among victims) in our sample are notably lower than previous studies with national samples (16%, Wolitzky-Taylor, Resnick, McCauley, et al., 2011) but on par with other convenience samples (6% in a racially diverse sample of women in Chicago, Ahrens et al., 2007). Survivors often report shame, guilt, embarrassment, concerns of confidentiality, and fear of not being believed as reasons for not reporting (Sable et al., 2006). In our sample, L women were the least likely to tell the police. Lesbian rape survivors in Campbell's (2009) study described that they were not comfortable seeking help from social service agencies and law enforcement for their sexual trauma. Girshick (2002) argued that homophobia and biphobia among police, prosecutors, juries, and judges are major reasons why lesbians might stay away from the criminal justice system.

Family Support

H women had higher levels of perceived family support compared to both LB women. When we analyzed perceived family support only within victims in the sample, however, there were no differences between sexual orientation categories. This change in the significance of family support when victimization status is controlled for could be partially explained previous research which has found an association between a history of sexual violence and lower family social support in both LB women (Logie, Alaggia, & Rwigema, 2014). It could be that low family support for all women puts them at a higher risk of victimization. Thus, the low family

support that LB women report on average may partially explain LB women's increased risk of victimization.

Regarding reporting, all victims were equally likely to disclose their sexual assault to a family member. This finding also goes against previous literature which postulated that LB sexual assault victims may fear reporting their sexual assault because they are concerned with being "outed" to their family (Wisconsin Coalition Against Sexual Assault, n.d.). Although this fear of outing may be true, very few of our women had female perpetrators. Therefore, disclosing a sexual assault that was male-perpetrated may not risk outing our participants.

Limitations

Although this study had important strengths such as assessing sexual assault prevalence rates among a national sample of LBH women, there are important limitations to note. In order to obtain a representative sample, we paid Qualtrics Online Survey Company to send the survey link to a national sample of individuals signed up for their service. Therefore, these findings are restricted to people who have access to the internet. Additionally, the survey was also only offered in English which would exclude individuals not fluent in English. Furthermore, although our sample was a national sample, our participant demographics had slightly less proportions of racial/ethnic minority groups than 2015 U.S Census estimates (US Census Bureau, n.d.), yet all other demographic variables were consistent (Ryan & Bauman, 2016; US Census Bureau, 2016).

Another notably important limitation of this study is that if women reported having more than one experience, they were directed to answer the questions about their *most memorable* experience. This means that contextual experiences reported by participants may or may not be representative of sexual assault as a whole because people are more likely to remember more extreme stimuli that "stand out" from other stimuli (e.g., von Restorff effect; Parker, Wilding, &

Akerman, 1998). As such, it may be the case that participants are more likely to remember, and therefore report, more extreme experiences of sexual assault. Similarly, reports based on memory should be interpreted with caution given that the mean age of participants was nearly 42 years old and the mean age at the time of assault was 17 years of age. Memory recall issues may exist. However, short of conducting a nationally-based longitudinal study expanding enough years to be representative of a life-time of sexual assault experiences, studies of lifetime of sexual assault prevalence may have to rely on participant long-term memory.

Lastly, one final limitation lies in the SES-SFV scoring of the sexual assault and rape re-victimization rates. Using the SES-SFV to assess victimization, we can calculate lifetime rates as well as two time-specific rates: birth to 13 years old (CSA) and 14 years old to present (ASA). We can also assess re-victimization rates, which are defined as at least one experience of CSA and one experience of ASA. However, the format of the SES-SFV does not allow us to confidently assess for multiple events within the same time frame. One woman could experience a singular event at age 18 with three distinct assaultive behaviors in the same night (oral sex, vaginal rape, anal rape), and another woman could experience three different events at ages 18, 25, and 30 with only one behavior occurring at each event. Because these two individuals would be indistinguishable with current scoring capabilities, we used dichotomous yes/no victimization categories. Given dichotomized categories, the latter woman would *not* be categorized as experiencing re-victimization despite enduring three events because they all occurred during the ASA time period. Therefore, the prevalence of individuals experiencing multiple events of sexual assault and rape are likely higher than current reported re-victimization rates.

Implications for Healthcare and Criminal Justice Systems

More systemic support is needed to address the crisis-level prevalence of sexual assault and rape among LB women in addition to the high prevalence in H women. This support can come in the form of awareness campaigns, sexual assault prevention programming, and rape advocate-assisted services among other things. Some awareness campaigns exist at the local level (e.g., “#iwantaworld” campaign in Massachusetts; Jane Doe, Inc., 2014) while organizations like the Human Rights Campaign (2015) are leading some national public discourse on the issue. Additionally, some prominent organizations (e.g., Rape, Abuse, & Incest National Network; RAINN, 2016) include resources for LGBTQ survivors on their websites. Taken as a whole, these efforts overall still need to be greatly expanded to match the urgency of the problem.

Although research finds that when rape victims receive advocate-assisted services following assaults they receive more helpful information, referrals, and services and experience less secondary trauma or re-victimization by medical and legal systems, Campbell (2006) notes that there are few advocacy organization that offer LB-specific services. Our findings indicate that services may not have to differ on a foundational level between groups. Several of the perpetrator and context characteristics in our study were similar between LBH women’s experiences. In fact, Hall (1999) found that lesbian victims of male-perpetrated sexual assault expressed feelings of commonality with heterosexual women.

Although feelings of commonality may exist, L women in our sample were most likely to have female perpetrators. Girshick (2002) critiqued trainings of sexual assault advocacy group staff and volunteers for their lack of diversity. Girshich (2002) indicated that these trainings almost never cover same-sex sexual abuse, same-sex battering, or discuss female perpetrators.

While some may argue that resources are best spent on male-perpetrated sexual assault because men are most likely to perpetrate overall, ignoring female perpetrators entirely will likely guarantee that advocacy groups will not meet the needs of all victims. Similarly, Todahl, Linville, Bustin, Wheeler, and Gau's (2009) work highlights gaps and barriers to sexual assault services for the LB community; some of these barriers include limited awareness of staff of LB sexual violence and low levels of resources. It is our recommendation that, services should increase diversity in staff trainings with the ultimate goals of delivering culturally competent care. Additionally, rape crisis centers and general healthcare centers that offer these services can help designate themselves as a resource to the LB community by attending community events as well as advertising in community centers and other common LB spaces

Lastly, because lesbians were the least likely to report to police despite their high prevalence rates, criminal justice systems should address barriers that keep lesbians from reporting. Local law enforcement agencies may consider branding themselves as an ally to the LB community by involving themselves in community events (e.g., sponsoring floats in local PRIDE parades). It is also important to note, that rates of reporting to police in this study were unacceptably low (6%) overall. Because stigma is often cited as a reason women do not report (Miller, Canales, Amacker, Backstrom, & Gidycz, 2011), a societal shift toward destigmatizing sexual assault victimization is essential. The blueprints for such a change are multi-faceted and have been laid out by other authors (Friedman & Valenti, 2008; Harding, 2015).

Future Research

Because LB women experience sexual assault at younger ages than H women, it is appropriate that most research in LB women to-date has focused on CSA (Rothman et al., 2011). However, more women in our sample had experienced ASA (on or after age 14) than CSA. In

our sample, LB women also experienced more ASA compared to H women. In their review of LB sexual literature, Rothman et al.'s (2011) recommended that more research is needed for ASA in this population. Our findings provide some context around this issue, but further ASA research is still needed, especially ASA studies that assess health outcome variables not analyzed in the current study.

Further research is also needed to explore sexual assault prevalence and contextual factors in sexual minority men who are far less studied in the sexual assault literature (Menning & Holtzman, 2014; Peterson, Voller, Polusny, & Murdoch, 2011). Additionally, future research should explore questions brought up by the current study. Because this study was designed to answer the “what” and the “how” of sexual assault experiences, further research is needed to delve deeper into the “why.” Why are LB women experiencing sexual victimization at such alarming rates, and why are B women at such a particularly high risk? Why are B women the most likely to be perpetrated on by people whom they are likely interpersonally close to (friends, dating partners)? Why are H women more likely to tell no one about their assault? What features of cars make them a common location for sexual assault and rape, and is this also common for male victimization? These are all potential future avenues of research in the sexual assault literature.

Conclusion

Rates of sexual assault for LB women are unacceptably high with 63% of B women and 49% of L women experiencing rape in their lifetime. Some contextual factors between LBH women differ (e.g., victim age, perpetrator sex, perpetrator sexual orientation, victim reporting) while other contextual factors of sexual violence are the same across sexual orientation (e.g., location, alcohol, number of perpetrators, family support / perpetration). Yet, sexual orientation

clearly plays a role in sexual violence risk given that B women were 3.74 times as likely as heterosexual women to be a victim and 7.28 times as likely as H women to experience re-victimization when holding all other variables constant. In fact, sexual orientation had the strongest relationship with victimization status compared to all other demographic characteristics. We argue that the elevated risk linked to sexual orientation may be partially explained through a broad lens of discrimination and social disadvantage (Brown, 2004). On the front-end of the problem are cultural-level ideals that make it easier to justify sexual violence against LB women. For example, LB women experience sexualization and subsequent sexual objectification partially because their identities are tightly tied to their sexuality (Eisner, 2013; Klesse, 2005). Supporting this rationale, LB women in our sample—who have less social privilege than their heterosexual peers—are being victimized more often by heterosexual men—who hold more social privilege—than by other women or other homosexual or bisexual individuals. On the back-end of the problem are barriers to reporting and minimal structural support for LB victims. Therefore, both proactive cultural shifts and reactive support services for LB victims of sexual assault are needed to address this problem.

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Appendices

Table 4.1: Participant Demographics

Characteristic	n	%	Characteristic	n	%
Gender			Income		
Woman	1,333	97.6	Less than \$30,000	433	31.7
Transgender	25	1.8	\$30,001 - \$60,000	453	33.1
Transgender Woman	3	0.2	\$60,001 - \$90,000	324	23.7
Transgender Man	5	0.4	\$90,001 - \$120,000	102	7.5
			More than \$120,001	105	7.7
Sexual Orientation			Education		
Lesbian	424	31.0	High school or less	273	20.0
Bisexual	443	32.4	Some college	432	31.6
Heterosexual	428	31.3	Associates degree	176	12.9
Queer	33	2.4	Bachelors degree	327	23.9
Unsure/Questioning	29	2.1	Masters degree	131	9.6
Asexual	7	0.5	Doctoral degree	27	2.0
Race/Ethnicity			Relationship Status		
White	1,090	79.8	In a relationship	400	29.3
Black or African American	107	7.8	Married	437	32.0
Latino or Hispanic	46	3.4	Divorced	89	6.5
Asian or Asian American	40	2.9	Widowed	56	4.1
Native American or American Indian	18	1.3	Casually seeing someone	126	9.2
Middle Eastern or Middle Eastern American	3	0.2	Single, not dating	258	18.9
Bi or Multiracial	58	4.2			

Table 4.2: Multinomial Logistic Regression, Non-Victims as DV Reference

IV (Reference Group)	DV (Non-Victims)	IV Levels	Univariate		Multivariate	
			β	OR (CI)	β	OR (CI)
Sexual Orientation (Heterosexual) Likelihood Ratio χ^2 Univariate = 150.25** Multivariate = 69.06**	Victim	Bisexual	1.46	4.31 (3.07-6.04)**	1.32	3.74 (2.38-5.87)**
		Lesbian	0.61	1.85 (1.36-2.51)**	0.36	1.43 (0.93-2.22)
	Re-victim	Bisexual	2.22	9.23 (6.14-13.87)**	1.99	7.28 (4.22-12.58)**
		Lesbian	1.38	3.97 (2.71-5.84)**	1.15	3.16 (1.84-5.44)**
Outness (Not Sure/NA) Likelihood Ratio χ^2 Univariate = 88.76** Multivariate = 6.64	Victim	Not Out	0.93	2.53 (1.68-3.80)**	0.00	1.00 (0.58-1.74)
		Out	0.92	2.50 (1.87-3.35)**	0.40	1.49 (0.97-2.28)
	Re-victim	Not Out	1.69	5.44 (3.37-8.76)**	0.20	1.22 (0.63-2.37)
		Out	1.51	4.53 (3.10-6.60)**	0.48	1.62 (0.93-2.83)
Income (\$120,001+) Likelihood Ratio χ^2 Univariate = 22.24* Multivariate = 22.26*	Victim	\$0–30k	0.27	1.31 (0.81-2.11)	0.25	1.28 (0.76-2.18)
		\$30,001-60k	0.02	1.02 (0.64-1.64)	-0.07	0.93 (0.56-1.55)
		\$60,001-90k	-0.15	0.86 (0.53-1.42)	-0.26	0.77 (0.45-1.31)
		\$90,001-120k	0.40	1.4 (0.79-2.80)	0.33	1.40 (0.72-2.71)
	Re-victim	\$0–30k	1.01	2.76 (1.49-5.11)**	1.05	2.85 (1.42-5.71)*
		\$30,001-60k	0.69	2.00 (1.08-3.69)*	0.65	1.91 (0.97-3.77)
		\$60,001-90k	0.30	1.35 (0.71-2.59)	0.22	1.24 (0.61-2.53)
		\$90,001-120k	0.95	2.59 (1.20-5.60)*	0.88	2.41 (1.04-5.54)*

** $p < .001$, * $p < .05$

Table 4.2: Multinomial Logistic Regression, Non-Victims as DV Reference (Cont.)

IV (Reference Group)	DV (Non-Victims)	IV Levels	Univariate		Multivariate	
			β	OR (CI)	β	OR (CI)
Education (Graduate Degree) Likelihood Ratio χ^2 Univariate = 18.21* Multivariate = 14.27*	Victim	≤ High School	-0.24	0.79 (0.51-1.23)	-0.21	0.81 (0.49-1.33)
		Some College	0.46	1.05 (0.69-1.59)	-0.08	0.93 (0.58-1.47)
		Undergraduate	-0.36	0.70 (0.46-1.04)	-0.41	0.66 (0.43-1.02)
	Re-victim	≤ High School	0.42	1.52 (0.87-2.65)	0.49	1.64 (0.87-3.09)
		Some College	0.73	2.08 (1.23-3.52)*	0.55	1.72 (0.95-3.12)
		Undergraduate	0.44	1.55 (0.93-2.58)	0.46	1.58 (0.90-2.78)
Race (White) Likelihood Ratio χ^2 Univariate = 7.94* Multivariate = 4.38	Victim	Racial Minority	0.14	1.01 (0.73-1.40)	-0.03	0.97 (0.68-1.38)
	Re-victim	Racial Minority	0.42	1.53 (1.09-2.14)*	.31	1.37 (0.94-1.99)

Table 4.3: Lifetime Sexual Assault (LSA), Childhood Sexual Assault (CSA), Adulthood Sexual Assault (ASA), and Re-victimization Rates Between Lesbian (L), Bisexual (B), and Heterosexual (H) Participants

Victimization Status	L n = 424	B n = 443	H n = 428	df, n	χ^2	V	p
LSA - Completed rape	206 ^a	281 ^b	149 ^c	2, 1,295	71.40	0.24	.001
LSA - Attempted rape only	35 ^a	48 ^a	18 ^b	2, 1,295	13.49	0.10	.001
LSA - Sexual assault only	51 ^x	42 ^x	38 ^x	2, 1,295	2.62	0.05	.269
CSA	153 ^a	177 ^a	69 ^b	2, 1,295	66.23	0.27	.001
ASA	266 ^a	355 ^b	190 ^c	2, 1,295	118.82	0.30	.001
Re-victimization	127 ^a	161 ^b	54 ^c	2, 1,295	67.13	0.29	.001

^{a,b,c} indicates when a group is statistically similar to another group that shares the same letter and is significantly different than another group that has a different letter.

^{x,y} indicates between group differences were not tested post-hoc. If group-level χ^2 was not significant or cell counts were too small, further comparisons were not conducted.

Note: All comparisons within the same question utilized a Holm sequential Bonferroni correction.

Table 4.4: Frequencies for Contextual Factors of Sexual Assault and Disclosure of Victimization Items within Lesbian (L), Bisexual (B), and Heterosexual (H) Victims

Survey Questions	L n	B n	H n	Total n	Total %
During the event, the behaviors the other person did were...					
Not completed	102	112	74	306	32.8
*Completed	192	262	136	627	67.2
What parts of your body were involved in this experience that you did not consent to? Please, check all that apply.					
My breast / chest	169	225	76	503	54.6
My mouth with no penetration (e.g., kissing)	120	151	38	332	36.0
*My mouth with penetration (e.g., oral sex)	43	91	27	177	19.2
My vagina / penis / genitals with no penetration (e.g., genital rubbing)	146	177	63	411	44.6
*My vagina / penis / genitals with penetration (e.g., sexual intercourse)	125	170	100	415	45.1
My butt with no penetration (e.g., grabbing my butt)	61	94	22	197	21.4
*My butt / anus with penetration (e.g., anal sex)	23	43	18	89	9.7
Was alcohol consumed directly before or during this experience?					
Yes, by me	19	30	5	56	6.0
Yes, by the other person	17	29	31	80	8.6
Yes, by both me and the other person	63	83	45	200	21.4
*No	195	232	129	597	64.0
Did the other person consume illicit drugs directly before or during this experience?					
Yes	20	44	7	78	8.4
No	163	189	120	497	53.3
I don't know	111	141	82	358	38.4

Table 4.4: Frequencies for Contextual Factors of Sexual Assault and Disclosure of Victimization Items within Lesbian (L), Bisexual (B), and Heterosexual (H) Victims (Cont.)

Survey Questions	L n	B n	H n	Total n	Total %
Where did this experience occur?					
My home	86	104	49	252	27.0
Their home	92	138	65	308	33.0
Indoor private area, not your home or their home (e.g., hotel room, someone else's home not involved in the event)	18	22	10	52	5.6
At work	6	3	9	18	1.9
*At school	12	15	5	44	4.7
At church	4	3	0	7	0.8
Indoor public area (e.g., grocery store, community center, gym)	4	9	4	18	1.9
A bar	7	6	1	18	1.9
*A party	20	26	11	63	6.8
An outside urban area (e.g., in between buildings, city park, parking lot)	17	16	14	48	5.1
An outside rural area (e.g., campsite, national park, farmland)	9	14	8	32	3.4
A motor vehicle (e.g., car)	17	17	34	69	7.4
Do you think that this experience was part of a hate crime (a crime motivated by bias against a specific group of people)?					
No, it was not a hate crime	228	358	203	881	94.4
*Yes, because of my sexual orientation	17	6	1	27	2.9
*Yes, because of my gender identity	6	3	1	10	1.1
*Yes, because of my race/ethnicity	0	3	2	5	0.5
*Yes, because of my disability	2	1	0	3	0.3
Was there more than one person doing the action that you did not consent to?					
No, only one person	259	331	195	831	89.1
*Yes, two people	21	24	5	56	6.0
*Yes, three or more people	9	16	9	36	3.9
I am not sure	5	3	1	10	1.1

Table 4.4: Frequencies for Contextual Factors of Sexual Assault and Disclosure of Victimization Items within Lesbian (L), Bisexual (B), and Heterosexual (H) Victims (Cont.)

Survey Questions	L n	B n	H n	Total n	Total %
What was the sex of the person or persons who did this to you?					
*Female only	42	12	0	62	6.6
*Male only	239	349	203	835	89.5
Both females and males	8	12	4	26	2.8
I am not sure	5	1	3	10	1.1
What was the sexual orientation of the person who did this to you?					
*Heterosexual	218	274	181	709	76.0
*Homosexual	28	5	1	37	4.0
*Bisexual	17	27	1	47	5.0
I am not sure	29	66	27	135	14.5
Other	2	2	0	5	0.5
Have you ever talked to anyone about this experience? Check all that apply.					
Acquaintance	14	29	7	52	5.6
Friend	147	212	76	464	50.4
*Family member	90	120	70	293	31.8
Dating partner / spouse	130	139	41	332	36.0
Coworker	11	19	3	35	3.8
Boss / supervisor	5	8	1	15	1.6
Classmate	5	22	4	32	3.5
Teacher / principal	15	12	2	29	3.1
Church member	3	3	4	13	1.4
Pastor / Church leader	2	6	5	13	1.4
*Counselor/therapist	72	78	24	186	20.2
Sexual assault hotline	4	17	1	24	2.6
*Police officer	10	29	12	53	5.8
Attorney	7	13	1	21	2.3
*No, I have not told anyone	64	95	74	247	26.8

Table 4.4: Frequencies for Contextual Factors of Sexual Assault and Disclosure of Victimization Items within Lesbian (L), Bisexual (B), and Heterosexual (H) Victims (Cont.)

Survey Questions	L n	B n	H n	Total n	Total %
What was your relationship to the person or persons? Check all that apply.					
*Stranger	31	25	18	82	8.9
*Acquaintance I just met	50	78	39	176	19.1
*Acquaintance I knew well	41	55	32	132	14.3
*Friend	40	67	24	141	15.3
Coworker	11	9	9	29	3.1
Boss / supervisor	5	3	4	12	1.3
Classmate	18	25	7	56	6.1
Teacher / principal	5	3	0	8	0.9
Church member	4	2	0	6	0.7
Pastor / Church leader	1	3	0	4	0.4
Neighbor	18	13	9	40	4.3
Babysitter / Child care provider	5	5	1	12	1.3
Authority figure in my community (e.g., police officer)	4	2	1	8	0.9
*Extended family member (e.g., aunt/uncle, cousin, grandparent)	39	35	14	93	10.1
*Immediate family member (e.g., parent, caregiver, sibling)	24	26	16	70	7.6
*Dating partner from a casual relationship	34	52	28	124	13.5
*Dating partner from a committed relationship	24	51	14	96	10.4
Spouse	5	8	13	26	2.8

Note: Total N includes lesbian, bisexual, heterosexual, queer, unsure/questioning, and asexual participants.

*Indicates question options that were selected for further analysis.

Table 4.5: Chi-square Analyses for Selected Contextual Factors of Sexual Assault and Disclosure of Victimization Item Responses between within Lesbian (L), Bisexual (B), and Heterosexual (H) Victims

Question	L n = 292	B n = 371	H n = 194	df, n	χ^2	V	p
During the event, the behaviors the other person did were... -- Completed.	192 ^x	262 ^x	136 ^x	2, 868	2.97	0.06	.226
What parts of your body were involved in this experience that you did not consent to?							
My mouth with penetration (e.g., oral sex)	43 ^a	91 ^b	27 ^a	2, 868	15.40	0.13	.001
My vagina / penis / genitals with penetration (e.g., sexual intercourse)	125 ^x	170 ^x	100 ^x	2, 868	1.21	0.04	.547
My butt / anus with penetration (e.g., anal sex)	23 ^x	43 ^x	18 ^x	2, 868	3.03	0.06	.220
Where did this experience occur?							
At school	12 ^x	15 ^x	5 ^x	2, 868	1.18	0.04	.555
A party	20 ^x	26 ^x	11 ^x	2, 868	0.59	0.03	.744
Was alcohol consumed directly before or during this experience? – No.	195 ^x	232 ^x	129 ^x	2, 868	1.93	0.05	.381

^{a,b,c} indicates when a group is statistically similar to another group that shares the same letter and is significantly different than another group that has a different letter.

^{x,y} indicates between group differences were not tested post-hoc between groups that share the same letter. If group-level χ^2 was not significant or cell counts were too small, further comparisons were not conducted.

Note: All comparisons within the same question utilized a Holm sequential Bonferroni correction.

Table 4.5: Chi-square Analyses for Selected Contextual Factors of Sexual Assault and Disclosure of Victimization Item Responses between within Lesbian (L), Bisexual (B), and Heterosexual (H) Victims (Cont.)

Question	L n = 292	B n = 371	H n = 194	df, n	χ^2	V	p
Do you think that this experience was part of a hate crime (a crime motivated by bias against a specific group of people)? – Yes, for any reason	26 ^a	16 ^a	7 ^b	2, 868	7.95	0.10	.019
Was there more than one person doing the action that you did not consent to?							
Yes, two people	21 ^x	24 ^x	5 ^x	2, 868	5.22	0.08	.073
Yes, three or more people	9 ^x	16 ^x	9 ^x	2, 868	0.67	0.03	.717
What was the sex of the person or persons who did this to you?							
Female only	42 ^{a,x}	12 ^{b,y}	0 ^{x,y}	2, 868	52.62	0.25	.001
Male only	239 ^a	349 ^b	203 ^b	2, 868	38.86	0.21	.001
What was the sexual orientation of the person who did this to you?							
Heterosexual	218 ^a	274 ^a	181 ^b	2, 868	12.88	0.12	.002
Homosexual	28 ^{a,y}	5 ^{b,x}	1 ^{x,y}	2, 868	37.87	0.21	.001
Bisexual	17 ^{a,y}	27 ^{a,x}	1 ^{x,y}	2, 868	12.75	0.12	.002

^{a,b,c} indicates when a group is statistically similar to another group that shares the same letter and is significantly different than another group that has a different letter.

^{x,y} indicates between group differences were not tested post-hoc between groups that share the same letter. If group-level χ^2 was not significant or cell counts were too small, further comparisons were not conducted.

Note: All comparisons within the same question utilized a Holm sequential Bonferroni correction.

Table 4.5: Chi-square Analyses for Selected Contextual Factors of Sexual Assault and Disclosure of Victimization Item Responses between within Lesbian (L), Bisexual (B), and Heterosexual (H) Victims (Cont.)

Question	L n = 292	B n = 371	H n = 194	df, n	χ^2	V	p
What was your relationship to the person or persons?							
Immediate & Extended Family	61 ^x	56 ^x	29 ^x	2, 868	5.30	0.08	.071
Stranger	31 ^x	25 ^x	18 ^x	2, 868	2.69	0.05	.261
Acquaintance I just met & Acquaintance I knew well	9 ^x	133 ^x	7 ^x	2, 868	1.48	0.04	.478
Friend	40 ^{a,b}	67 ^a	24 ^b	2, 868	6.33	0.09	.042
Dating partner from a casual relationship & Dating partner from a committed relationship	58 ^a	103 ^{b,x}	42 ^{a,x}	2, 868	6.19	0.08	.045
Have you ever talked to anyone about this experience?							
Family member	90 ^x	120 ^x	70 ^x	2, 868	0.46	0.02	.796
Counselor/therapist	72 ^b	78 ^b	24 ^a	2, 868	12.99	0.12	.002
Police officer	10 ^a	29 ^b	12 ^{a,b}	2, 868	6.75	0.09	.034
No, I have not told anyone	64 ^a	95 ^a	74 ^b	2, 868	11.23	0.11	.004

^{a,b,c} indicates when a group is statistically similar to another group that shares the same letter and is significantly different than another group that has a different letter.

^{x,y} indicates between group differences were not tested post-hoc between groups that share the same letter. If group-level χ^2 was not significant or cell counts were too small, further comparisons were not conducted.

Note: All comparisons within the same question utilized a Holm sequential Bonferroni correction.

CHAPTER 5: MANUSCRIPT 2

Lesbian, Bisexual, and Heterosexual Women's Narratives of Sexual Violence: Implications for the Sexual Experience Survey – Short Form Revised

Abstract

BACKGROUND: Lesbian and bisexual women have high rates of sexual violence compared to heterosexual women, yet prevalence rates vary widely across studies (Rothman, Exner, & Baughman, 2011). The Sexual Experience Survey – Short Form Revised (SES-SFV; Koss et al., 2007) is the most commonly used method of measuring sexual assault and rape prevalence, but it has not been validated in this high-risk population. **METHOD:** The current study assessed a modified form of the SES-SFV utilizing a six-step, mixed-methods approach. Women ($N = 1,382$) who identified as lesbian (31%), bisexual (32%), and heterosexual (31%) completed an online survey disseminated through Qualtrics Online Survey Company to a national audience. **FINDINGS:** All types of nonconsensual behaviors (non-penetrative, oral, vaginal, and anal) and nearly all perpetration tactics in the original SES-SFV emerged inductively in our qualitative data. Using quantitative data, lesbian and bisexual victims endorsed each perpetration tactic in the SES-SFV at comparable rates to heterosexual victims. SES-SFV's false positive categorization was minimal. However, the original SES-SFV did not capture some common experiences that participants described in their open-ended narratives. **CONCLUSION:** The SES-SFV satisfactorily assesses sexual assault and rape experiences in lesbian, bisexual, and heterosexual women. Possible additions and deletions to the SES-SFV are presented alongside discussion of managing comprehensiveness and participant fatigue.

Introduction

Lesbian and bisexual (LB) women are over two times more likely than heterosexual (H) women to be victims of sexual violence (Rothman & Silverman, 2007). In a review of 75 studies published from 1989 to 2009, Rothman and colleagues (2011) noted that the median reported rate of lifetime sexual assault for LB women was 43% across all studies. With rates of this magnitude, it is important that research delve deeper into understanding sexual violence in LB women. The prevalence rates between studies ranged widely—between 16% and 85% for LB women (Rothman et al., 2011), and this range can largely be attributed to differences in definitions of sexual violence, sexual assault, and rape (Cook, Gidycz, Koss, & Murphy, 2011) as well as how victimization is measured (Koss, 1993). With current concerns of replicability in the social sciences (Open Science Collaboration, 2015), it is imperative that definitions and measurement techniques become more uniform to create a firm foundation so the field can further examine this critical area of research.

The Sexual Experience Survey-Short Form Victimization (SES-SFV) is the most commonly used measure to assess prevalence of sexual assault and rape victimization (Davis et al., 2014). To date, the SES-SFV has only been validated in predominantly heterosexual populations, although it has been commonly modified with “changes in response format, reference period for recall, item wording, [and] addition or deletion of questions...” to fit different populations (Koss et al., 2007, p. 2). Modified versions of the SES-SFV have recently been used in the sexual assault and rape literature involving LB women (Sigurvinsdottir & Ullman, 2015).

Development of the Measure

The original Sexual Experiences Survey (SES) was developed in 1982 by Koss and Oros in order to measure sexual assault victimization in women and sexual assault perpetration in men. The measure was the first to use multiple prompts with behaviorally specific language in lieu of “rape” or “sexual assault” wording, which could be potentially stigmatizing and easily misinterpreted (Koss & Oros, 1982). The original SES was a significant improvement of sexual assault measurement compared to previous methods. However, the measure was not without its weaknesses. The authors updated the language three years later (Koss & Gidycz, 1985) and attempted to validate the measure using a large national sample of college students (Koss, Gidycz, & Wisniewski, 1987). A greater overhaul of the measure was conducted again in 2007. During this revision, the authors added additional behavioral specificity to items, addressed heterosexist bias, changed wording regarding consent and alcohol, and differentiated between reference periods more clearly (Koss et al., 2007). The end result of this revision was the creation of four forms of measurement: two forms assessing victimization (one short, SES-SFV; one long, SES-LFV) and two forms assessing perpetration (one short, SES-SFP; one long, SES-LFP). The current study focuses only on sexual assault victimization and on the SES-SFV (short form) because it is more widely used than the SES-LFV (long form) and also because the SES-LFV is intended for researchers who focus on alcohol and other substances (Koss et al., 2007).

The current SES-SFV (Koss et al., 2007) focuses on individual’s experiences with four distinct non-consensual behaviors: (1) non-penetrative sexual behaviors (fondling, kissing, rubbing up against private areas of body, or removing clothing), (2) oral sex, (3) vaginal penetration, and (4) anal penetration. The measure then repeats for attempted non-consensual behaviors in the categories of (5) oral sex, (6) vaginal penetration, and (7) anal penetration. All

seven of these types of assault could be experienced through the use of one or more perpetration tactics: (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; (b) showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to; (c) taking advantage of me when I was too drunk or out of it to stop what was happening; (d) threatening to physically harm me or someone close to me; (e) using force, for example holding me down with their body weight, pinning my arms, or having a weapon. Additionally, any one of these perpetration tactics could be experienced 0, 1, 2, or 3+ times for one or more types of assault. Lastly, these experiences could occur "since age 14" and/or "in the past 12 months." Scoring the SES-SFV is flexible depending on research needs. Koss et al., (2007) described procedures for scoring using both mutually exclusive and non-mutually exclusive victimization categories. Later, Davis and colleagues (2014) built on this by comparing nine different scoring techniques and giving further scoring options for weighting severity. See Figure 1 for an example SES-SFV item from the current study.

Validation Efforts

Validation efforts for the SES-SFV have occurred in college women (Johnson, Murphy, & Gidycz, 2017) and college men (Anderson, Cahill, & Delahanty, 2016). Through assessing convergent validity and test-retest reliability, Anderson et al. (2016) concluded that the SES-SFV has "...questionable reliability and modest validity..." (p. 8) within college men. However, they also noted that test-retest reliability was adequate when scoring the SES-SFV in a dichotomous way, which is a popular method of scoring. Johnson et al. (2017) also assessed convergent validity and test-retest reliability of the SES-SFV and found it was an adequate measure of

victimization in college women. Both studies reported a large majority of heterosexual participants and conducted no comparisons based on sexual orientation.

Contrary to Koss et al.'s (2007) guidance for assessing reliability for the SES-SFV, both of these studies also reported Cronbach's alpha scores for internal consistency. Koss et al. (2007) cautioned against using Cronbach's alpha as a reliability measure because the test assumes the scale measures a latent construct, yet the SES-SFV is not a latent model. The SES-SFV is best conceptualized as a series of several related, but distinct questions that are presented in a block format for ease of interpretation. In their article discussing the updates to the SES-SFV, Koss et al. (2007) suggested the SES-SFV is an induced model. With this in mind, the SES-SFV could have "observed variables combine to form a new variable" (p. 11, Koss et al., 2007), but this variable is not a latent variable. For example, all perpetration tactics for a type of assault where "a person put their penis into my vagina, or someone inserted fingers or objects without my consent by," can be combined for a new overall variable of "vaginal rape experience." In this example, "vaginal rape experience" was not an underlying idea that is indirectly measured (latent construct). To the contrary, it was directly measured repeatedly using multiple prompts to account for multiple types of rape. Therefore, these prompts could be collapsed together to form the new, more general variable of "vaginal rape experience."

Additionally, given its use for prevalence assessment, it is surprising that previous validation studies have not assessed possible false positive rates of the SES-SFV since its update in 2007. Krebs et al. (2016) argued in their report validating sexual assault campus climate surveys that false positive rates are minimal for sensitive events such as sexual assault. Yet, measures Krebs et al. (2016) utilized that were structured similarly to the SES-SFV produced the highest false positive rate (1.3%) compared to other measures with dichotomized answer options.

On a positive note, measures similar to the SES-SFV also had the lowest false negative rates (7.3%). Because of recent critiques of sexual assault measurement in the lay media (Kessler, 2015; Taylor, 2015; Yoffe & Martinelli, 2015), it is important to specifically assess false positive rates to ensure prevalence rates are not overstated.

New Possibilities for the SES-SFV

Directions. Koss et al. (2007) pointed out issues with the previous versions of the SES wording “when you didn’t want to” indicating that this does not necessarily imply that the behavior was nonconsensual, a key component of sexual assault definitions. They changed this wording to “...without my consent” in the behavioral stems of the SES-SFV to address the issue. Although this change is a helpful improvement, the most current form of the SES-SFV still primes the reader to conceptualize their experiences as an unwanted act by beginning their directions with the sentence “The following questions concern sexual experiences that you may have had that were unwanted’ (Koss et al., 2007, p. 363). Previous research has argued for a multidimensional model of viewing rape where wantedness and consent are separate concepts and it is possible to have unwanted consensual sex and experience wanted nonconsensual rape (Peterson & Muehlenhard, 2007). In this more contemporary conceptualization, the distinction between rape and sex hinges solely on consent. Because of this, future versions of the SES-SFV may consider removing “unwanted” wording from the directions.

Additional items for men. In their validation of the SES-SFV in college men, Anderson et al. (2016) point out that SES-SFV items do not assess men being forced to penetrate other’s bodies with their penises. Koss et al. (2007) addressed this criticism in their latest revision of the SES-SFV stating that it is inappropriate to conceptualize rape of men in this way because their bodies are not being penetrated. However, since that time, the Department of Justice has changed

their definition of rape to encompass “penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim” (para. 1, Department of Justice, 2012). Although this definition is clear that penetration occurs without the victim’s consent, it does not distinguish if the victim is the one penetrated or the one doing the penetrating. Therefore, Koss’ (1993) recommendations that “...it is important to restrict the term rape to instances where male victims were penetrated by offenders” (p. 206) may be too narrow given current definitions of rape. In fact, more recent national research has used items with “made to penetrate” wording to analyze both women and men’s experiences of sexual violence (Black et al., 2011).

Additionally, when describing the need to update the original Sexual Experiences Survey (Koss et al., 2007), the SES-SFV authors noted that a heterosexist bias existed in the former measure. They attempted to address this issue by neutralizing the gendered language in the items, yet they stopped short of ensuring there are an equal number of items for both women and men. Having equal numbers of prompts for both men and women is important because research (Bachman, 2012) suggests that the more examples participants are given, the more likely it will prompt a memory of sexual assault and allow them to answer affirmatively to this experience. Having an unequal number of prompts would maintain a gendered bias in the measure by allowing women more opportunities than men to answer affirmatively. Therefore, future research with the SES-SFV may consider adding items for men.

Additional perpetration tactics. Research on sexual assault perpetration has indicated that perpetrators sometimes use tactics that are not reflected in the current five SES-SFV items. For example, research by Jozkowski and Peterson (2013) has reported college students who perpetrate sexual assault sometimes do so by inserting their penis into a woman’s vagina or anus

without warning only to later pretend like it was a mistake or joke if the victim protests. Perhaps because of this, Johnson et al. (2017) has argued that that the updated short forms of the SES (both victimization and perpetration forms) may not reflect the full range of the sexual victimization and perpetration. Previous studies have modified the SES-SFV to include additional perpetration tactics in an effort to reflect more experiences. For example, Canan, Jozkowski, and Crawford (2016) included the item “because I realized refusing was useless” (p. 16) as an additional perpetration tactic that victims may experience. Using this, they found that 14% of women and 11% of men indicated non-consensual vaginal-penile intercourse because they felt refusing was useless (Canan et al., 2016). So, additional items such as these may uniquely capture victimization experiences that are not currently in the SES-SFV.

Time frames. The original SES-SFV utilized timeframes of “in the past 12 months” and “since age 14.” Koss et al. (2007) utilized the age 14 reference period to distinguish between childhood and adulthood sexual assault. In this decision, they cited Testa and Livingston's (1999) qualitative work purporting that sexual assault experiences of women between 14-17 years of age were more similar to sexual assault experiences of adult women than experiences of children. The SES-SFV was not developed to measure instances of childhood sexual assault (CSA; prior to age 14), and, has not been utilized to measure CSA prevalence to date.

Current study

In her review of methods regarding rape prevalence, Koss (1993) specifically recommended that future sexual assault research study lesbian women and that sexual orientation should be assessed. However, because the context of sexual assault may differ between lesbian and bisexual women as compared to heterosexual women (Authors redacted), it is important that the SES-SFV first be validated in this population. We cannot assume that the SES-SFV, which

has been solely validated in predominantly heterosexual populations, accurately captures sexual victimization in lesbian and bisexual women. Also, we cannot assume that traditional methods for assessing validity and reliability in latent models are appropriate for assessing validity and reliability in induced models like the SES-SFV. Therefore, the current study includes three aims to assess a modified form of the SES-SFV utilizing a mixed-methods approach:

- (1) To evaluate the (1a) five original perpetrator tactics in Koss et al.'s (2007) SES-SFV as well as (1b) two possible new perpetrator tactic additions in bisexual, lesbian, and heterosexual (LBH) women via quantitative (frequencies of overall endorsement, unique item endorsement) and qualitative (salient themes) techniques.
- (2) To assess types of assault (fondling, oral penetration, vaginal penetration, anal penetration) in LBH women via qualitative (salient themes) techniques.
- (3) To explore victim categorization incongruence between quantitative and qualitative data as well as possible false-positive victim categorizations using the SES-SFV.

Methods

Procedures

The survey was developed using the measures described below. Some of the measures were modified using a systematic process. The preliminary survey was first reviewed by a panel of experts ($n = 6$) in sexual health, gender, and sexual orientation. The survey was then pilot tested using a small focus group ($n = 5$) of lesbian, bisexual, pansexual, queer, and gender non-conforming college students. After additional revisions, the survey was pilot tested again ($n = 20$) with individuals from the general population. People in this group represented a range of ages (23-68 years of age), differing racial identities, politically liberal and conservative

ideologies, several sexual orientation categories, and a range of education and income levels. The revised survey was reviewed again by a panel of sexual health researchers after incorporating feedback from participants of this last general population pilot phase. Lastly, timing and survey skip logic were tested and edited prior to survey launch. IRB approval was received prior to data collection.

Data were collected via a cross-sectional survey disseminated to a national sample via Qualtrics Online Survey Company. This company identified individuals from their national participant pool of over one million people who met the study's eligibility requirements (cisgender women or transgender individuals over the age of 18 living in the U.S.) and sent out email invitations to participate in the study. This is done by aggregating online research samples through collaboration with more than 20 online panel providers. In order to aid in recruitment, the company offered incentives (e.g., cash, airline miles, gift cards, redeemable points, and sweepstakes entrances) to participants for completing the survey (Qualtrics, personal communication, August 15, 2014). Participants were first navigated to an introductory page that provided them with information about the study before moving forward to an informed consent page. If participants navigated forward through these initial pages, their consent to participate in the survey was implied. Study protocol was approved by the corresponding institution prior to data collection.

Participants

Participants ($N = 1,382$) identified as either a woman (98%, $N = 1,349$), transgender (2%, $N = 25$), transgender and a woman (0.2%, $N = 3$), or transgender and a man (0.4%, $N = 5$). Transgender men and women were retained in the sample for two reasons. First, people who are transgender are often excluded from research in general because of concern over small sample

size despite recommendations against the practice (Schlesinger, Alto, Jadaszewski, & Palmieri, 2016). Second, the disproportional sexual violence rates among women compared to men are not inherently due to biological traits of women but, instead, are related to societal treatment of women (Sanday, 1981). Therefore, although we recognize that transgender men are not women and that transgender women's and cisgender women's experiences of sexual assault may be different, they are all exposed to a key risk factor of sexual violence: being treated as a woman within the U.S. Hereafter, we use the term "women" to refer to all of these above individuals who likely have experiences being perceived as women during all or a portion of their lives.

The sample consisted of lesbian (31%, $N = 429$), bisexual (32%, $N = 448$), and heterosexual (31%, $N = 432$) identified women with about 5% identifying as another sexual orientation (asexual, queer, or unsure/questioning). Average age of participants was 41.9 years old ($SD = 17.4$ years). Many participants identified as White (80%) with most other participants identifying as Black (8%), Latino/a (3%), and Bi- or Multi-racial (4%). Most reported a household income between \$30,001 and \$75,000 (44%), while 32% made less than \$30,000 and 24% made more than \$75,001. A slight majority reported having no college degree (52%), while the remaining reported having an Associates degree (13%), Bachelors degree (24%), Masters degree (10%), or a Doctoral degree (2%). Demographic information is provided in Table 5.1.

Measures

Demographics. Participants were asked their gender, age, race, sexual orientation, household income, relationship status, and level of education (as shown in Table 4.1).

Anatomy. Participants were asked to select either "I have a vagina" or "I have a penis" to sort which sexual assault victimization questions they received. This was suggested by participants in the piloting phase for two reasons: (1) victimization questions immediately

following this section of the survey referred to the participants' body parts and (2) because we were including transgender individuals in the sample, we could not assume anatomy based on gender identification exclusively.

Modified Sexual Experiences Survey-Short Form Victimization (SES-SFV). Sexual assault victimization was assessed using a modified version of the SES-SFV (Koss et al., 2007). We utilized more concise directions than the original SES-SFV which did not refer to the experience as unwanted. Directions instructed participants to "Please indicate how many times the statements below have occurred in your lifetime."

Types of assault. Instead of men skipping questions about completed and attempted vaginal penetration as they were instructed to do in the original SES-SFV (Koss et al., 2007), men answered two additional questions assessing situations in which men were forced (via a completed or attempted behavior) to penetrate another person with their penis. Therefore, in the current study's version of the SES-SFV, there were a total of nine sections compared to the original seven sections; each participant only received seven sections based on their anatomy.

Perpetration Tactics. Participants were presented with seven perpetration tactics [five original items (A-E) and two novel items (F-G)] under each of the nine types of assault in a block format (see Figure 1). The two additional perpetration tactics for how the non-consensual sexual behavior occurred were added to the existing SES-SFV items for separate reasons. The first new item, (f) "Making me feel refusing was useless," was generated based on findings from two studies on college students (Canan et al., 2016; Jozkowski, Marcantonio, & Hunt, under review). The second new item, (g) "Just doing the behavior without giving me a chance to say "no" (e.g., surprising me with the behavior)," was created during the study's piloting phase, as well as supported by previous research (Jozkowski & Peterson, 2013). One of the piloting

participants indicated an experience where she was engaging in consensual receptive oral sex, and her new partner digitally penetrated her anus without warning. She explained that her experience of being surprised with the behavior was not captured in the current SES-SFV. Therefore, the novel item was added before the final expert panel reviewed the survey.

Time frames. Participants could select if any of the perpetration tactics occurred from birth to 13 years of age or from 14 years of age to present. We opted to use the time frames “# of times age birth – 13yrs” and “# of times age 14yrs to present” because we were more concerned with assessing childhood sexual assault and lifetime sexual assault rather than assessing past year prevalence. We maintained age 14 as the differentiation point between childhood sexual assault and adulthood sexual assault. To our knowledge, this is the first time the SES-SFV has been used to assess childhood sexual assault.

Frequencies. The original SES-SFV allows participants to select that a behavior using a given tactic occurred 0, 1, 2, or 3+ times. During pilot testing, participants suggested increasing frequencies. They argued that victims who experienced three instances of the non-consensual behavior may feel increased stigma for being placed in the highest category. Pilot participants stated that it would feel very defeating or frustrating to be placed in the highest category and that victims in that category might discontinue the survey. In response, we changed the “3+” category to “3-9” and added a “10+” category. See Figure 1 for an example SES-SFV item.

Categorization. The original SES-SFV also contained a standalone question of “Have you ever been raped?” We added an “Unsure” option to the original yes/no answer choices. Consistent with the coding recommendations provided by Koss (2008), participants who selected any perpetration tactic greater than “0” times on either of the two time frames (birth to 13 years of age, 14 years of age to present) for any of the nine behavioral categories were then triaged into

a specific branch of the survey (hereafter referred to as “victim branch”). Participants who selected “0” times for all perpetration tactics over both time periods for all assaultive behaviors, but also selected “Yes” or “Unsure” to the “Have you ever been raped?” question were also triaged into the victim branch of the survey. All other participants who selected “0” times for all perpetration tactics over both time periods for all assaultive behaviors and answered “No” to being raped were triaged into a secondary branch (hereafter referred to as “non-victim branch”). All items unique to the non-victim branch of the survey were outside the scope of the current study.

Open-ended Sexual Assault Narrative. We included an open-ended question after the victimization questions, in which participants wrote about their victimization experience(s). The prompt indicated: “In as much detail as you can remember and are able to share, please tell us about the context (e.g., location, time of day, actions before the event, and other things about the experience) in which this event / these events happened. Any and all information you are willing to provide would be appreciated.”

Data Analysis

Qualitative Analysis. First, we analyzed the open-ended sexual assault narrative by using a multi-step thematic analysis procedure laid out by Braun and Clarke (2006). Thematic analysis is defined as “a method for identifying, analyzing, and reporting patterns (themes) within data” (p. 6). Braun and Clarke (2006) stated that thematic analysis is a stand-alone qualitative method and does not reside solely within the context of other types of qualitative methods. It also provided flexibility to systematically analyze very diverse response types.

This thematic analysis was rooted in a constructionist paradigm using an inductive or ‘bottom-up’ approach to analyzing the data with a goal of creating latent themes. In Step 1, the

entire dataset of responses are read while taking note of patterns and interesting text. In Step 2, we worked “systematically through the entire data set, giving full and equal attention to each data item and identified interesting aspects in the data items [(codes)] that may form the basis of repeated patterns (themes) across the data” (p. 18, Braun & Clarke, 2006). Some codes from Step 2 eventually formed main themes, sub-themes, and/or were discarded. To decide this, the narratives were randomly divided into three sections that were assigned to three external sexual health researchers; each of them independently read and noted patterns within the narratives. Then, patterns identified by these researchers were merged and organized with our original list of potential patterns. These identified patterns represented codes that were then organized into themes in Step 3.

Step 4 involved theme refinement; themes were made to adhere together meaningfully with identifiable distinctions between themes. This was done by first reviewing all of the coded data items and then rereading the entire data set using ATLAS.ti 8 qualitative software to (1) ensure themes fit the data and to (2) code additional data missed in Step 2 that fit the established themes. In Step 5, we defined and named themes using ongoing analysis to refine the specifics of each theme and the overall story of the data set. In other words, we revisited and reorganized codes to ensure the accompanying narrative matched the definition of themes in Step 5. Through this process, we assigned sub-themes to main themes. In Step 6, a team of seven coders were trained in the ATLAS.ti 8 software. The collective group then used these refined definitions to systematically apply finalized codes directly to the narratives while maintaining a 100% overlap between coders to assess inter-rater reliability using Cohen’s kappa (Hallgren, 2012). Intercoder reliability for the sample was .80.

Validation Efforts. To assess whether the SES-SFV is a useful measure for LBH women, we could not use traditional statistical validity and reliability analyses (e.g., exploratory factor analysis, Cronbach's alpha) because the SES-SFV is an induced model (Koss et al., 2007). Because it is not appropriate to assess validity of induced models using sophisticated quantitative statistics, we instead used six methods to test the validity of the SES-SFV. First, we analyzed frequency endorsements of the five original response options specifically within lesbian and bisexual women. To ensure that response options in the SES-SFV are relevant for lesbian and bisexual women, we calculated the percentage of victims within each sexual orientation category that endorsed a given tactic at least once in the SES-SFV. Second, we conducted frequencies of new response options F and G. Additionally, we also calculated the percentage of victims that *uniquely* endorsed these new response options and compared that to the percentage of victims that uniquely endorsed existing SES-SFV response options.

Third and fourth, we compared perpetration tactics and also types of assault in the SES-SFV with tactics and assault types mentioned in the participants' open-ended narratives. We were not specifically looking for victims to discuss perpetrator tactics or types of assault and therefore, did not originally plan to use the narratives for validation in this way. However, as qualitative data analysis neared completion, it was clear that there was rich information about both perpetrator tactics and types of assault within the data. Therefore, we compared the original SES-SFV perpetration tactics and types of assault to our qualitative findings.

Fifth, we assessed the data for incongruences of rape/sexual assault identification. This could happen if a participant's answers to the SES-SFV, "Have you ever been raped?" question, and open-ended responses did not match. We looked for patterns in the narratives of individuals who indicated that they never experienced any sexual assault or rape in the SES-SFV but still

endorsed “Yes” or “Unsure” to the question “Have you ever been raped?” These victims’ stories would provide insight into the comprehensiveness of the SES-SFV. Additionally, a theme of “Labeling” emerged from the open-ended responses where participants described their experiences as rape/sexual assault, not rape/sexual assault, or a “grey area”/“halfway consensual” experience. These experiences were then further examined for patterns. See Table 5.2 for themes, codes, and narrative examples.

Finally, open-ended narratives were read for insights into successful SES-SFV categorization. Because the open-ended narrative was the only chance participants had to indicate to us that they thought they were miscategorized as a victim (a false-positive), we analyzed the open-ended narrative for such false positive categorizations. We highlighted participants who wrote responses like “this does not apply to me,” “NA,” “I don’t have an experience,” or more specific criticisms. We then triangulated (Patton, 2014) these participant’s responses to their SES-SFV responses as well as other related victimization responses. Here, we determined if user error or flaws within the SES-SFV may have caused the false-positive by looking at the patterns in their responses and contextual factors of sexual assault questions.

Results

Prevalence

In our sample, 63% ($N = 281$) of bisexual women, 49% ($N = 206$) of lesbian women, and 35% ($N = 149$) of heterosexual women reported experiencing rape. That is, these women experienced completed non-consensual oral sex, vaginal penetration, and/or anal penetration at least once in their lives using one or more perpetration tactics (A-G). There were significant differences between the three sexual orientation categories $\chi^2(2, N = 1,295) = 71.4, (p < .001)$, with a medium effect size, Cramer’s $V = .24 (p < .001)$. Bisexual women were more likely to

experience rape than lesbian women $\chi^2(1, N = 867) = 19.36$ ($p < .001$) while lesbian women were more likely to experience rape than heterosexual women $\chi^2(1, N = 852) = 16.62$ ($p < .001$). Both comparisons had small effect sizes of Cramer's $V = .15$ ($p < .001$) and Cramer's $V = .14$ ($p < .001$), respectively. Bisexual women were also more likely to experience rape than heterosexual women $\chi^2(1, N = 871) = 71.33$ ($p < .001$), with a medium effect size, Cramer's $V = .29$ ($p < .001$).

Regarding participants who only experienced attempted rape (attempted non-consensual oral sex, vaginal penetration, and/or anal penetration) and no other nonconsensual behaviors, 11% ($N = 48$) of bisexual women, 8% ($N = 35$) of lesbian women, and 4% ($N = 18$) of heterosexual women reported these experiences. Here, there was a significant difference between lesbian, bisexual, and heterosexual women $\chi^2(2, N = 1,295) = 13.49$, ($p = .001$), with a small effect size, Cramer's $V = .10$ ($p = .001$). Only two comparisons remained significant after a Holm sequential Bonferroni correction (Holm, 1979) to account for inflated alpha levels due to multiple comparisons. Bisexual women were more likely to experience attempted rape than heterosexual women $\chi^2(1, N = 871) = 13.66$ ($p < .001$), with a small effect size, Cramer's $V = .13$ ($p < .001$). Lesbian women were also more likely to experience attempted rape than heterosexual women $\chi^2(1, N = 852) = 5.99$ ($p = .014$), with a small effect size, Cramer's $V = .08$ ($p = .014$). There were no significant differences between sexual orientation categories for sexual assault (completed non-penetrative behavior) experiences only $\chi^2(2, N = 1,295) = 2.62$ ($p = .27$), Cramer's $V = .05$ ($p = .27$).

Lesbian and Bisexual Women's Endorsement of Original Perpetration Tactics

For comparison across SES-SFV perpetration tactics for LBH women, refer to Figure 2.

Frequency New SES-SFV Response Options

Two response options [(f) “making me feel that refusing was useless” and (g) “just doing the behavior without giving me a chance to say ‘no’ (e.g., surprising me with the behavior)”] were added to the list of five potential tactics perpetrators could use to facilitate sexual assault or rape in the SES-SFV. Of the entire sample, 37% ($N = 500$) selected that they experienced non-consensual sexual behavior at some time in their life because the perpetrator was (f) “making me feel that refusing was useless.” The endorsement of (g) “just doing the behavior without giving me a chance to say ‘no’ (e.g., surprising me with the behavior)” was even more common with 54% ($N = 732$) of the sample indicating that they experienced it at some time in their life. These percentages represent participants who endorsed these response options on at least one of the SES-SFV behaviors (fondling, oral sex, vaginal penetration, or anal penetration). For comparison, two response options from the original SES-SFV, (d) “threatening to physically harm me or someone close to me” and (e) “using force (e.g., holding me down with their body weight, pinning my arms, or having a weapon)” were endorsed at least once by 23% and 37% of participants, respectively. In fact, (g) “just doing the behavior without giving me a chance to say ‘no’ (e.g., surprising me with the behavior)” was the most commonly endorsed tactic.

Regarding the two new items’ unique contribution, the (f) “making me feel that refusing was useless” response captured 17 participants (2% of victims) that were not captured using any of the original five SES-SFV items. Similarly, (g) “just doing the behavior without giving me a chance to say ‘no’ (e.g., surprising me with the behavior)” uniquely captured 86 participants (9% of victims) that would have been undetected otherwise. For comparison, (d) “threatening to physically harm me or someone close to me” uniquely captured 3 (0.3%) while (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" uniquely captured 59 (6%) of victims. These unique contributions are so low for each tactic because most victims endorsed more than one tactic ($N = 618$, 66% of victims).

Open-Ended Themes: Perpetration Tactics

In the open-ended narratives, several victims discussed tactics that perpetrators used to facilitate the sexual assault or rape. These are displayed in Table 5.2.

Existing SES-SFV tactics. Overall, most tactics in the original SES-SFV emerged as sub-codes in our data. All aspects of the SES-SFV tactic "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" were represented by different codes in our data. Victims reported perpetrators telling lies to them as predominantly a mechanism to get them alone, which we coded as "takes/follows victim from public space to private space or blocks them from leaving". Examples of these were where perpetrators would offer victims a ride home but take them to another location instead or when perpetrators separated victims from other people at a house party under the guise of needing a quieter room to talk. Victims reported perpetrators threatening to end the relationship or to spread rumors about them along with many other types of non-physical threats in the sub-code "threatens some other non-physical punishment." The concept of perpetrators making promises that the victim knew were untrue only emerged as a small part of our data under the "downplays assault" sub-code when perpetrators would tell victims that "It's okay" as if to assure them that nothing was wrong. No other types of untrue promises were detected in the data. However, the final portion of this prompt (from the SES-SFV) "continually verbally pressuring me after I said I didn't want to"

was highly endorsed in our “uses coercion, verbal pressure, or ‘convincing’ (e.g., begging, ‘I like/love you,’ guilts victim)” sub-code.

The second tactic in the SES-SFV “showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to” was represented in our narrative data as well. Perpetrators criticized victims in several ways, including their sexuality and attractiveness, in our “uses verbal / emotional abuse” sub-code. For example, one participant said “...I told him to stop and he called me a cunt and a tease” while another indicated “...he said I owed it to him, because no one would date me.” Within our data, the “showing displeasure” and “getting angry” sections of this prompt were not captured in the “Tactics to Facilitate Assault” general-code, although this did occur in the narratives. These aspects of the stories were better captured under a general-code of “Reactions of Others” in our data. Although not initially conceptualized as a tactic, stories where perpetrators became upset during the assault, could align with this SES-SFV tactic. For example, one participant reported:

I was married to a very controlling man who often would force me to have sex with him or it would cause him to go bal[l]istic if I didn't[,], so it was easier to just roll over and take it rather than have him blare music in the very very late.

The third tactic in the SES-SFV “taking advantage of me when I was too drunk or out of it to stop what was happening” fully overlapped with our sub-code “assaults victim while victim is asleep, passed out, or too drunk to know what is happening.” However, it is important to note that our sub-code included stories of participants being asleep when the assault happened, yet sleeping is not fully reflected in the current SES-SFV prompt. The fourth prompt “threatening to physically harm me or someone close to me” also fully overlapped with another sub-code. In our code “threatens to physically hurt victim worse or hurt others,” participants discussed experiences ranging from being a child and the perpetrator threatening to hurt their favorite doll,

threatening to sexually assault someone else the victim cared about, or threatening to kill the victim if they did not comply.

The fifth, and final original SES-SFV tactic “using force, for example holding me down with their body weight, pinning my arms, or having a weapon” was reflected in several of our sub-codes. A broad sub-code called “vague mentions of using force, taking advantage, or simply ‘making’ without other defining details” captured many participants who talked about force, but did not describe the type of force. Similarly, our sub-code “physically makes victim do the behavior (e.g., grabs victim’s hand and touching it to perpetrator’s body)” would also describe the SES-SFV’s “using force” descriptor in this prompt. The “holding me down with their body weight” and “pinning my arms” sections of the SES-SFV prompt were represented, along with other tactics, in our “holds victim down / still or physically hurts the victim” sub-code. Here, participants described being pushed down or against walls, being pinned or restrained, and being hurt (e.g., slapped, bitten, hit over the head with an object). Lastly, participants sometimes described use of weapons, most commonly knives, to facilitate the assault which is also mentioned in this SES-SFV tactic.

New SES-SFV response options. The response option “making me feel as though refusing was useless,” which was added to the SES-SFV for this study, was not directly observed as a tactic to facilitate assault in many of the narratives. One participant wrote “...I was just there and it was happening all of a sudden, hence my response that refusing felt useless” while another wrote “I kept resisting and he kept working on me. I finally relented because it was useless to continue resisting and because he was stronger than me and would prevail anyway.” In both cases, although the participants did feel that refusing was useless, the specific tactics used by

these perpetrators were “performs behavior suddenly / surprises victim with behavior/just does behavior without asking” and “ignores ‘no’ or other protests / continues after refusal”.

The final response option that was unique to this study “just doing the behavior without giving me a chance to say ‘no’ (e.g., surprising me with the behavior)” was discussed by the participants and reflected as “performs behavior suddenly / surprises victim with behavior / just does behavior without asking.” Participants reported “...I definitely wasn't given the chance to say no,” “He actually did kiss me because I did not see it coming...,” and “...sometimes during sex men will put their penis into the wrong hole on purpose with no warning.”

Other tactics. At least twelve other types of tactics were described in participant’s open-ended narratives that are not reflected, in whole or in part, by the SES-SFV. Two of these sub-codes are highly related to items in the SES-SFV, but are not directly represented in the measure. Although the SES-SFV addresses tactics concerning the victim being drunk, it stops short of including experiences captured in our “purposefully gets the victim drunk or drugs the victim” sub-code because the original does not address the perpetrator’s role in the inebriation. Additionally, our participants described “vague threatening behaviors” in sparse detail. These threats could have been represented in the threatening behaviors in the SES-SFV prompts “...threatening to end the relationship, threatening to spread rumors about me...” or “threatening to physically harm me or someone close to me.” But with little detail in these specific participants’ stories, this cannot be directly compared.

There were three tactics that helped to ensure others would not intervene during the assault. The first code “takes/follows victim from public space to private space or blocks them from leaving” encompassed behaviors that got the victim alone or out of sight of potential bystanders. Participants described experiences ranging from “He very quickly pulled a ski mask

sort of thing over his face and pulled me behind a dumpster before I could run away” to behaviors that are less threatening at face-value such as “I remember him 'saving' me from a guy at the concert, and taking me home because I was too drunk.” Similarly, two other sub-codes, “silences victim (e.g., hand over mouth; takes phone away)” and “ensuring secrecy” also helped to guarantee that outsiders would not interfere in the perpetrator’s intentions. Victims reported being silenced more by perpetrator’s physical behaviors during the assault like “He had began to grope my breasts roughly with one hand and duct taping my mouth so I couldn't scream for help with the other.” Conversely, when perpetrators used the tactic of ensuring secrecy, they relied more on threats (e.g., “He said that if I ever told my mom that I would regret it”) or telling the victim not to tell others after the assault (e.g., “When he finished he told me not to tell my dad or mom”), often ensuring assaults could continue to occur in the future.

A very common tactic mentioned was that the perpetrator “ignores ‘no’ or other protests / continues after the refusal.” Participants described saying “no,” “stop,” or refusing in a variety of ways only to have the perpetrator continue the behavior. For example, they stated “The guy I was with repeatedly stuck his hands into my pants and I would remove them or tell him no but he would do it again” or “...I told him to stop, so he tried harder.” In some instances, perpetrators ignored subtle refusals but listened to very overt or direct refusals. The sub-code “stops only after very explicit resistance” captured these experiences where participants encountered things such as “He had some anal fixation and would randomly stick his fingers up me and once forced anal sex on me but stopped after one thrust when I cried out.”

Remaining sub-codes were more common in specific contexts. Some of the tactics were particularly common if participants were victimized as children. The “tells victim they should play a game,” “offers victim bribes,” and “engages in grooming behaviors” were all discussed

more for childhood events. Other tactics were more common in group settings where there were witnesses. Sometimes participants described the tactic “grope victim as a joke” to make other people laugh or to make the sexual assault appear non-confrontational.

Open-Ended Themes: Types of Assault

In the open-ended narratives, most victims discussed what types of assaultive behaviors occurred (displayed in Table 5.2). All five of the SES-SFV behavior types were represented by one or more sub-codes. The “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 (but did NOT attempt sexual penetration) by...” behavior option on the SES-SFV was represented in our data by the following sub-codes: disrobing, kissing, fondling breasts / butt, fondling genitals manually (no penetration), and dry humping. The “someone had oral sex with me or made me have oral sex with them without my consent by...” behavior option on the SES-SFV was represented in our data by the codes “receiving oral sex” and “oral rape.” The “a person put their penis into my vagina, or someone inserted fingers or objects without my consent by...” behavior option on the SES-SFV was represented in our data by the “vaginal rape” sub-code. Lastly, the “a person put their penis into my butt, or someone inserted fingers or objects without my consent by...” behavior option on the SES-SFV was represented in our data by “anal rape.”

The two (attempted and completed) new behavior options of being forced to penetrate someone else (“a person put my penis into their vagina or butt without my consent by...”) were described in the open-ended narratives under the “some other type of assaultive behavior” sub-code. For example, a transgender woman said, “The next morning she did the same thing as the night before, except she put my penis in her anus and then I cleaned up and she left.” However, because there were only 13 participants in the sample who reported having a penis, the number

of stories describing this type of behavior was not impactful enough to warrant its own sub-code. Additionally, participants mentioned one other type of assault that is not reflected in the current SES-SFV behaviors. They noted being forced to touch the perpetrator's genitals (e.g., "He also had me put my hand on his penis"). Lastly, participants also mentioned both vague touching behaviors (e.g., "...my cousin fondled/touched me inappropriately") and vague penetrative behaviors (e.g., "He once tried to force himself on me and there was slight penetration but I kicked him off") that lacked enough detail to be categorized as a more specific behavior.

Rape/sexual assault identification incongruence

Of participants who indicated that they never experienced any of the SES-SFV items in their lifetime ($N = 447$), most said "no" to the question "Have you ever been raped?" These individuals were then triaged into the non-victim branch of the survey. However, three participants said "unsure" and ten participants said "yes" to "Have you ever been raped?" Of those who indicated they were unsure if they had experienced rape, three gave little or no information about the event in their narratives (e.g., "not willing to talk about it"). One participant described a neighbor as the perpetrator while another participant described the event occurring while swimming. However, neither of these last two participants indicated what behavior actually occurred, and, therefore we do not know why they selected "unsure."

Of those who said "yes" to the "have you ever been raped" question, four refused to write details of their story in the open-ended narrative (e.g., "no" or "have blocked the details from my mind"). Four people described experiences which should have been caught by the existing SES-SFV options (e.g., I was at a drinking environment. [I]ndividual suggested a ride to smoke. [I] accepted, and was more or less forced to have sex. Too [i]ntox[ic]ated to stop"). One participant described a coercive event by a boyfriend and wrote "I didn't realize that it could be a possible

rape incident...” while another described an event from childhood that they could not remember yet occasionally had confusing flashbacks about the incident.

Regarding the “Labeling” general code that emerged from the open-ended data, only 142 (21%) of victims described their own experiences as rape in the open-ended narrative (see Table 5.2). In comparison, 678 individuals indicated in the close-ended SES-SFV items that they experienced non-consensual sexual behaviors that fit the definition of rape. Fourteen participants described that their experience was definitely not rape or sexual assault. Of these 14, 13 described enough detail in their open-response narratives that it was clear the SES-SFV had correctly categorized the participants, yet the participants did not wish to label their experience as rape. For example, one participant said “I guess it's not rape, but I didn't particularly like waking up with someone doing me when I was obviously passed out.” Another said,

...It culminated [i]n a night where he was threatening to kill himself due to my rejection. He repeatedly kissed me despite my verbal refusal, though I never physically pushed him away. Eventually, I invited him to stay at my apartment for fear that he would kill himself if I left him alone. He refused to stay with me unless I agreed to have sex with him. Although I do not feel that I was raped in this situation since I technically agreed to it, I do feel that I was unfairly coerced into it and his behavior was wrong.

The remaining participant that did not label their experience of rape only endorsed fondling behaviors (non-penetrative) in the SES-SFV and suggested in their open-response narrative that the survey should have an option for “I changed my mind [during the sexual experience].”

Lastly, four participants labeled their experiences as a “grey area” or “halfway consensual” in their open-ended narratives. Again, two described enough detail in their open-response narratives that it was clear the SES-SFV had correctly categorized the participants. One participant did not give enough detail to determine correct or incorrect categorization. The remaining participant described this “grey area” in conjunction with blaming herself for not communicating clearly enough:

...maybe [I] should have been more clear. I don't know. We... always had this thing of he would sort of tickle me or something before we were going to do something. He started doing it, and [I] said no, but [I] would always say no usually but as a joke, but this time [I] meant it.

False Positive Categorization

Some open-ended narratives included responses such as “N/A,” “nothing,” and “does not apply.” Others included narratives that were detailed enough that it seemed clear that the participant was describing a consensual behavior. One participant wrote “Moved to an unfamiliar city for school. Met a girl, hung out, partied together and then started dating. We both consented to the experience. It was my first. We stayed together for 7 years.” Because of this, we explored the option that some participants may have been a false-positive case of sexual assault or rape.

After a review of all of the open-ended narratives, 63 stories were highlighted as possible false positives. Three issues came up that allowed us to confirm a false positive. First, some participants’ response patterns to the SES-SFV seemed more likely to be a mistake than other response patterns (e.g., selecting zero for all tactics in all behaviors except selecting all tactics one time in the very last row of the last behavior (attempted anal), $N = 4$). Second, some of the highlighted participants tried to further express that they were in the wrong branch using the “other” option of close-ended questions [e.g., writing in “this does not apply” for several questions, $N = 3$). Third and finally, some participants gave impossible answers (e.g., they were assaulted at zero years old, $N = 9$) to close-ended questions. If participants had any one of these types of responses in their data, then they were deemed a likely false-positive and removed from the victim branch. After this systematic cross-checking, we found that 16 participants (1% of the entire sample, 2% of participants categorized as victims) were likely a false-positive whereas 47 participants of those highlighted were likely correctly categorized as a victim.

Discussion

The current study examined not only elements of the original SES-SFV, but also examined newly proposed additions a priori as well as other posteriori additions that emerged inductively from the data. We cross-referenced the quantitative and qualitative data over multiple variables to assess the SES-SFV's potential under-identification of cases as well as to assess possible false-positive cases. After examining the data using a six-step, mixed-method process, the SES-SFV was found to be a useful tool for assessing sexual assault and rape in LBH women. Next, we explain this decision in light of our results as well as offer recommendations for improvement.

Existing SES-SFV Elements

Nearly all existing elements of the SES-SFV were supported with both quantitative and qualitative data in our sample. Assessing the frequency with which lesbian and bisexual women quantitatively endorsed the five original SES-SFV tactics, we found that (d) “threatening to physically harm me or someone close to me” was endorsed the least (33% of lesbian victims, 36% of bisexual victims). The remaining four tactics were endorsed by all victims at similar rates (see Figure 2). Bisexual and lesbian women endorsed each tactic at comparable rates to heterosexual women.

Although the quantitative data gave us precise endorsement figures, the qualitative data allowed us to analyze multiple components within each SES-SFV element. All types of assault and nearly all tactics in the original SES-SFV emerged in our open-ended narrative data. However, the components “telling lies” and “making promises I knew were untrue” in the tactic (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” were not well represented. The main, if not the only, type of lie that was described with enough frequency to warrant its own sub-code was when perpetrators lied to the victim to get them alone. The only untrue promises occurred when perpetrators promised victims “It’s okay” and “You will like it” as a way of downplaying the assault to, presumably, try to calm the victim down. Both downplaying the assault and lying to get the victim alone are highly specific examples of lies and untrue promises and do not represent the components of this tactic in a comprehensive way. Additionally, we offer a critique that these two elements may be redundant in that untrue promises are also lies. Therefore, it may be worthwhile to edit or combine “telling lies” and “making promises I knew were untrue” from the first SES-SFV tactic.

Newly Proposed Additions to SES-SFV

New proposed additions to the measure were partially supported. Although both (f) “making me feel as though refusing was useless” and (g) “just doing the behavior without giving me the chance to say ‘no’ (e.g., surprising me with the behavior)” were endorsed by 37% and 54% of the sample, respectively, we only argue to retain item (g). Item (f), though an important phenomenon and prevalent *feeling* associated with sexual assault experiences, should not be utilized in the SES-SFV.

Due to previous research where victims have discussed feelings that refusing is useless (Jozkowski et al., under review) as well as its high endorsement overall in our sample as well as other college samples (e.g., Canan et al., 2016), it is clear that “refusing was useless” is a common phenomenon related to sexual assault and rape experiences. Despite this, we argue that this element is better conceptualized as a *feeling* of the victim, and not a perpetration tactic. All other tactics in the SES-SFV are *behaviors* (e.g., “telling lies,” “threatening,” “verbally pressuring,” “criticizing,” “using force”), not *feelings* (“making me feel...”). Many different

perpetrator behaviors could result in a victim *feeling* that refusing is useless. For example, a victim could feel that their refusals are useless because the perpetrator used a weapon, or because a perpetrator continued to verbally pressure them after they said “no” —both of these behaviors are already captured in the SES-SFV. Perhaps because of the broad range of behaviors that could make someone feel that refusing is useless, item (f) is likely redundant with existing items. In support of this, “making me feel that refusing is useless” uniquely captured very few victims ($N = 11$; 2% of victims) that would not have been captured otherwise by the original SES-SFV items, and very few participants discussed feeling as though refusing is useless in their narratives. Therefore, in order to continue to frame perpetration tactics as behaviors and avoid high levels of overlap between items, we recommend “making me feel that refusing was useless” not be included in the SES-SFV.

Future research may consider adding (g) “just doing the behavior without giving me a chance to say ‘no’ (e.g., surprising me with the behavior)” as another response option. It was the most commonly endorsed item across all SES-SFV tactics and uniquely captured 86 additional participants (9% of victims) not captured by the original SES-SFV items. This item was also wholly reflected in the open-ended narratives as its own sub-code. We argue that this new item will likely be important in future research given contemporary social movements prioritizing active, affirmative consent (e.g., Jozkowski, 2016; Muehlenhard, Humphreys, Jozkowski, & Peterson, 2016). Koss et al. (2007) discussed that sexual assault laws tend to use a passive consent standard, assuming consent unless a person actively refuses sexual behavior. This is problematic given that contemporary research on consent has found that some men report purposefully inserting their penis into a woman’s vagina or anus without asking and then

pretending as if it was a mistake if she objects (Jozkowski & Peterson, 2013)—in other words, just doing the behavior without allowing the person a chance to refuse.

According to Seidman and Vickers' (2005) article outlining the next 30 years of rape law reform, silence should not be considered consent to sexual activity just as it is not considered consent to other violent crimes like robbery or battery. Legislation is beginning to align with Seidman and Vickers' (2005) guidelines by creating “yes means yes” consent policies which have been passed in New York, Illinois, Connecticut, and California (e.g., SB967, California Senate, 2014). In their article on emerging issues in the measurement of rape victimization, Cook et al. (2011) state “We are not suggesting that social behavior surveys should always parallel the law. Indeed, rape reform efforts could be buttressed by empirical data that illustrate the limits of existing laws to criminalize coercive and nonconsensual sexual experiences as rape” (p. 212). Thus, although affirmative consent policies are still uncommon, we argue item (g), which frames a behavior as nonconsensual if the victim is not given the opportunity to actively consent or refuse, should be retained in the measure.

Further Possible Additions from Qualitative Data

Themes in the qualitative data revealed further possible additions that may raise concerns about the comprehensiveness of the SES-SFV. For example, the sub-codes “ignores no” and “stops only after explicit refusal” were popular in the open-ended narratives, but no items in the current SES-SFV reflect these tactics. Without these tactics, the SES-SFV may be missing instances where victims refused, yet perpetrators—without the use of coercion, threats, or physical force—simply ignored the victim and continued the behavior.

Another common tactic in the open-ended narratives was “takes / follows victim from public space to private space or blocks them from leaving.” Here, participants reported situations

like being followed into the bathroom at a house party, being pulled into closets or into the woods, having their body moved to a bedroom away from others while the victim was passed out, or having perpetrators block doorways so the victim could not leave. Admittedly though, this tactic was often accompanied by other tactics (e.g., coercion, threats, force) after the victim was isolated. Therefore, if the goal of using the SES-SFV is to assess prevalence, this item may not uniquely capture participants who are not captured by other existing items. If, however, the goal of utilizing the SES-SFV is to learn more about a range of perpetration tactics—particularly tactics that would circumvent bystander intervention—then this item may be helpful.

The SES-SFV currently assesses instances where the victim was “...too drunk or out of it to know what is happening,” yet it is missing elements that specifically capture the victim being asleep or purposely drugged, which were found in our qualitative data. The long-form of the measure (SES-LFV) contains items that very thoroughly assess both the victim being asleep and purposefully drugged. Former versions of the SES (Koss et al., 1987) also contained tactics of victims being purposefully drugged or given alcohol to facilitate the sexual assault or rape. These elements were mentioned with enough frequency in the open-ended narratives that it would be worthwhile to retain purposeful drugging in the SES-LFV and sleep to the current SES-SFV. We specifically suggest adding sleep to the current tactic item (“taking advantage of me when I was [asleep,] too drunk[,] or [too] out of it to stop what was happening”).

Regarding behaviors (fondling, oral sex, vaginal penetration, anal penetration), all of the SES-SFV behaviors emerged in our open-ended data. Additionally, participants also detailed accounts of being forced to touch the perpetrator’s genitals. This behavior falls under the Department of Justice's (2016) definition of sexual assault which states “Sexual assault is any type of sexual contact or behavior that occurs without the explicit consent of the recipient.

Falling under the definition of sexual assault are sexual activities... fondling” (para. 3). In the same way that the oral assault prompt includes both performing and receiving oral-genital contact, the concept of being made to touch a perpetrators genitals could be included in the first prompt in the SES-SFV. Wording of such a prompt might be as follows:

Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch, or butt), removed some of my clothes, [or made me touch *their* genitals] without my consent (but did NOT attempt sexual penetration) by.

Balancing Comprehensiveness and Brevity

Of course, with the above possible additions to the SES-SFV as well as other, less common tactics (silences victim; ensuring secrecy; tells victim they should play a game; offers victim bribes; engages in grooming behaviors; gropes victim as a joke) which could also be added, there is a concern for participant fatigue. Currently, the SES-SFV requires participants to answer 70 questions for women (7 assaultive behaviors; 5 perpetration tactics; 2 time frames; $7 \times 5 \times 2 = 70$) and 50 questions for men (5 assaultive behaviors; 5 perpetration tactics; 2 time frames; $5 \times 5 \times 2 = 50$). If future uses of the SES-SFV included item (g) “just doing the behavior without giving me a chance to say ‘no’ (e.g., surprising me with the behavior),” those numbers increase to 84 items and 60 items, respectively. Although more detailed and discrete data are almost always preferred by researchers, data accuracy is the highest priority, and survey length can impact participant fatigue which compromises data accuracy (Lavrakas, 2008)

In their validation study of the SES-SFV in college women, Johnson et al. (2017) noted that it is possible that the current SES-SFV may cause fatigue in participants, which may result in less consistent reporting. At the same time, these authors also stated that the updated short forms of the SES (both victimization and perpetration forms) may not capture the full range of the sexual victimization and perpetration (Johnson et al., 2017). Ultimately, the SES-SFV has the

ability to generate rich prevalence data about sexual assault and rape experiences. Yet this strength of the measure could also be its weakness if the amount of detail requested exhausts the participant. We offer that in order to maintain rich detail and minimize concerns of response consistency, especially in non-exploratory research, it is necessary to establish scoring plans a priori and then use the SES-SFV in the most conservative manner consistent with that scoring.

One way researchers may minimize participant fatigue is by considering the importance of the timeframes they wish to assess. If only one timeframe is important to their research question, participant effort is reduced by half when compared to the standard practice of including both the number of times since age 14 and the number of times in the past 12 months. Even if multiple timeframes are important, question formats may be able to accomplish this task without doubling or tripling participant effort. For example, the current study was concerned with both childhood sexual assault and adult sexual assault, so we scored victimization in a dichotomous way for every behavior in every timeframe (birth-13 years and 14 years-present); we were less concerned with the exact frequency of each tactic within each behavior in each timeframe. Dichotomizing variables in this way is a common method of scoring the SES-SFV (Davis et al., 2014). With this method of scoring, we could have reduced the original 70 SES-SFV items for women to 42 items while retaining dichotomous information about our two timeframes. We could have removed the second timeframe column and, instead, added a question after each behavior stating, “When did the responses you indicated above occur?” with answer options: (1) Never, I answered 0 for all options; (2) From age 14 years to present only; (3) From birth to age 13 years only; (4) Both during birth-13 years and from age 14 years-present).

We caution against attempts to shorten the SES-SFV that would allow participants to skip over sections (e.g., selecting an item indicating they have never had non-consensual oral sex that would skip them over both the completed and the attempted oral sex items). Although it is more arduous to fill out all tactics happening zero times for a behavior that the participant never experienced, previous research indicates that the more examples participants read, the more likely it will prompt a memory and allow them to answer affirmatively (Bachman, 2012). If participants are allowed to skip sections, they are given fewer chances to have their memory prompted, which could lead to under-reporting.

Miscategorization: Incongruences and False-Positives

Regarding possibilities of underreporting, we assessed whether the question “Have you ever been raped?” was catching participants that the behaviorally specific items of the SES-SFV were not catching. This occurred only 13 times in our sample. Because of its infrequency, we were not able to find any clear patterns in the narratives of these participants and, therefore, are unable to provide recommendations of how these participants could be better captured in the SES-SFV. Rates of false positives were also infrequent (1% of entire sample and 2% of victims) in our sample of LBH women. These false positive rates are comparable to rates of similarly structured assessments (Krebs et al., 2016). When comparing the efficacy of four different methods of assessing sexual violence on college campuses, Krebs et al. (2016) found that, false negative rates were higher than the false positive rates for measures of sexual assault. The false negative rate for assessments structured similarly to the SES-SFV was lower than for other structured assessments (Krebs et al., 2016). Lastly, when false negative rates are taken into account, overall unbiased prevalence rates increase by approximately 0.5% in sexual assault

victimization measurements (Krebs et al., 2016). Therefore, we argue that the SES-SFV is highly accurate when categorizing a participant as a victim and does not unduly inflate prevalence rates.

Limitations

The two main limitations to the current study include alterations made a priori to the SES-SFV and a limit on conclusions that can be drawn from the qualitative data. First, we are not able to validate the commonly used timeframe of “How many times in the past 12 months?” nor the SES-SFV’s original directions in lesbian and bisexual women. Because past year prevalence was not as important as childhood sexual assault in our larger study of lifetime sexual victimization in lesbian and bisexual women, we methodologically traded the former for the latter. Although this is perhaps the first time the SES-SFV has been used to measure childhood sexual assault, failing to assess past year prevalence is a missed validation opportunity. Regarding changes to the SES-SFV directions, we maintain that the original directions (Koss et al., 2007) may unnecessarily prime participants to think of their non-consensual experiences as “unwanted.” While we were not able to assess these directions in this study, we nevertheless recommend future research consider a modified set of directions for the SES-SFV.

Secondly, because participants were given a generally-worded prompt for the open-ended narratives and participants could write as much or as little text as they wished, there was great variation in responses. Therefore, frequencies of theme endorsement should be interpreted with caution. A participant may have experienced a particular element of assault, but, for a variety of reasons, chose not to write about it. For example, a participant may call their experience rape in their day-to-day life, but thought it was more important to write about the perpetrator rather than how they label the experience. Therefore, all qualitative themes are likely endorsed less

frequently in this study than they actually occur which makes comparing frequencies between elements more difficult and somewhat irrelevant.

Future Research

To date, few attempts have been made at validating the SES-SFV in men; most have only assessed perpetration in men. Those that have assessed victimization have only done so in college men (Anderson et al., 2016). Future research should attempt to validate the SES-SFV in non-college men and, specifically, in gay and bisexual men. In this study, we included additional items that stated “A person put my penis into their vagina or butt without my consent” for individuals who have penises. Because so few people in our sample had penises (as eligibility criteria included identifying as a woman), very few people endorsed these items in the SES-SFV or wrote about these experiences in their open-ended narrative. Future work assessing the SES-SFV in men and individuals with diverse genders may consider utilizing this item. Conversely, researchers may consider validating perpetration measures (SES-SFP) in women.

Conclusion

Through using a mixed-methods approach with several steps of validation, we found that the SES-SFV satisfactorily assesses sexual assault and rape experiences in LBH women. LB victims endorsed the five original SES-SFV perpetration tactics with a frequency similar to heterosexual victims and greatly endorsed, both quantitatively and qualitatively, a new item (g) “just doing the behavior without giving me a chance to say ‘no’ (e.g., surprising me with the behavior).” Relatedly, we offered several suggestions about condensing or expanding existing perpetration tactics based on our qualitative findings. All types of assault (non-penetrative sexual behaviors, oral sex, vaginal penetration, and anal penetration) in the SES-SFV were all also found in the qualitative data in addition to a new possible addition of being forced to touch the

perpetrator's genitals. Lastly, we found that the false positive rate for the SES-SFV was minimal (1% of entire sample and 2% of victims) and comparable to similarly structured assessments (Krebs et al., 2016). These findings are important given that this study was the first validation study of the SES-SFV in LBH women. It was also the first validation study to use a non-college national sample, first to utilize the SES-SFV to assess CSA, and the first to assess false positive rates. We conclude that the SES-SFV has the ability to generate rich prevalence data about sexual assault and rape experiences, and future research should validate its use in men, especially gay and bisexual men, as well as across diverse genders.

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Appendices

Table 5.1: Participant Demographics

Characteristic	n	%	Characteristic	n	%
Gender			Income		
Woman	1,382	97.6	Less than \$30,000	440	31.8
Transgender	25	1.8	\$30,001 - \$75,000	613	44.4
Transgender Woman	3	0.2	More than \$75,001	329	23.8
Transgender Man	5	0.4			
Sexual Orientation			Education		
Lesbian	429	31.0	High school or less	273	19.8
Bisexual	448	32.4	Some college	440	31.8
Heterosexual	432	31.3	Associates degree	177	12.8
Queer	33	2.4	Bachelors degree	332	24.0
Unsure/Questioning	31	2.2	Masters degree	133	9.6
Asexual	7	0.5	Doctoral degree	27	2.0
Race/Ethnicity					
White	1,103	79.8			
Black or African American	108	7.8			
Latino or Hispanic	47	3.4			
Native American or American Indian	18	1.3			
Asian or Asian American	41	3.0			
Middle Eastern or Middle Eastern American	3	0.2			
Bi or Multiracial	58	4.2			

Table 5.2: Open-ended Narrative General Codes, Sub-Codes, and Examples of Types of Assault and Tactics to Facilitate Assault

Labeling	
This code refers to when the victim labels their experience as rape, sexual assault, or other.	
Code	Examples
Did not call it sexual assault / abuse / rape	“I have never been raped, however sometimes during sex men will put their penis into the wrong hole on purpose with no warning.”
Called the event sexual assault / abuse / rape	“There are two instances in my life when I was sexually assaulted.”
Previously did not call it sexual assault / rape, but now they call it sexual assault / rape	“... I told them I had just made a bad decision. Over the weekend, my roommate gently suggested that I was assaulted and that I should at least see a mental health counselor.... I started to accept what happened as rape.”
“Grey area” or “halfway consensual”	“He was push[y] and coercive but never used force exactly... I’ve never been a victim of violence or strai[g]ht up rape, though, like most women I’ve had ‘grey area’ rapey things happen to me.”

Note: Quotations are edited with ellipsis for succinctness and bracketed text for clarity.

Table 5.2: Open-ended Narrative General Codes, Sub-Codes, and Examples of Types of Assault and Tactics to Facilitate Assault (Cont.)

Types of Assault This code refers to the types of non-consensual sexual behaviors that occurred or were at least attempted.	
Code	Examples
Disrobing	“The girl grabbed me and yanked up my shirt and bra.”
Hickeys	“...proceeded to give me hickeys where I had requested her not to.”
Kissing	“...kept trying to kiss me and was holding me keeping me from unlocking the door.”
Fondling breasts / butt	“He became more aggressive, touching my chest and butt.”
Fondling genitals manually (no penetration)	“He touched legs to crotch-first out[]de underwear then moved inside touching outside clitoris...”
Forced to touch perpetrator’s genitals	“...and pulled out his penis. He was trying to get me to touch him...”
Dry humping	“...he would always sit in[]this old recliner and make me sit on his lap. He would then rub me against his genitals over clothing...”
Receiving oral sex	“I got woke up with male giving me oral sex.”
Oral rape	“...came up and put his penis in my mouth.”
Vaginal rape	“...quickly put a condom on and inserted his penis in my vagina without asking...”
Anal rape	“...we were in the doggy style position and he just shoved his penis into my butt...”
Severity (e.g., rougher than agreed upon)	“He was really rough. He was biting my nipples really hard and my clit and I hated it...”
Vague touching behaviors	“Ongoing fondling and touching by grandfather...”
Vague penetrative behaviors	“...the guy held me down and penetrated me.”
Some other type of assaultive behavior	“...the sexual activity started happening.”

Note: Quotations are edited with ellipsis for succinctness and bracketed text for clarity.

Table 5.2: Open-ended Narrative General Codes, Sub-Codes, and Examples of Types of Assault and Tactics to Facilitate Assault (Cont.)

Perpetration Tactics	
This code refers to specific tactics that the perpetrator used to make the sexual assault happen. This general code does not capture what motivated the perpetrator, only the behaviors the perpetrator performed. Sub-codes in this section can include everything from physically violent force to coercive manipulation.	
Code	Examples
Uses weapons	“At times he'd take a knife out and hold it to my neck...”
Holds victim down / still or physically hurts victim	“...and held me down with his weight.” or “...he retaliated by slapping me...”
Threatens to physically hurt victim worse or hurt others	“...telling me to comply or he'd hurt me.”
Threatens some other non-physical punishment	“...threatened to share nude pictures so, I was forced to have sex to have them stay hidden.”
Takes / follows victim from public space to private space or blocks them from leaving	“...we were at a party and... he also dragged me into the bathroom...” or “...said he had something[g] to show me behind the abandoned house...”
Silences victim (e.g., hand over mouth, takes away phone)	“...he cupped my mouth with his hand.”
Performs behavior suddenly / surprises victim with behavior / just does behavior without asking	“...boys in my class grabbed my ass and breasts without my consent, just randomly.”
Physically makes victim do behavior (e.g., grabs victim's hand and touching it to perpetrator's body)	“He was trying to pull my hand into his pants, trying to get me to touch him.”
Purposefully gets the victim drunk or drugs the victim	“...I think he drugged me...” or “...he kept encouraging me to drink. He brought me beer after [b]eer...”
Assaults victim while victim is asleep / passed out / too drunk to know what is happening	“I was asleep in my bed and woke up to him doing this.” or “...and was too out of it to protest.”
Ignores “no” or other protests / continues after refusal	“My boyfriend pretended he did not hear me say no.” or “I would try and push his hands awa[y], but he just kept putting them right back...”

Note: Quotations are edited with ellipsis for succinctness and bracketed text for clarity.

Table 5.2: Open-ended Narrative General Codes, Sub-Codes, and Examples of Types of Assault and Tactics to Facilitate Assault (Cont.)

Perpetration Tactics	
This code refers to specific tactics that the perpetrator used to make the sexual assault happen. This general code does not capture what motivated the perpetrator, only the behaviors the perpetrator performed. Sub-codes in this section can include everything from physically violent force to coercive manipulation.	
Code	Examples
Stops only after very explicit resistance	“He... eventually stopped when I wouldn't stop crying.” Or “I punched him in his stomach. He probably hardly felt it, but he stopped...”
Uses verbal / emotional abuse	“...telling me that there were a ton of girls that were way better looking than me that would probably do it for him...”
Gropes victim as a joke	“They kept telling me it was a joke, and I should laugh.”
Tells victim they should play a game	“Normally, we would start out by pla[y]ing ‘house’ and he showed me ‘what mommies and daddies do when the kids aren't around’...”
Offers victim bribes	“...doing things like making stupid deals with me (‘I'll let you play my turn on this game,’ etc.) if I let him do what he wanted.”
Uses coercion / verbal pressure or “convincing” (e.g., begging, “I like/love you,” guilts victim)	“...she would try to persuade me...” or “He starts whining and moaning...” or “...said ‘come on, be cool. I really like you.’”
Downplays the assault	“...telling me to just relax I would enjoy it.” or “He said it was no big deal...”
Ensuring secrecy	“He asked me not to cry, he didn't want anyone to hear.” or “...was told to keep quiet, that nobody would believe me.”
Engages in grooming behaviors	“...tell me that I was beautiful and tell me I need to grow up.” or “...have me sit on his lap and call me his special girl.”
Vague mentions of using force, taking advantage, or simply “making”	“...and forced himself upon me.” Or “...just took advantage of me...”
Vague threatening behaviors	“...demanding and threatening...”
Some other tactic	“...making me feel like I was 'cool' for doing it.” or “She told me that ‘God wanted to see their children naked’...”

Note: Quotations are edited with ellipsis for succinctness and bracketed text for clarity.

Directions: Please indicate how many times the statements below have occurred in your lifetime.

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 (but did NOT attempt sexual penetration) by:

	# of times age Birth - 13yrs					# of times age 14yrs - Present				
	0	1	2	3-9	10+	0	1	2	3-9	10+
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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatening to physically harm me or someone close to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using force, (e.g. holding me down with their body weight, pinning my arms, or having a weapon).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making me feel that refusing was useless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Just doing the behavior without giving me a chance to say "no" (e.g. surprising me with the behavior).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 1. Example Item of Modified SES-SFV.

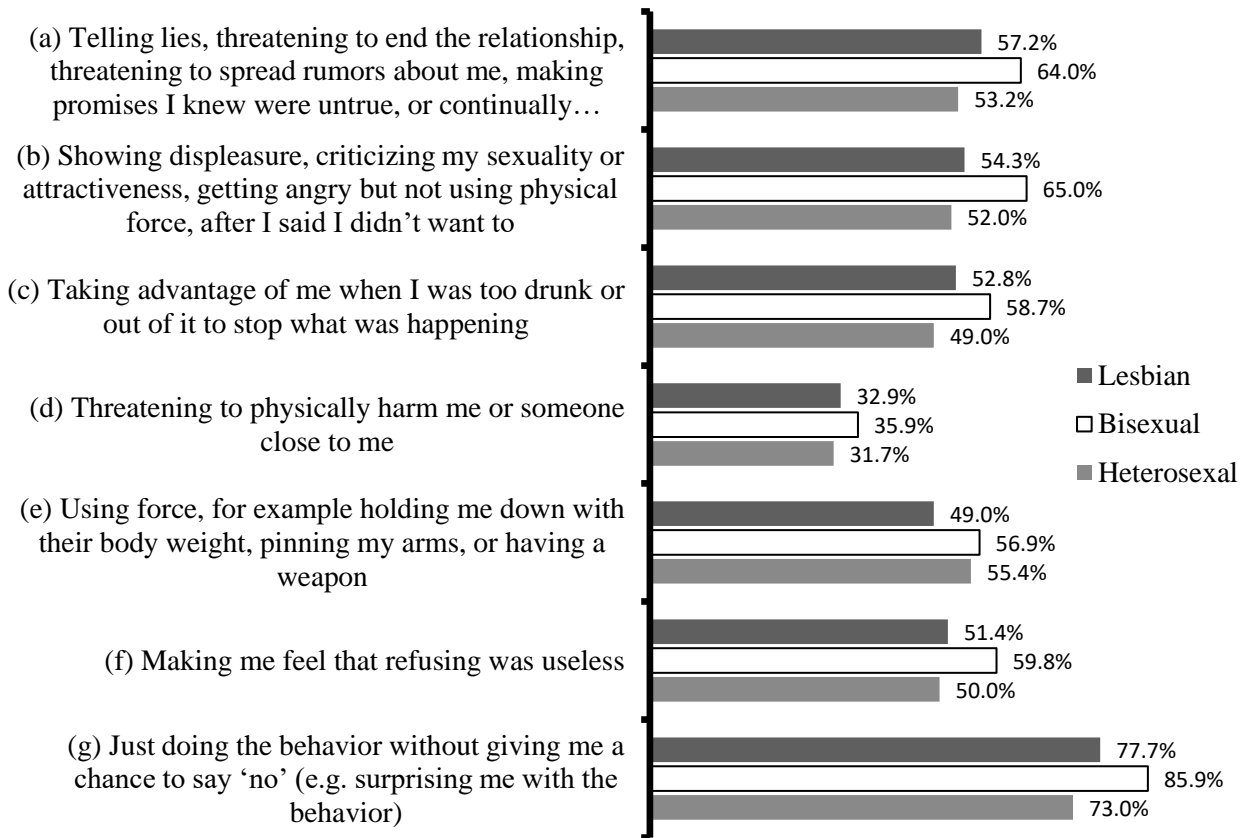


Figure 2. Frequency that Lesbian, Bisexual, and Heterosexual Victims Endorsed SES-SFV Response Options Across All Types of Non-Consensual Behaviors.

CHAPTER 6: REFLECTIONS AND FURTHER PLANS

Conception of this Dissertation

My first memory of learning about sex was in the context of rape prevention education. I remember my mother sitting me down as a young child and explaining basic reproductive anatomy as well as the mechanics of vaginal-penile sex in order to explain inappropriate touch and rape. We grew up in a poor, rural area of West Virginia, where I would later learn that sexual assault and rape are incredibly common, quietly whispered about, and never reported. I was led to believe that this was just the way the world was. It was not until I was in a M.Ed. program that I began to realize both that this was not the case everywhere and I had every right to be unapologetically angry about it.

After starting to write about consent for local newspapers and meeting Dr. Kristen Jozkowski, I perused doctoral work which would allow me to dig deeper into the topics of consent, sexual assault, and rape. During this time, I also became very involved in the local LGBTQ+ community and related political movements. I spoke at city council meetings, called my legislators, consulted for the mayor of Fayetteville, and protested for various causes. As a queer woman in a position of privilege within academia, though, I knew I could best contribute to this activism via my newly developed research skills. Therefore, in an attempt to merge my mentor's interests in consent and my interests in the LGBTQ+ community, I responded to requests for proposals from granting agencies. However, in preparing these proposals, I quickly learned that the literature of LGBTQ+ consent was severely lacking and that this was probably due to methodological weaknesses in the more foundational literature of LGBTQ+ sexual assault. My dissertation was born out of many tried and failed attempts of submitting those proposals. After receiving internal funding from the University of Arkansas' Provost Research

Collaborative Grant with Drs. Kristen Jozkowski and Jacquelyn Wiersma-Mosley for the initial stages of the project, the remainder of the project was then funded through the Roy Scrivner Memorial Research Grant from the American Psychological Foundation in December 2015 just prior to the Christmas holiday. I fondly remember calling my advisor the day before Christmas Eve in an excited frenzy to tell her that we had been awarded the funds that would support this work—an award we both referred to as “the best Christmas gift a doctoral student could ask for.”

Study Explanation

This dissertation was meant to address four overall aims (1) Assess both victimization and re-victimization rates among LGB and heterosexual individuals utilizing national and convenience sampling techniques; (2) Evaluate context characteristics as well as perpetrator characteristics (e.g., age, gender, sexual orientation, relation to the victim) in order to gain a more “whole picture” perspective of LGB sexual violence; (3) Assess victims’ rates of disclosure to family members, actual and anticipated support from family, and determine whether family members are serving as perpetrators of sexual assault; and (4) Assess a modified quantitative scale for measuring sexual violence in this population. Many of the components of Aims 1-3 were addressed in the first manuscript of this dissertation while Aim 4 was addressed in the second manuscript. However, because of data collection delays with Phase 2, these manuscripts, admittedly, do not address the aims in their entirety. Namely, we were not able to compare across sampling types (national vs. convenience) and across gender. In order to take a first glimpse into what the overall trends may look like, I have presented some preliminary findings from Phase 2 below.

Phase 2 Preliminary Findings

I am currently collecting Phase 2 data; recruitment is ongoing via Facebook advertising and LGBTQ+ internet forums. As of late April 2017, there were 668 completed responses. Similar to many online survey-based studies, cis-gender women responded at higher rates than cis-gender men (Smith, 2008). In comparison to Phase 1 data, more participants in Phase 2 identified as transgender, white, and highly educated. Participants in Phase 1 have more mid-range incomes than participants in Phase 2. Additionally, although we were most worried about our ability to recruit bisexual men in the Phase 2 sample, it seems as if men in general, regardless of sexual orientation, are difficult to recruit. Because of this, remaining data collection efforts will target men. See Table 6.1 for more specific demographic information.

Regarding prevalence rates of sexual assault, preliminary Phase 2 findings are surprising, yet limited. Currently, most comparisons lack enough participants per cell to conduct appropriate analyses. As you can see in Table 6.2, only two types of sexual assault (LSA completed rape and ASA) have high enough frequencies to conduct Chi-square analyses. So far, similar to existing literature, women are reporting victimization experiences more frequently than men. Among men, also consistent with previous literature, heterosexual men are reporting less victimization experiences than gay or bisexual men. Among women, bisexual women are experiencing the most victimization, yet heterosexual women are reporting more victimization experiences than lesbian women in the Phase 2 sample. This is not consistent with previous research in women nor with our findings from Phase 1.

What is probably most surprising is the high frequency that all participants are reporting victimization. For example, 23% of heterosexual men reported completed non-consensual experiences with either oral penetration, anal penetration, or being forced to penetrate someone

else's body with their penis. In comparison, Black et al. (2011) reported in their national study that 12.3% of men, who were not separated by sexual orientation categories, experienced unwanted completed penetrative oral, penetrative anal, or being forced to penetrate someone else either vaginally or anally. Although studies utilizing convenience sampling tend to find higher prevalence rates than national sampling, differences of this magnitude between Phase 1 and Phase 2 data seem unprecedented. These differences as well as the prevalence rates for heterosexual women were dramatic enough that I was compelled to comb over the data and triple-check calculations for errors. Both fortunately and unfortunately, I found no issues.

Perhaps these findings are due to chance given low cell counts, particularly for the men in the sample. However, these findings may also be due to either study advertisement methods or differences in participation incentives. In an effort to oversample LGB individuals, most of the advertising thus far has targeted individuals who read LGBTQ+ related content on Facebook or visit LGBTQ+ online forums. It may be that heterosexual women and heterosexual men who read LGBTQ+ content are, for some reason, more likely to have sexual assault victimization experiences in their past. It may also be that participants who elect to take an online survey for a chance to win a \$50 eGiftcard (Phase 2 incentive) are more likely to have sexual assault victimization experiences in their past compared to those who participate for a smaller reward offered by Qualtrics Online Survey Company (Phase 1 incentives). To be clear, no research, to which I am aware, indicates that either of these types of relationships exists. Still, these are the only two notable differences between Phase 1 heterosexual women and Phase 2 heterosexual women and heterosexual men. In an effort to curb the former potential bias, I will focus recruitment efforts not only on men, but also in online forums that are not specific to the LGBTQ+ community.

Overall Impact

As reviewed in Chapter 1, sexual assault victimization is associated with negative mental (e.g., PTSD, depression, suicide ideation), physiological (e.g., injury), and behavioral (e.g., hazardous drinking and substance abuse) health outcomes. Additionally, homosexual and bisexual individuals, in general, often have more negative mental health issues (Lhomond & Saurel-Cubizolles, 2009) as well as alcohol use disorders (Allen & Mowbray, 2016) and substance use disorders (McCabe, West, Hughes, & Boyd, 2013) compared to their heterosexual peers. Therefore, depending on the directionality of the association, these high rates of sexual assault and rape in LGB individuals may be exacerbating these existing negative health outcomes or be an underlying cause of them. It may also be that sexual assault experiences and negative health outcomes in this population have no discernable relationship to each other and may, instead, be mediated by another unnamed variable.

Research (e.g., Drabble, Trocki, Hughes, Korcha, & Lown, 2013; Gilmore et al., 2014; Hughes et al., 2010; Hughes, Johnson, & Wilsnack, 2001; McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012; Wells et al., 2015) has begun to explore sexual assault's relationship to these negative health outcomes within LGB populations. However, most of these studies have assessed sexual assault victimization with a singular question (Drabble et al., 2013; Hughes et al., 2001; McLaughlin et al., 2012) or with outdated forms of the SES (Wells et al., 2015). Victimization categorization and subsequent analyses with health outcome variables are likely affected by these arguably inadequate or dated victimization measurement techniques. This dissertation impacts this body of research on health outcomes by validating the SES-SFV in this population (Manuscript 2). This should allow future research to more uniformly and comprehensively assess

sexual assault victimization in order to test its associations with health outcomes for LGB individuals.

These discrepancies of negative health outcomes between LGB and heterosexual individuals are of interest to the field because Public Health prioritizes health disparities work (American Public Health Association, 2017). LGB individuals as well as other sexual and gender minorities are becoming increasingly recognized as a priority group with unique health disparity issues (Pérez-Stable, 2016). Manuscript 1 strengthens the health disparity literature because it assesses sexual assault prevalence using a national sample of lesbian and bisexual women that also includes heterosexual women for direct comparison. Perhaps more importantly, our sample size and our oversampling of lesbians and bisexuals allowed us to retain these groups as separate categories instead of collapsing into them into a “non-heterosexual” category as some previous research has done. With adequate numbers and more discrete categorization, we were able to perform a multinomial logistic regression in Manuscript 1 that revealed that lesbian and bisexual women have increased odds of sexual assault victimization compared to heterosexual women even when holding other demographic information constant. This last element is particularly vital to the research given this dissertation’s foundation in Intersectionality—the idea that each participant holds several social identities concurrently, each of which uniquely affect their experiences of violence (Crenshaw, 1991).

At its core, Public Health, through its values of health equity, is built on social justice principles (Benjamin, 2015). Intersectionality not only focuses on an individual’s multiple identities, but it also spotlights the complex discrimination and oppression individuals face as a result of those identities (López & Gadsden, 2016), which is essential in social justice work (Crenshaw, 1991; Rogers & Kelly, 2011). In fact, intersectional ideologies are so fundamental

that some contemporary feminist social justice rhetoric declares “my feminism will be intersectional or it will be bullshit” (Dzodan, 2011). This dissertation’s intersectional framework allowed us to strengthen health disparity work by highlighting differing prevalence rates and discussing these rates in relation to systems of privilege and oppression. For example, in Manuscript 1 we find that the intersecting identities of a woman who is also bisexual and has previous experience of childhood sexual assault somehow overlay to increase her odds for repeated victimization. We then examine these differing rates assuming that influences of sexism, heterosexism, and biphobia may work with an underlying rape-prone culture that sexually objectifies women to compound the risk for individuals with these identities. Future violence research concerned with health equity would be benefited by not only continuing to analyze the multidimensional identities of participants, but also couching those findings in the broader context of social privilege and subsequent discrimination.

Research Trajectory

Over the next three to five years, I plan to expand upon this current work in ways that continue to compliment my LGBTQ+ community activism. First, I plan on finalizing Phase 2 data collection and reporting on the sexual assault and rape experiences of gay and bisexual men. Next, I would utilize the rape myth acceptance and perpetration measures in the Phase 2 data to either address problematic behavior within subgroups of the community or to help dispel long-standing beliefs about LGBTQ+ individuals as sexual aggressors. Within the year, I will also begin an additional phase of data collection already funded by the Roy Scrivener Memorial Research Grant—in-depth interviewing with 30 LGB victims recruited from Phase 2 data collection. The goal of these interviews is to have participants expand on their Phase 2 survey

data in a way that can provide rich contextual information about sexual assault and rape experiences.

After exploring these avenues, I plan to merge this research with my community work with the transgender community and investigate the context of sexual assault within the transgender community. Although studies of transgender sexual assault victims are far less common, existing research finds that Trans individuals have higher rates of sexual assault and rape compared to non-heterosexual cisgender individuals (Langenderfer-Magruder, Walls, Kattari, Whitfield, & Ramos, 2016). There are also high levels of mental health issues (e.g., depression, anxiety, suicide ideation) found in the Trans community (Budge, Adelson, & Howard, 2013; Reisner et al., 2016), and sexual violence may have an endogenous or exogenous relationship with these negative mental health outcomes. Given the continued attention to the transgender community in the media and visibility of advocacy groups, transgender health issues are becoming higher priorities for funding agencies (Pérez-Stable, 2016). I intend to apply for a Wayne F. Placek Grant award to provide resources for this project.

Lessons Learned

As with any project, there were difficulties to navigate along the way. Some of these were expected and others were unforeseen. For example, prior to this dissertation, most of my methodological training was in quantitative analysis with only tangential experiences with qualitative work. We knew that a mixed-methodological design was ideal to address the overall research aims, so I prepared accordingly. During the dissertation, I sought advice of qualitative researchers, familiarized myself with several qualitative analysis techniques, and self-taught a new qualitative software, ATLAS.ti 8. I expected that all of this would be challenging, but did not anticipate some of the hardships along the way. The chief lesson learned here is the immense

amount of time that is required to make a compressive codebook using inductive methodology and then code accordingly. This experience has given me a new level of appreciation for the process and value of qualitative work. Also, in the future, I will also be much more cautious in utilizing unfamiliar software as my experience with ATLAS.ti 8 involved many technical issues. However, these setbacks allowed me to form connections with software developers and strengthen my self-efficacy in regard to troubleshooting problems.

Another valuable lesson learned throughout this process was the importance of supplementary documentation. I have referred to this as “leaving bread crumbs for my future self.” I have kept a running journal from all meetings, focus groups, and self-sessions on what project decisions were made and the rationale behind those decisions. I also, as standard practice, kept a data alteration log of every change made while cleaning data, handling missing data, creating variables, etc. Getting into a habit of recording this was helpful in several ways. It allowed me to streamline writing Chapter 3 and the methods sections of both manuscripts. It also allowed me to find mistakes or verify data accuracy whenever there was an inkling that something was amiss. One oversight in this area, however, was that I failed to save SPSS syntax which made data analysis for Phase 2 more labor intensive than necessary. Although keeping supplemental documentation takes more time and care in the beginning of the project, the practice is well worth the amount of time it saves in the end.

Another noteworthy experience during this dissertation was navigating study advertising. For Phase 1 recruitment, I experienced the efficiency of third-party participant panels for data collection. For Phase 2 recruitment, I gained some rudimentary skills in graphic design with Canva.com in order to design study advertisements, waded through communication issues with media outlets, and conquered the learning curve of Facebook.com advertising. Along the way, I

have learned university purchasing policies as well as small tricks (e.g., amount of text; linkages to pages; photo typology) that increase traffic to an advertisement.

Lastly, because it was no surprise that this work was going to be emotionally taxing, I have gained some insight into the assortment of emotions that are evoked by studying sexual assault and rape. I was often dejected and sometimes disgusted reading the open-ended data from participants when they described incredibly graphic stories. I was the type of angry that makes your throat-tighten and muscles tense when I stared at prevalence rates in SPSS output. In a turn of events, some rare participants wrote jokes in their narratives that made me laugh and helped me to feel connected to them. I felt touched by some of their sincerity and an overwhelming sensation to take on a nurturing role for them. Many times, I was worried that I was doing more harm than good by asking them to retell their stories. Those thoughts breed guilt which transformed into feelings of obligation—obligation to treat their information with care and disseminate the research as far as I could. Throughout this process, I also realized the need for effective coping mechanisms. Helpful tips for managing this range of emotions involve (1) always reminding yourself of the overall purpose; (2) creating some type of cathartic music playlist; (3) avoiding reading participant stories an hour before sleep; and (4) when you cry, facing down to so you do not mess up your mascara.

Commentary and Closing

This dissertation's mixed-method design is its most important feature. The quantitative data, although easily calculated and more clearly generalizable, only begins to scratch the surface of the issue at hand. These data answer the “what,” “who,” and “where” “questions. What behaviors took place? Who committed them? Where did it happen? The qualitative data start to dig deeper explaining the “how” and, sometimes, the “why” of the victimization experience.

With the quantitative design, we as the researchers decide what is important to know, develop questions with calculated answer options, and request participants to tell their stories in a way that fit those categories. With the qualitative design, *the participants themselves* decide what is important for us to know and tell that story in their own words. Although, of course, we still do not know everything there is to know about LGB sexual assault and rape, utilizing these two methodologies gives the research two solid figurative legs on which to stand to create a firm foundation for future work.

As this dissertation experience comes to a close, I know that I will continue to take my participants' stories with me. I may not know their names, but, given the immersion that is required of inductive thematic analysis techniques, I walk away from this experience feeling like I intimately know just a tiny, but perhaps important sliver of hundreds of strangers' lives. Their voices have built a not only solid data-driven foundation for me begin the framework of my career, but also a base of unwavering motivation to continue this work. Looking back over this experience, my main hopes are that I have carefully listened to these victims, presented their stories in an authentic way that represents their experiences, and that this information can be used to affect change (e.g., via prevention programming) that will help ensure there are less of these stories in the future.

Table 6.1: Phase 2 Demographic Characteristics (n = 668)

Characteristic	n	%	Characteristic	n	%
Gender			Income		
Woman	407	60.9	Less than \$30,000	266	39.8
Man	160	24.0			
Transgender	30	4.5			
Transgender Woman	7	1.0	\$30,001 - \$75,000	195	29.2
Transgender Man	20	3.0	More than \$75,001	207	31.0
Other	44	6.6			
Sexual Orientation			Education		
Lesbian / Gay	88	13.2	High school or less	71	10.6
Bisexual	205	30.7	Some college	210	31.4
Heterosexual	218	32.6	Associates degree	40	6.0
Queer	102	15.3	Bachelors degree	180	26.9
Unsure/Questioning	24	3.4	Masters degree	109	16.3
Asexual	26	3.9	Doctoral degree	58	8.7
Race/Ethnicity					
White	566	84.7			
Black or African American	21	3.1			
Latino or Hispanic	18	2.7			
Native American or American Indian	5	0.7			
Asian or Asian American	17	2.5			
Middle Eastern or Middle Eastern American	1	0.1			
Bi or Multiracial	37	5.5			

Table 6.2: Prevalence Rates of Various Types of Lifetime Sexual Assault (LSA), Childhood Sexual Assault (CSA), and Adulthood Sexual Assault (ASA) by both Gender and Sexual Orientation

Victimization Status	L W n(%)	B W n(%)	H W n(%)	G M n(%)	B M n(%)	H M n(%)	χ^2	<i>V</i>
LSA - Completed rape	17(40)	98(67)	80(57)	12(35)	13(33)	17(23)	50.19	0.32*
LSA - Attempted rape	3(5)	13(9)	7(5)	3(9)	3(8)	1(1)		
LSA - Sexual assault	8(19)	15(10)	24(17)	4(12)	4(10)	11(15)		
CSA	15(35)	60(41)	44(32)	3(9)	7(18)	13(18)		
ASA	25(58)	124(85)	108(77)	19(56)	20(50)	24(32)	74.31	0.39*
Re-victimization	12(28)	58(40)	41(30)	3(8)	7(18)	8(11)		

* $p < .001$

Note 1: Lesbian Women (LW) $n = 43$; Bisexual Women (B W) $n = 147$; Heterosexual Women (H W) $n = 141$; Gay Men (G M) $n = 34$; Bisexual Men (B M) $n = 40$; Heterosexual Men (H M) $n = 74$

Note 2: Completed rape victims may have also experienced other types of victimization. Attempted rape victims may have experienced sexual assault, but not rape. Sexual assault victims only experienced sexual assault and no other type of victimization.

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APPENDICES

Appendix A: Phase 1 Survey Instrument

PART A

Directions: Please select the response choice that most accurately describes you. Please answer honestly and completely.

D1 What is your gender?

- Man (1)
- Woman (2)
- Transgender (3)
- Other. Please specify (4) _____

D2 What is your age in years?

If “What is your age in years?”... Is Less Than “18”, Then Skip To End of Block

D3 How would you describe your race?

- White (1)
- Black or African American (2)
- Latino/a (3)
- Native American or American Indian (4)
- Asian or Asian American (5)
- Middle Eastern or Middle Eastern American (6)
- Bi- or Multi-racial (7)
- Other: Please specify (8) _____

D4 How would you describe your sexual orientation?

- Heterosexual / Straight (1)
- Lesbian / Gay (2)
- Bisexual (3)
- Unsure/questioning (4)
- Queer (5)
- Another orientation. Please specify (6) _____

D5 Which of the following best describes how “out” or “open” you are about your sexual orientation?

- Hardly anyone knows. (1)
- People close to me know, but I make sure many people do not know. (2)
- I am fairly “out.” Some people know, but not everyone in my life knows. (3)
- I am very “out,” I make sure almost everyone I interact with knows. (4)
- I'm not sure (5)
- I don't think this applies to me (6)

D6 How do you feel about your sexual orientation?

- Very positive (1)
- Moderately positive (2)
- Somewhat positive (3)
- Neutral (4)
- Somewhat negative (5)
- Moderately negative (6)
- Very negative (7)
- I don't know how I feel about this (8)

D7 What is your household income before taxes?

- Less than \$15,000 (1)
- \$15,001-\$30,000 (2)
- \$30,001-\$45,000 (3)
- \$45,001-\$60,000 (4)
- \$60,001-\$75,000 (5)
- \$75,001-\$90,000 (6)
- \$90,001-\$105,000 (7)
- \$105,001-\$120,000 (8)
- \$120,001-\$135,000 (9)
- More than \$135,001 (10)

D8 How would you describe your current relationship status?

- Single and not dating (1)
- Single, but casually seeing someone/hanging out with someone (2)
- In a relationship (3)
- Married (4)
- Divorced (5)
- Widowed (6)
- Other: Please specify (7) _____

D9 What is the highest level of education you have completed?

- Less than middle school (1)
- Middle school (2)
- Some high school (3)
- High school or equivalent (GED) (4)
- Some college (5)
- Associates degree (6)
- Bachelors degree (7)
- Masters degree (8)
- Doctoral degree (9)

A1 To determine your next questions, please select whether you have a vagina or a penis.

- I have a vagina (1)
- I have a penis (2)

SESd Directions: Please indicate how many times the statements below have occurred in your lifetime.

Please rate each item on the following scales

of times age Birth – 13yrs 0-----1-----2-----3-9-----10+
of times age 14yrs – Present 0-----1-----2-----3-9-----10+

SES1 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 (but did NOT attempt sexual penetration) by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say "no" (e.g., surprising me with the behavior).

SES2 Someone had oral sex with me or made me have oral sex with them without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say "no" (e.g., surprising me with the behavior).

Answer If "To determine your next questions, please select whether you have a vagina or a penis." "I have a vagina" Is Selected

SES3 A person put their penis into my vagina, or someone inserted fingers or objects without my consent by:

- 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.

- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say "no" (e.g., surprising me with the behavior).

Answer If "To determine your next questions, please select whether you have a vagina or a penis." "I have a penis" Is Selected

SES4 A person put my penis into their vagina or butt without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say "no" (e.g., surprising me with the behavior).

SES5 A person put their penis into my butt, or someone inserted fingers or objects without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say "no" (e.g., surprising me with the behavior).

SES6 Even though it did not happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:

- 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.

- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say "no" (e.g., surprising me with the behavior).

Answer If "To determine your next questions, please select whether you have a vagina or a penis." "I have a vagina" Is Selected

SES7 Even though it did not happen, a person TRIED to put their penis into my vagina, or someone TRIED to insert fingers or objects without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say "no" (e.g., surprising me with the behavior).

Answer If "To determine your next questions, please select whether you have a vagina or a penis." "I have a penis" Is Selected

SES8 Even though it did not happen, a person TRIED to put my penis into their vagina or butt without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say "no" (e.g., surprising me with the behavior).

SES9 Even though it did not happen, a person TRIED to put their penis into my butt, or someone TRIED to insert objects or fingers without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say "no" (e.g., surprising me with the behavior).

SES10 Have you ever been raped?

- Yes (1)
- No (2)
- Unsure (3)

PART B

B1 How much of a problem do you think sexual violence is in the lesbian, bisexual, and gay communities?

- Not at all a problem (1)
- Somewhat of a problem (2)
- Moderately a problem (3)
- Very much a problem (4)
- I don't know because I don't know much about this community (5)
- I don't know because I haven't thought about it before (6)

Bd Directions: Please answer the following questions about the previous sexual experience items. If you selected that you had more than one experience, please respond to the following questions about the one experience that you remember in the most detail.

B2 How old were you (in years) when this event happened?

B3 During the event, the behaviors the other person did were...

- Not completed. The person TRIED to do the behavior, but they were not able to for some reason. (1)
- Completed. The person did these behaviors to me. (2)

B4 What parts of your body were involved in this experience that you did not consent to? Please, check all that apply.

- My breast / chest (1)
- My mouth with no penetration (e.g., kissing) (2)
- My mouth with penetration (e.g., oral sex) (3)
- My vagina / penis / genitals with no penetration (e.g., genital rubbing) (4)
- My vagina / penis / genitals with penetration (e.g., sexual intercourse) (5)
- My butt with no penetration (e.g., grabbing my butt) (6)
- My butt / anus with penetration (e.g., anal sex) (7)

B5 Was there more than one person doing the action that you did not consent to?

- No, only one person (1)
- Yes, two people (2)
- Yes, three or more people (3)
- I am not sure (4)

B6 What was the sex of the person or persons who did this to you?

- Female only (1)
- Male only (2)
- Both females and males (3)
- I am not sure (4)

B7 What was the sexual orientation of the person who did this to you?

- Heterosexual (1)
- Homosexual (2)
- Bisexual (3)
- Other (4)
- I am not sure (5)

B8 What was your relationship to the person or persons? Check all that apply.

- Stranger (1)
- Acquaintance I just met (2)
- Acquaintance I knew well (3)
- Friend (4)
- Coworker (5)
- Boss / supervisor (6)
- Classmate (7)
- Teacher / principal (8)
- Church member (9)
- Pastor / Church leader (10)
- Neighbor (11)
- Babysitter / Child care provider (12)
- Authority figure in my community (e.g., police officer) (13)
- Extended family member (e.g., aunt/uncle, cousin, grandparent) (14)
- Immediate family member (e.g., parent, caregiver, sibling) (15)
- Dating partner from a casual relationship (16)
- Dating partner from a committed relationship (17)
- Spouse (18)
- Some other relationship to me. Please specify: (19) _____

B9 **Directions:** Again, please respond to the following questions about the one experience that you remember in the most detail.

Where did this experience occur?

- My home (1)
- Their home (2)
- At work (3)
- At school (4)
- At church (5)
- Indoor public area (e.g., grocery store, community center, gym) (6)
- A bar (7)
- A party (8)
- An outside urban area (e.g., in between buildings, city park, parking lot) (9)
- An outside rural area (e.g., campsite, national park, farmland) (10)
- A motor vehicle (e.g., car) (11)
- Some other location. Please specify: (12) _____

B10 Was alcohol consumed directly before or during this experience?

- Yes, by me (1)
- Yes, by the other person (2)
- Yes, by both me and the other person (3)
- No (4)

B11 Did the other person consume illicit drugs directly before or during this experience?

- Yes (1)
- No (2)
- I don't know (3)

B12 Do you think that this experience was part of a hate crime (a crime motivated by bias against a specific group of people)?

- No, it was not a hate crime (1)
- Yes, because of my sexual orientation (2)
- Yes, because of my gender identity (3)
- Yes, because of my race/ethnicity (4)
- Yes, because of my disability (5)
- Yes, for some other reason. Please specify. (6) _____

B13 Have you ever talked to anyone about this experience? Check all that apply.

- Acquaintance (1)
- Friend (2)
- Family member (3)
- Dating partner / spouse (4)
- Coworker (5)
- Boss / supervisor (6)
- Classmate (7)
- Teacher / principal (8)
- Church member (9)
- Pastor / Church leader (10)
- Counselor/therapist (11)
- Sexual assault hotline (12)
- Police officer (13)
- Attorney (14)
- No, I have not told anyone (15)

Answer If "Have you ever talked to anyone about this experience? Check all that apply." "No, I have not told anyone" Is Not Selected

B14 If you have discussed this experience, were the people you told supportive?

- All were supportive (1)
- Most were supportive, but some were NOT supportive (2)
- Most were NOT supportive, but some were supportive (3)
- None were supportive (4)

Answer If “Have you ever talked to anyone about this experience? Check all that apply.” “No, I have not told anyone” Is Selected

B15 If you have not discussed this experience but intend to, do you think the people you tell will be supportive?

- All will be supportive (1)
- Most will be supportive, but some may NOT be supportive (2)
- Most will NOT be supportive, but some may be supportive (3)
- None will be supportive (4)
- I don't know how they will react (5)
- I never intend to tell anyone (6)

B16 **Directions:** For the following items, think about the family you grew up with.

Very Strongly Disagree, Moderately Disagree, Somewhat Disagree, Neutral, Somewhat Agree, Moderately Agree, Very Strongly Agree

- a. I get the emotional support and help I need from my family. (1)
- b. My family really tries to help me. (2)
- c. Please answer “Somewhat Disagree” to this item. (3)
- d. I can talk about my problems with my family (4)
- e. My family is willing to help me make decisions. (5)

If “Please answer “Somewhat Dis...” Is Not Selected, Then Skip To End of Block

B17 **Directions:** Thank you for your responses. We would like to learn more about your experience(s). In as much detail as you can remember and are able to share, please tell us about the context (e.g., location, time of day, actions before the event, other things about the experience) in which this event / these events happened. Any and all information you are willing to provide would be appreciated. All responses are anonymous.

Your story is important to us, thank you for sharing it!

Bd2 Thank you for your responses so far! You are almost done!

IRMA **Directions:** Please select the response that most closely indicates the extent to which you agree or disagree with the following statements. Your responses will be anonymous, which means there will be no way to link your identity to your responses. Please answer honestly and completely.

Strongly Disagree, Somewhat Disagree, Neutral, Somewhat Agree, Strongly Agree

- a. If a person is raped while they are drunk, they are at least somewhat responsible for letting things get out of control.
- b. Although most people wouldn't admit it, they generally find being physically forced into sex a real "turn-on."

- c. If a person is willing to "make out" with someone, then it's no big deal if that someone goes a little further and has sex.
- d. Many people secretly desire to be raped.
- e. Most rapists are not caught by the police.
- f. If a person doesn't physically fight back you can't really say that it was rape.
- g. People from nice middle-class homes almost never rape.
- h. Rape accusations are often used as a way of getting back at someone.
- i. All people should have access to self-defense classes.
- j. A woman cannot rape someone.
- k. It is usually only people who dress suggestively that are raped.
- l. If the rapist doesn't have a weapon, you really can't call it rape.
- m. Rape is unlikely to happen in the victim's own familiar neighborhood.
- n. People tend to exaggerate how much rape affects them.
- o. A lot of people lead someone on and then cry rape.
- p. It is preferable that a police officer of the same sex conduct the questioning when a person reports rape.
- q. A person who "teases" deserves anything that might happen.
- r. When people are raped, it's often because the way they said "no" was ambiguous.
- s. People don't usually intend to force sex on someone, but sometimes they get too sexually carried away.
- t. A person who dresses in skimpy clothes should not be surprised if someone tries to force them to have sex.
- u. Men cannot be raped.
- v. Rape happens when a person's sex drive gets out of control.

Bd3 You are done! Thank you again for your responses!

PART C

C1 How much of a problem do you think sexual violence is in the lesbian, bisexual, and gay communities

- Not at all a problem (1)
- Somewhat of a problem (2)
- Moderately a problem (3)
- Very much a problem (4)
- I don't know because I don't know much about these communities (5)
- I don't know because I haven't thought about it before (6)

C2 **Directions:** For the following items, think about the family you grew up with.

Very Strongly Disagree, Moderately Disagree, Somewhat Disagree, Neutral, Somewhat Agree, Moderately Agree, Very Strongly Agree

- a. I get the emotional support and help I need from my family. (1)
- b. My family really tries to help me. (2)
- c. Please answer "Somewhat Disagree" to this item. (3)

- d. I can talk about my problems with my family (4)
- e. My family is willing to help me make decisions. (5)

If "Please answer "Somewhat Dis..." Is Not Selected, Then Skip To End of Block

C3 Over your lifetime, what types of people have you been sexually active with?

- Women only (1)
- Men only (2)
- Both women and men (3)
- Other. Please specify: (4) _____
- I have never been sexually active (5)

C4 I would consider my current / most recent partner to be...

- I have never had a sexual / romantic partner (1)
- Someone I AM in a casual relationship with (2)
- Someone I WAS in a casual relationship with (3)
- Someone I AM in a committed relationship with (4)
- Someone I WAS in a committed relationship with (5)
- Someone I AM married to (6)
- Someone I WAS married to, but now we are divorced (7)
- Someone I WAS married to, but now I am widowed (8)
- Other: Please specify (9) _____

If "I have never had a sexual /..." Is Selected, Then Skip To End of Block

C5 My current / most recent partner is / was...

- Female (1)
- Male (2)
- Transgender (3)

SWAG1 Directions: The following are sexual activities that some people like to do. Please rate how often you WANT this behavior, how often you DO this behavior, and how often this activity is SATISFYING with your current/most recent sex partner. Please select a rating for EACH of the 3 columns for EACH of the statements.

I want this:

Never, Rarely, Sometimes, Often, Always

I do / get this:

Never, Rarely, Sometimes, Often, Always

When I do this, it is satisfying:

Never, Rarely, Sometimes, Often, Always, Not Applicable (I have never done this)

- a. Kissing (mouth/lips)
- b. Kissing (body)
- c. Cuddling
- d. Saying verbal affirmations (e.g., “you’re sexy”, “I love you”)
- e. Hearing verbal affirmations (e.g., “you’re sexy”, “I love you”)
- f. Penile-vaginal sex
- g. My partner touches my genitals with their hands
- h. I touch my partner's genitals with my hands
- i. Talking about what I want/what feels good
- j. Talking about what my partner wants/ what feels good for them
- k. Receiving breast/nipple stimulation (by hand)
- l. Giving breast/nipple stimulation (by hand)
- m. Receiving breast/nipple stimulation (by mouth)
- n. Giving breast/nipple stimulation (by mouth)
- o. Trying different sex positions
- p. My partner puts their mouth on my genitals
- q. I put my mouth on my partners genitals

Q54 Thank you for your responses so far! You are almost done!

SWAG2 Directions: The following are sexual activities that some people like to do. Please rate how often you WANT this behavior, how often you DO this behavior, and how often this activity is SATISFYING with your current/most recent sex partner. Please select a rating for EACH of the 3 columns for EACH of the statements.

I want this:

Never, Rarely, Sometimes, Often, Always

I do / get this:

Never, Rarely, Sometimes, Often, Always

When I do this, it is satisfying:

Never, Rarely, Sometimes, Often, Always, Not Applicable (I have never done this)

- a. Using condoms or dental dams during sex
- b. Having sex in different locations (e.g., in a car, in the kitchen)
- c. "Dirty" talk (statements intended to be sexually arousing)
- d. Strip teasing for my partner
- e. My partner strip teasing for me
- f. Sexting (sending sexual texts/pictures)
- g. Role playing (e.g., sexy nurse, cowboy)
- h. Using sex toys on me with partner
- i. Using sex toys on my partner
- j. Watching porn with partner
- k. Skype/cybersex (video or chat sexual interactions online)
- l. Receiving anal play (fingering, licking)
- m. Giving anal play (fingering, licking)
- n. Multiple partners (e.g., three-some)
- o. Receiving anal sex (I am penetrated)
- p. Giving anal sex (I penetrate my partner)
- q. Bondage (e.g., ties, handcuffs)
- r. Dominance (power difference during sex)
- s. Other: _____

C6 Directions: Overall, how you would describe your sexual relationship with your current/most recent partner?

Bipolar 7-point scale

Very Bad --- Very Good

Very Pleasant --- Very Unpleasant

Very Negative --- Very Positive

Very Unsatisfying --- Very Satisfying

Very Worthless --- Very Valuable

C7 Directions: In general, how you would describe your overall relationship with your current/most recent partner?

Bipolar 7-point scale

Very Bad ---Very Good

Very Pleasant --- Very Unpleasant

Very Negative --- Very Positive

Very Unsatisfying --- Very Satisfying

Very Worthless --- Very Valuable

Appendix B: Phase 2 Survey Instrument

PART A

Directions: Please select the response choice that most accurately describes you. Please answer honestly and completely.

D1 What is your gender?

- Man (1)
- Woman (2)
- Transgender (3)
- Other. Please specify (4) _____

D2 What is your age in years?

If “What is your age in years?”... Is Less Than “18”, Then Skip To End of Block

D3 How would you describe your race?

- White (1)
- Black or African American (2)
- Latino/a (3)
- Native American or American Indian (4)
- Asian or Asian American (5)
- Middle Eastern or Middle Eastern American (6)
- Bi- or Multi-racial (7)
- Other: Please specify (8) _____

D4 How would you describe your sexual orientation?

- Heterosexual / Straight (1)
- Lesbian / Gay (2)
- Bisexual (3)
- Unsure/questioning (4)
- Queer (5)
- Another orientation. Please specify (6) _____

D5 Which of the following best describes how “out” or “open” you are about your sexual orientation?

- Hardly anyone knows. (1)
- People close to me know, but I make sure many people do not know. (2)
- I am fairly “out.” Some people know, but not everyone in my life knows. (3)
- I am very “out,” I make sure almost everyone I interact with knows. (4)
- I'm not sure (5)
- I don't think this applies to me (6)

D6 How do you feel about your sexual orientation?

- Very positive (1)
- Moderately positive (2)
- Somewhat positive (3)
- Neutral (4)
- Somewhat negative (5)
- Moderately negative (6)
- Very negative (7)
- I don't know how I feel about this (8)

D7 What is your household income before taxes?

- Less than \$15,000 (1)
- \$15,001-\$30,000 (2)
- \$30,001-\$45,000 (3)
- \$45,001-\$60,000 (4)
- \$60,001-\$75,000 (5)
- \$75,001-\$90,000 (6)
- \$90,001-\$105,000 (7)
- \$105,001-\$120,000 (8)
- \$120,001-\$135,000 (9)
- More than \$135,001 (10)

D8 How would you describe your current relationship status?

- Single and not dating (1)
- Single, but casually seeing someone/hanging out with someone (2)
- In a relationship (3)
- Married (4)
- Divorced (5)
- Widowed (6)
- Other: Please specify (7) _____

D9 What is the highest level of education you have completed?

- Less than middle school (1)
- Middle school (2)
- Some high school (3)
- High school or equivalent (GED) (4)
- Some college (5)
- Associates degree (6)
- Bachelors degree (7)
- Masters degree (8)
- Doctoral degree (9)

Display if “What is your gender?”... Is “Transgender”

A1 To determine your next questions, please select whether you have a vagina or a penis.

- I have a vagina (1)
- I have a penis (2)

SESd Directions: Please indicate how many times the statements below have occurred in your lifetime.

Please rate each item on the following scales

of times age Birth – 13yrs 0-----1-----2-----3-9-----10+
of times age 14yrs – Present 0-----1-----2-----3-9-----10+

SES1 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 (but did NOT attempt sexual penetration) by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior).

SES2 Someone had oral sex with me or made me have oral sex with them without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior).

Answer If “To determine your next questions, please select whether you have a vagina or a penis.” “I have a vagina” Is Selected

SES3 A person put their penis into my vagina, or someone inserted fingers or objects without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior).

Answer If “To determine your next questions, please select whether you have a vagina or a penis.” “I have a penis” Is Selected

SES4 A person put my penis into their vagina or butt without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior).

SES5 A person put their penis into my butt, or someone inserted fingers or objects without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.

g. Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior).

SES6 Even though it did not happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior).

Answer If “To determine your next questions, please select whether you have a vagina or a penis.” “I have a vagina” Is Selected

SES7 Even though it did not happen, a person TRIED to put their penis into my vagina, or someone TRIED to insert fingers or objects without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior).

Answer If “To determine your next questions, please select whether you have a vagina or a penis.” “I have a penis” Is Selected

SES8 Even though it did not happen, a person TRIED to put my penis into their vagina or butt without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.

- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior).

SES9 Even though it did not happen, a person TRIED to put their penis into my butt, or someone TRIED to insert objects or fingers without my consent by:

- 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.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
- f. Making me feel as though refusing was useless.
- g. Just doing the behavior without giving me a chance to say “no” (e.g., surprising me with the behavior).

SES10 Have you ever been raped?

- Yes (1)
- No (2)
- Unsure (3)

A2 Do you know someone who was made to have sex when they did not consent to the sex?

- Yes. How do you know them (e.g., brother, sister, friend, coworker):_____ (1)
- No (2)
- Unsure (3)

A3 Do you know someone who made another person have sex with them without the other person’s consent?

- Yes. How do you know them (e.g., brother, sister, friend, coworker):_____ (1)
- No (2)
- Unsure (3)

PART B

B1 How much of a problem do you think sexual violence is in the lesbian, bisexual, and gay communities?

- Not at all a problem (1)
- Somewhat of a problem (2)
- Moderately a problem (3)
- Very much a problem (4)
- I don't know because I don't know much about this community (5)
- I don't know because I haven't thought about it before (6)

Bd **Directions:** Please answer the following questions about the previous sexual experience items. If you selected that you had more than one experience, please respond to the following questions about the one experience that you remember in the most detail.

B2 How old were you (in years) when this event happened?

B3 During the event, the behaviors the other person did were...

- Not completed. The person TRIED to do the behavior, but they were not able to for some reason. (1)
- Completed. The person did these behaviors to me. (2)

B4 What parts of your body were involved in this experience that you did not consent to? Please, check all that apply.

- My breast / chest (1)
- My mouth with no penetration (e.g., kissing) (2)
- My mouth with penetration (e.g., oral sex) (3)
- My vagina / penis / genitals with no penetration (e.g., genital rubbing) (4)
- My vagina / penis / genitals with penetration (e.g., sexual intercourse) (5)
- My butt with no penetration (e.g., grabbing my butt) (6)
- My butt / anus with penetration (e.g., anal sex) (7)
- Some other body part. Please describe:_____ (8)

B5 Was there more than one person doing the action that you did not consent to?

- No, only one person (1)
- Yes, two people (2)
- Yes, three or more people (3)
- I am not sure (4)

B6 What was the sex of the person or persons who did this to you?

- Female only (1)
- Male only (2)
- Both females and males (3)
- I am not sure (4)

B7 What was the sexual orientation of the person who did this to you?

- Heterosexual (1)
- Homosexual (2)
- Bisexual (3)
- Other (4)
- I am not sure (5)

B8 What was your relationship to the person or persons? Check all that apply.

- Stranger (1)
- Acquaintance I just met (2)
- Acquaintance I knew well (3)
- Friend (4)
- Coworker (5)
- Boss / supervisor (6)
- Classmate (7)
- Teacher / principal (8)
- Church member (9)
- Pastor / Church leader (10)
- Neighbor (11)
- Babysitter / Child care provider (12)
- Authority figure in my community (e.g., police officer) (13)
- Extended family member (e.g., aunt/uncle, cousin, grandparent) (14)
- Immediate family member (e.g., parent, caregiver, sibling) (15)
- Dating partner from a casual relationship (16)
- Dating partner from a committed relationship (17)
- Spouse (18)
- Some other relationship to me. Please specify: (19) _____

B9 **Directions:** Again, please respond to the following questions about the one experience that you remember in the most detail.

Where did this experience occur?

- My home (1)
- Their home (2)
- At work (3)
- At school (4)
- At church (5)
- Indoor public area (e.g., grocery store, community center, gym) (6)
- A bar (7)
- A party (8)
- An outside urban area (e.g., in between buildings, city park, parking lot) (9)
- An outside rural area (e.g., campsite, national park, farmland) (10)
- A motor vehicle (e.g., car) (11)
- Some other location. Please specify: (12) _____

B10 Was alcohol consumed directly before or during this experience?

- Yes, by me (1)
- Yes, by the other person (2)
- Yes, by both me and the other person (3)
- No (4)

B11 Were illicit drugs consumed directly before or during this experience?

- Yes, by me (1)
- Yes, by the other person (2)
- Yes, by both me and the other person (3)
- No (4)

B12 Do you think that this experience was part of a hate crime (a crime motivated by bias against a specific group of people)?

- No, it was not a hate crime (1)
- Yes, because of my sexual orientation (2)
- Yes, because of my gender identity (3)
- Yes, because of my race/ethnicity (4)
- Yes, because of my disability (5)
- Yes, for some other reason. Please specify. (6) _____

B13 Have you ever talked to anyone about this experience? Check all that apply.

- Acquaintance (1)
- Friend (2)
- Family member (3)
- Dating partner / spouse (4)
- Coworker (5)
- Boss / supervisor (6)
- Classmate (7)
- Teacher / principal (8)
- Church member (9)
- Pastor / Church leader (10)
- Counselor/therapist (11)
- Sexual assault hotline (12)
- Police officer (13)
- Attorney (14)
- No, I have not told anyone (15)

Answer If “Have you ever talked to anyone about this experience? Check all that apply.” “No, I have not told anyone” Is Not Selected

B14 If you have discussed this experience, were the people you told supportive?

- All were supportive (1)
- Most were supportive, but some were NOT supportive (2)
- Most were NOT supportive, but some were supportive (3)
- None were supportive (4)

Answer If “Have you ever talked to anyone about this experience? Check all that apply.” “No, I have not told anyone” Is Selected

B15 If you have not discussed this experience but intend to, do you think the people you tell will be supportive?

- All will be supportive (1)
- Most will be supportive, but some may NOT be supportive (2)
- Most will NOT be supportive, but some may be supportive (3)
- None will be supportive (4)
- I don't know how they will react (5)
- I never intend to tell anyone (6)

B16 **Directions:** For the following items, think about the family you grew up with.

Very Strongly Disagree, Moderately Disagree, Somewhat Disagree, Neutral, Somewhat Agree, Moderately Agree, Very Strongly Agree

- a. I get the emotional support and help I need from my family. (1)
- b. My family really tries to help me. (2)
- c. Please answer “Somewhat Disagree” to this item. (3)
- d. I can talk about my problems with my family (4)
- e. My family is willing to help me make decisions. (5)

If “Please answer “Somewhat Dis...” Is Not Selected, Then Skip To End of Block

B17 **Directions:** Thank you for your responses. We would like to learn more about your experience(s). In as much detail as you can remember and are able to share, please tell us about the context (e.g., location, time of day, actions before the event, other things about the experience) in which this event / these events happened. Any and all information you are willing to provide would be appreciated. All responses are anonymous.

Your story is important to us, thank you for sharing it!

Bd2 Thank you for your responses so far! You are almost done!

IRMAb **Directions:** Please select the response that most closely indicates the extent to which you agree or disagree with the following statements. Your responses will be anonymous, which means there will be no way to link your identity to your responses. Please answer honestly and completely.

Strongly Disagree, Somewhat Disagree, Neutral, Somewhat Agree, Strongly Agree

- a. If a person is raped while they are drunk, they are at least somewhat responsible for letting things get out of control.
- b. Although most people wouldn't admit it, they generally find being physically forced into sex a real "turn-on."

- c. If a person is willing to "make out" with someone, then it's no big deal if that someone goes a little further and has sex.
- d. Many people secretly desire to be raped.
- e. Most rapists are not caught by the police.
- f. If a person doesn't physically fight back you can't really say that it was rape.
- g. People from nice middle-class homes almost never rape.
- h. Rape accusations are often used as a way of getting back at someone.
- i. All people should have access to self-defense classes.
- j. A woman cannot rape someone.
- k. It is usually only people who dress suggestively that are raped.
- l. If the rapist doesn't have a weapon, you really can't call it rape.
- m. Rape is unlikely to happen in the victim's own familiar neighborhood.
- n. People tend to exaggerate how much rape affects them.
- o. A lot of people lead someone on and then cry rape.
- p. It is preferable that a police officer of the same sex conduct the questioning when a person reports rape.
- q. A person who "teases" deserves anything that might happen.
- r. When people are raped, it's often because the way they said "no" was ambiguous.
- s. People don't usually intend to force sex on someone, but sometimes they get too sexually carried away.
- t. A person who dresses in skimpy clothes should not be surprised if someone tries to force them to have sex.
- u. Men cannot be raped.
- v. Rape happens when a person's sex drive gets out of control.

PERPb Directions: We are interested in some of the common strategies that individuals use to initiate sex.

Throughout this survey, when we say "sex," we mean any of the following:

- Oral sex (one person's mouth on another person's genitals)
- Vaginal penetration (penetration of a woman's vagina with a penis, finger, or other object)
- Anal penetration (penetration of a person's anus/butt with a penis, finger, or other object)

In the past, which if any of the following strategies have you personally used to get someone to have sex with you? We are only interested in strategies that you used that actually resulted in oral sex, vaginal penetration, or anal penetration occurring. Check all that apply.

- a. Directly asking them to have sex with you.
- b. After they initially says "no" to sex, continuing to touch and kiss them in the hopes that they will give in to sex.
- c. Telling them, "I want to have sex with you."
- d. Just starting the sexual act (e.g., while fooling around, penetrating their vagina or anus when they weren't expecting it) without providing them with an opportunity to object.
- e. Starting sex with them while they are asleep.

- f. Saying things that you know they want to hear even if it is not entirely true in order to get them to have sex (e.g., saying “I love you” when you don’t; promising a future relationship when you don’t want a relationship with them).
- g. Buying them gifts.
- h. Lighting candles to get them in the mood.
- i. Threatening to tell others a secret or lie about them if they don’t have sex.
- j. Threatening to share a compromising photo of them if they don’t have sex.
- k. After they initially say “no” to sex, asking them repeatedly to have sex until they give in.
- l. Leading them into the bedroom.
- m. Blocking them if they try to leave the room.
- n. After they initially say “no” to sex, reminding them that they owe you because you did something sexually for them.
- o. After they initially say “no” to sex, reminding them that they owes you because of something non-sexual that you did (e.g., buying them something, giving them a ride, etc.).
- p. Wearing an item of clothing that you know they find sexy.
- q. Threatening to physically harm them or someone close to them if they don’t have sex.
- r. Threatening to harm yourself if they don’t have sex.
- s. Taking away their car keys so that they cannot leave until they has sex.
- t. Pulling out a condom to see how they respond.
- u. Using a weapon to frighten them into having sex.
- v. After they initially says “no” to sex, acting angry, upset, or withdrawn until they give in to sex.
- w. Taking advantage of the fact that they are too drunk or high (e.g., confused, slurred speech, stumbling, etc.) to say “no.”
- x. After they initially say “no” to sex, taking off their clothes in the hopes that they will give in to sex.
- y. After they initially say “no” to sex, taking off your clothes in the hopes that they will give in to sex.
- z. Providing them with drugs or alcohol until they are too drunk (e.g., confused, slurred speech, stumbling, etc.) to object to sex.
- aa. After they say “no” to sex, just going ahead with sex anyway.
- bb. Waiting for them to make the first move sexually.
- cc. After they say “no” to sex, using physical restraint (e.g., getting on top of them so they cannot easily move or holding their arms at their side).
- dd. Threatening to break up with them if they don’t have sex.
- ee. Suggesting that you watch an erotic movie together.
- ff. Slipping them drugs without their knowledge (e.g., GHB or “Roofies”) so that you can have sex with them.
- gg. After they initially say “no” to sex, questioning their sexuality (e.g., teasing her about her sexual identity or suggesting that she is “frigid” or suggesting that he is not a “real” man) until they give in to sex.
- hh. Threatening to spread rumors about them if they don’t have sex.
- ii. Taking them out for a romantic evening.
- jj. After they initially say “no” to sex, accusing them of cheating on you with someone else until they give in to sex.

- kk. Putting on music to get them in the mood.
- ll. Mixing their drinks to be extra strong (high alcohol content) without their knowledge until they are drunk enough (e.g., confused, slurring speech, stumbling, etc.) to have sex with you.
- mm. Using your authority to convince them (e.g., promising special treatment if they agree or threatening negative outcomes if they refuse if you are their boss, supervisor, teacher, etc.).
- nn. Sending them a sexy or flirty text message.
- oo. Taking them somewhere away from others and refusing to take them home unless they engages in sex.
- pp. Giving them a backrub.
- qq. Harming them physically if they initially says “no” to sex.
- rr. Tying them up without their permission in order to have sex with them.
- ss. If they changes their mind and say “no” after initially saying “yes” to sex, going ahead with sex anyway because they said “yes” the in the beginning.
- tt. This is a reading check. If you are reading this, please check the box.
- uu. If they initially seem reluctant, offering them alcohol or drugs until they are buzzed (slightly drunk or high) in order to get them in the mood for sex.
- vv. Cuddling with them while watching TV or a movie.
- ww. After they initially say “no” to sex, questioning their commitment to the relationship (e.g., saying “if you cared about this relationship, you would”) until they give in to sex.
- xx. After they initially say “no” to sex, questioning their feelings of caring for you (e.g., saying “if you loved me, you would”) until they give in to sex.
- yy. Asking them if they have a condom.
- zz. Having sex with them when they are unconscious (or barely conscious) from alcohol or drugs.
- aaa. After they initially say “no” to sex, accusing them of “leading you on” or being “a tease” until they give in to sex.
- bbb. Telling them you will have sex with someone else if they don’t agree to have sex with you.
- ccc. Using your older age (if they were a teenager and you were at least 5 years older than them) to influence them to have sex.
- ddd. Complimenting them (e.g., their appearance, intelligence, or personality).
- eee. I have NEVER used any of these strategies

Answer If “We are interested in some of the common..” “I have NEVER used any of these strategies.” Is Not Selected

B18 What was your relationship to the person or persons that you convinced to have sex with you in the question above? Check all that apply.

- Stranger (1)
- Acquaintance I just met (2)
- Acquaintance I knew well (3)
- Friend (4)
- Coworker (5)
- Boss / supervisor (6)
- Classmate (7)
- Teacher / principal (8)
- Church member (9)
- Pastor / Church leader (10)
- Neighbor (11)
- Babysitter / Child care provider (12)
- Authority figure in my community (e.g., police officer) (13)
- Extended family member (e.g., aunt/uncle, cousin, grandparent) (14)
- Immediate family member (e.g., parent, caregiver, sibling) (15)
- Dating partner from a casual relationship (16)
- Dating partner from a committed relationship (17)
- Spouse (18)
- Some other relationship to me. Please specify: (19) _____

Bd3 You are done! Thank you again for your responses!

PART C

C1 How much of a problem do you think sexual violence is in the lesbian, bisexual, and gay communities

- Not at all a problem (1)
- Somewhat of a problem (2)
- Moderately a problem (3)
- Very much a problem (4)
- I don't know because I don't know much about these communities (5)
- I don't know because I haven't thought about it before (6)

C2 **Directions:** For the following items, think about the family you grew up with.

Very Strongly Disagree, Moderately Disagree, Somewhat Disagree, Neutral, Somewhat Agree, Moderately Agree, Very Strongly Agree

- a. I get the emotional support and help I need from my family. (1)
- b. My family really tries to help me. (2)
- c. Please answer “Somewhat Disagree” to this item. (3)

- d. I can talk about my problems with my family (4)
- e. My family is willing to help me make decisions. (5)

If “Please answer “Somewhat Dis...” Is Not Selected, Then Skip To End of Block

IRMAc Directions: Please select the response that most closely indicates the extent to which you agree or disagree with the following statements. Your responses will be anonymous, which means there will be no way to link your identity to your responses. Please answer honestly and completely.

Strongly Disagree, Somewhat Disagree, Neutral, Somewhat Agree, Strongly Agree

- a. If a person is raped while they are drunk, they are at least somewhat responsible for letting things get out of control.
- b. Although most people wouldn't admit it, they generally find being physically forced into sex a real "turn-on."
- c. If a person is willing to "make out" with someone, then it's no big deal if that someone goes a little further and has sex.
- d. Many people secretly desire to be raped.
- e. Most rapists are not caught by the police.
- f. If a person doesn't physically fight back you can't really say that it was rape.
- g. People from nice middle-class homes almost never rape.
- h. Rape accusations are often used as a way of getting back at someone.
- i. All people should have access to self-defense classes.
- j. A woman cannot rape someone.
- k. It is usually only people who dress suggestively that are raped.
- l. If the rapist doesn't have a weapon, you really can't call it rape.
- m. Rape is unlikely to happen in the victim's own familiar neighborhood.
- n. People tend to exaggerate how much rape affects them.
- o. A lot of people lead someone on and then cry rape.
- p. It is preferable that a police officer of the same sex conduct the questioning when a person reports rape.
- q. A person who "teases" deserves anything that might happen.
- r. When people are raped, it's often because they way they said "no" was ambiguous.
- s. People don't usually intend to force sex on someone, but sometimes they get too sexually carried away.
- t. A person who dresses in skimpy clothes should not be surprised if someone tries to force them to have sex.
- u. Men cannot be raped.
- v. Rape happens when a person's sex drive gets out of control.

PERPc Directions: We are interested in some of the common strategies that individuals use to initiate sex.

Throughout this survey, when we say “sex,” we mean any of the following:

- Oral sex (one person’s mouth on another person’s genitals)

- Vaginal penetration (penetration of a woman's vagina with a penis, finger, or other object)
- Anal penetration (penetration of a person's anus/butt with a penis, finger, or other object)

In the past, which if any of the following strategies have you personally used to get someone to have sex with you? We are only interested in strategies that you used that actually resulted in oral sex, vaginal penetration, or anal penetration occurring. Check all that apply.

- Directly asking them to have sex with you.
- After they initially says "no" to sex, continuing to touch and kiss them in the hopes that they will give in to sex.
- Telling them, "I want to have sex with you."
- Just starting the sexual act (e.g., while fooling around, penetrating their vagina or anus when they weren't expecting it) without providing them with an opportunity to object.
- Starting sex with them while they are asleep.
- Saying things that you know they want to hear even if it is not entirely true in order to get them to have sex (e.g., saying "I love you" when you don't; promising a future relationship when you don't want a relationship with them).
- Buying them gifts.
- Lighting candles to get them in the mood.
- Threatening to tell others a secret or lie about them if they don't have sex.
- Threatening to share a compromising photo of them if they don't have sex.
- After they initially say "no" to sex, asking them repeatedly to have sex until they give in.
- Leading them into the bedroom.
- Blocking them if they try to leave the room.
- After they initially say "no" to sex, reminding them that they owe you because you did something sexually for them.
- After they initially say "no" to sex, reminding them that they owes you because of something non-sexual that you did (e.g., buying them something, giving them a ride, etc.).
- Wearing an item of clothing that you know they find sexy.
- Threatening to physically harm them or someone close to them if they don't have sex.
- Threatening to harm yourself if they don't have sex.
- Taking away their car keys so that they cannot leave until they has sex.
- Pulling out a condom to see how they respond.
- Using a weapon to frighten them into having sex.
- After they initially says "no" to sex, acting angry, upset, or withdrawn until they give in to sex.
- Taking advantage of the fact that they are too drunk or high (e.g., confused, slurred speech, stumbling, etc.) to say "no."
- After they initially say "no" to sex, taking off their clothes in the hopes that they will give in to sex.
- After they initially say "no" to sex, taking off your clothes in the hopes that they will give in to sex.
- Providing them with drugs or alcohol until they are too drunk (e.g., confused, slurred speech, stumbling, etc.) to object to sex.

- aa. After they say “no” to sex, just going ahead with sex anyway.
- bb. Waiting for them to make the first move sexually.
- cc. After they say “no” to sex, using physical restraint (e.g., getting on top of them so they cannot easily move or holding their arms at their side).
- dd. Threatening to break up with them if they don’t have sex.
- ee. Suggesting that you watch an erotic movie together.
- ff. Slipping them drugs without their knowledge (e.g., GHB or “Roofies”) so that you can have sex with them.
- gg. After they initially say “no” to sex, questioning their sexuality (e.g., teasing her about her sexual identity or suggesting that she is “frigid” or suggesting that he is not a “real” man) until they give in to sex.
- hh. Threatening to spread rumors about them if they don’t have sex.
- ii. Taking them out for a romantic evening.
- jj. After they initially say “no” to sex, accusing them of cheating on you with someone else until they give in to sex.
- kk. Putting on music to get them in the mood.
- ll. Mixing their drinks to be extra strong (high alcohol content) without their knowledge until they are drunk enough (e.g., confused, slurring speech, stumbling, etc.) to have sex with you.
- mm. Using your authority to convince them (e.g., promising special treatment if they agree or threatening negative outcomes if they refuse if you are their boss, supervisor, teacher, etc.).
- nn. Sending them a sexy or flirty text message.
- oo. Taking them somewhere away from others and refusing to take them home unless they engages in sex.
- pp. Giving them a backrub.
- qq. Harming them physically if they initially says “no” to sex.
- rr. Tying them up without their permission in order to have sex with them.
- ss. If they changes their mind and say “no” after initially saying “yes” to sex, going ahead with sex anyway because they said “yes” the in the beginning.
- tt. This is a reading check. If you are reading this, please check the box.
- uu. If they initially seem reluctant, offering them alcohol or drugs until they are buzzed (slightly drunk or high) in order to get them in the mood for sex.
- vv. Cuddling with them while watching TV or a movie.
- ww. After they initially say “no” to sex, questioning their commitment to the relationship (e.g., saying “if you cared about this relationship, you would”) until they give in to sex.
- xx. After they initially say “no” to sex, questioning their feelings of caring for you (e.g., saying “if you loved me, you would”) until they give in to sex.
- yy. Asking them if they have a condom.
- zz. Having sex with them when they are unconscious (or barely conscious) from alcohol or drugs.
- aaa. After they initially say “no” to sex, accusing them of “leading you on” or being “a tease” until they give in to sex.
- bbb. Telling them you will have sex with someone else if they don’t agree to have sex with you.

- ccc. Using your older age (if they were a teenager and you were at least 5 years older than them) to influence them to have sex.
- ddd. Complimenting them (e.g., their appearance, intelligence, or personality).
- eee. I have NEVER used any of these strategies

Answer If “In your lifetime, which of the following..” “I have never used ANY..” Is Not Selected

C3 What was your relationship to the person or persons that you convinced to have sex with you in the question above? Check all that apply.

- Stranger (1)
- Acquaintance I just met (2)
- Acquaintance I knew well (3)
- Friend (4)
- Coworker (5)
- Boss / supervisor (6)
- Classmate (7)
- Teacher / principal (8)
- Church member (9)
- Pastor / Church leader (10)
- Neighbor (11)
- Babysitter / Child care provider (12)
- Authority figure in my community (e.g., police officer) (13)
- Extended family member (e.g., aunt/uncle, cousin, grandparent) (14)
- Immediate family member (e.g., parent, caregiver, sibling) (15)
- Dating partner from a casual relationship (16)
- Dating partner from a committed relationship (17)
- Spouse (18)
- Some other relationship to me. Please specify: (19) _____

Appendix C: Phase 1 & 2 Survey Introduction

Welcome to the Study!

Thank you for clicking through to our survey!

Before deciding whether or not to participate, please read more about the nature of this study.

If I Decide to Participate, What Will be Expected of Me?

This study is open to anyone over the age of 18. Those who decide to participate in this study will be asked to complete an online survey about sexual experiences.

In just a moment, we will ask you to read a study consent form. If after reading this consent form you agree to participate in the study, you will be asked to click through to the survey. This survey should take approximately 15-20 minutes to complete. All information collected will be kept confidential to the extent allowed by law and university policy.

Appendix D: Phase 1 & 2 Implied Consent

Title: Study of Sexual Experiences and Familial Support in Lesbian, Gay, and Bisexual Adults

Principal Researchers: Sasha N. Canan, M.Ed.

INVITATION TO PARTICIPATE

You are invited to participate in a research study about your sexual experiences. You are being asked to participate in this study because you are an adult woman, living in the United States and are over the age of 18.

WHAT YOU SHOULD KNOW ABOUT THE RESEARCH STUDY

Who are the Principal Researchers?

Sasha N. Canan M.Ed.
219 HPER Building
University of Arkansas
Phone: 479-575-2858
Email: sexstudy@uark.edu

Kristen N. Jozkowski PhD
308-V HPER Building
University of Arkansas
Phone: 479-575-4111
Email: sexstudy@uark.edu

What is the purpose of this research study?

The purpose of this study is to better understand sexual experiences and familial support in heterosexual, homosexual, and bisexual people.

Who will participate in this study?

If you participate in this study, you will be one of approximately three thousand individuals participating in the study. You must be at least 18 years old and need to live in the United States to participate.

What am I being asked to do?

Provide thoughtful answers to an online survey. This survey will include questions to ensure you understand directions in certain areas of the survey. During these questions, you will be asked to select a specific answer provided. If you do not select the answer requested, you will be directed to the end of the survey. You will not be penalized for ending the survey early.

What are the possible risks or discomforts?

There are no anticipated risks to participating in this study. If you feel uncomfortable at any time while completing the survey, you can omit an answer to a question or can terminate your involvement in the study. You will not be penalized for omitting answers or terminating the survey early.

What are the possible benefits of this study?

Phase 1: There are no anticipated benefits to participants, however, you will be contributing to increasing the body of knowledge about sexual experiences.

Phase 2: You could win one of ten \$50 gift cards for participating in this study. You will be contributing to increasing the body of knowledge about sexual experiences.

How long will the study last?

The survey should take approximately 15-20 minutes to complete.

Will I have to pay for anything?

No, there will be no cost associated with your participation.

What are the options if I do not want to be in the study?

Participation is completely voluntary. If you do not want to be in this study, you may refuse to participate and can close your browser. Also, you may refuse to participate at any time during the study. Your relationship with the investigator will not be affected in any way if you refuse to participate.

How will my confidentiality be protected?

All information will be kept confidential to the extent allowed by applicable State and Federal law. Your survey response will be anonymous meaning that no identifying information will be asked during the survey. Your name or any other identifying information will, in no way, be connected to your responses on the survey.

Will I know the results of the study?

At the conclusion of the study you will have the right to request feedback about the results. You may contact the Principle Researcher, Sasha N. Canan at sexstudy@uark.edu.

What do I do if I have questions about the research study?

You have the right to contact the Principal Researcher as listed below for any concerns that you may have.

Sasha N. Canan M.Ed.
219 HPER Building
University of Arkansas
Phone: 479-575-2858
Email: sexstudy@uark.edu

You may also contact the University of Arkansas Research Compliance office listed below if you have questions about your rights as a participant, or to discuss any concerns about, or problems with the research.

Ro Windwalker, CIP
Institutional Review Board Coordinator

Research Compliance
University of Arkansas
109 MLKG Building
Fayetteville, AR 72701-1201
479-575-2208
irb@uark.edu

Informed Consent

I have read the above statement and I understand the purpose of the study as well as the potential benefits and risks that are involved. I understand that participation is voluntary. I understand that significant new findings developed during this research will be shared with the participant. I understand that no rights have been waived by consenting to participate in this study. By clicking to the next page and filling out the survey, I am implying my consent to participate in this study.

Appendix E: Phase 2 Recruitment Letter

A Chance to Win \$50 Amazon eGiftcards for Participation in a Survey

Anyone in the U.S. over the age of 18 is needed for a one-time participation in a 15-20 minute survey regarding sexual experiences. The survey will ask about specific sexual experiences that have happened over the lifetime as well as your opinions about different types of sexual situations. At the end of the survey, all individuals can enter themselves into a drawing for one of ten \$50 Amazon electronic gift cards. Participant's confidentiality will be protected to the extent allowed by law and university policy.

Interested? Click [here](#) (link) to begin.

For questions or further details, contact S. Canan at sncanan@email.uark.edu for more information.

This study has been approved by the University of Arkansas, Institutional Review Board for Human Studies, Fayetteville, AR (#####).

Advertisement



The advertisement is a vertical rectangular graphic. On the left side, there is a photograph of a person's hands typing on a laptop keyboard. The person is wearing a blue button-down shirt and a black watch. The laptop screen is dark. On the right side, there is a solid blue background with white text. The text reads: "Chance to Win a \$50 eGiftcard for Taking a Survey". Below the text is a black line graph with several data points connected by lines. At the bottom of the blue area, there is a short paragraph of text in white.

Chance to
Win a \$50
eGiftcard
for Taking a
Survey

Anyone in the U.S. over the age of 18 is needed for a one-time participation in a 10-15 minute survey regarding sexual experiences. At the end of the survey, all individuals can enter themselves into a drawing for one of ten \$50 Amazon electronic gift cards. Participant's confidentiality will be protected to the extent allowed by law and university policy.



Appendix F: Phase 1 Institutional Review Board Approval

February 5, 2016

MEMORANDUM

TO: Sasha Canan
Kristen Jozkowski

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 16-01-477

Protocol Title: Study of Sexual Violence and Familial Support in Lesbian, Gay, and Bisexual Adults

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 02/05/2016 Expiration Date: 02/04/2017

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form Continuing Review for IRB Approved Projects, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (<https://vpred.uark.edu/units/rscp/index.php>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 4,000 participants. If you wish to make any modifications in the approved protocol, including enrolling more than this number, you must seek approval prior to implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 109 MLKG Building, 5-2208, or irb@uark.edu.



Appendix G: Phase 2 Institutional Review Board Approval

January 23, 2017

MEMORANDUM

TO: Sasha Canan
Kristen Jozkowski

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 17-01-374

Protocol Title: *A Mixed-Methods Study of Sexual Assault in Lesbian, Gay, and Bisexual Adults in the U.S.*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 01/19/2017 Expiration Date: 01/18/2018

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (<https://vpred.uark.edu/units/rscp/index.php>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 4,030 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 109 MLKG Building, 5-2208, or irb@uark.edu.

Appendix H: Phase 1 Open-Ended Story Item Codebook

Participants:

Individuals who completed these stories selected an option greater than “zero times” (1, 2, 3-9, or 10+ times) for either “# of times age Birth – 13yrs old,” “# of times age 14yrs old – Present,” or both periods in response to behavioral descriptions of attempted/completed sexual assault or rape. For example, the description of completed oral rape read “Someone had oral sex with me or made me have oral sex with them without my consent by:” and then listed seven potential tactics a perpetrator may have used. Therefore, all participants are categorized as victims of one or more of the following: completed non-penetrative sexual assault, completed penetrative rape, attempted non-penetrative sexual assault, and attempted penetrative rape.

Overall notes for coding:

- Each general code has a corresponding operational definition listed underneath it. Coders should refer to the operational definition first when coding a story element and then choose a specific sub-code reflected in the text. Additional notes for each section are located after the list of sub-codes.
- Codes are only used if element in the story is present. We do NOT code the absence of a story element. For example, if participant does not mention the perpetrator at all in the story (e.g., only saying “It happened at night in my room.”), then nothing from the *Relationship of Victim/Perpetrator*, *Number of Perpetrators/Witnesses*, or *Descriptors of the Perpetrator* sections will be coded. Similarly, if participant does not mention any Perpetrator Tactics to Facilitate Assault in their story (e.g., only saying “My boyfriend raped me when I was 17.”), there is no code for “no tactic mentioned,” so nothing will be coded from this section.
- Multiple sub-codes within the same general code can be applied to the same section of text, if applicable. Several examples of this are provided in the “Section Notes” area under each general code. Coders should assume that they follow this rule unless explicitly stated in the “Section Notes” area that they can only use one sub-code. For example, under the *Relationship of Victim/Perpetrator* section, the “Section Notes” area describes that “dating partner” and “online dating partner” overlap conceptually. It states that, in this case, coders should code the most discrete code, not both. Therefore, coders should make an exception here and only use one code.

1. Number of Perpetrators/Witnesses

Operational Definition: This code refers to the number of people present at the assault such as perpetrators and/or witnesses.

- 1.1 Multiple perpetrators
- 1.2 At least one witness

Section 1 Notes:

- If victim does NOT mention witnesses, assume no witnesses were present. Similarly, if they do not mention multiple perpetrators, assume one perpetrator.

2. Types of Assault

Operational Definition: This code refers to the types of non-consensual sexual behaviors that occurred or were at least attempted.

- 2.1 Made to take off own clothes/perpetrator takes of victim's clothes
- 2.2 Perpetrator masturbating in vicinity
- 2.3 Hickeys
- 2.4 Kissing
- 2.5 Fondling breasts, butt
- 2.6 Fondling genitals manually
- 2.7 Fondling genitals orally (e.g., victim receives oral sex)
- 2.8 Forced to touch the perpetrator's genitals
- 2.9 Dry humping
- 2.10 Being ejaculated on (e.g., face, leg)
- 2.11 Oral rape (e.g., insertion of penis or other sexual object into the victim's mouth, performing oral)
- 2.12 Vaginal rape (e.g., insertion of penis, fingers, or other object into the victim's vagina)
- 2.13 Anal rape (e.g., insertion of penis, fingers, or other object into the victim's anus)
- 2.14 Severity (e.g., rougher than agreed upon)
- 2.15 Vague touching behaviors (e.g., fondling, grabbing, molesting)
- 2.16 Vague penetrative behaviors
- 2.17 Some other type of assaultive behavior mentioned, but not captured by the above codes

Section 2 Notes:

- If participant describes the type of assault as "sex" or "fucking," assume vaginal rape. If they describe it as "rape" with no other behavioral descriptions to indicate type of rape, only code under the *Labeling* general code.
- If some acts were consensual but others were NOT, only code the non-consensual acts. For example, if they consented to vaginal-penile sex but then had anal penetration that was non-consensual, only code 2.13. Similarly, if all acts were consensual, but only the severity/roughness was non-consensual, then code only 2.14.

3. Location of Assault

Operational Definition: This code refers to where the assault took place or in what location it occurred.

- 3.1. In a car, vehicle
- 3.2. In victim's home
- 3.3. In perpetrator's home
- 3.4. In someone else's (e.g., friend/relative's) home who was not the perpetrator
- 3.5. In a crowd in public
- 3.6. Outside rural area (e.g., camping, woods, lake)
- 3.7. At a party/bar
- 3.8. At a church/religious setting
- 3.9. In a military setting (e.g., barracks)
- 3.10. At a place of employment
- 3.11. In a hotel room
- 3.12. International (e.g., Canada, Europe, across the ocean)
- 3.13. Specific city/state named
- 3.14. At a school
- 3.15. Some other location mentioned, but not captured by the above codes

Section 3 Notes:

- If victim lives with perpetrator, code "victim's home."
- Only code locations where assault took place. If victim mentions that they met the person at a party, but the assault took place in their home at a later date, then only code 3.2. Do not code the party.

4. Inebriation

Operational Definition: This code refers to sobriety or inebriation (via alcohol or illicit drugs) of either the victim, the perpetrator, or both during/directly prior to the assault.

- 4.1. Victim was drinking/drunken/high (circumstance)
- 4.2. Victim was sober
- 4.3. Perpetrator was drinking/drunken/high
- 4.4. Perpetrator was sober

Section 4 Notes:

- Do not assume people are drunk, high, or sober. Only code if explicitly mentioned.
- All codes for inebriation should only account for happenings during or immediately before event. If victim mentions they drank more years after the assault to try to "forget," that should NOT be coded here. Similarly, if they reveal that they "drank heavily throughout their teens" but they were not drinking the day the assault happened, that should also NOT be coded here.

5. Relationship of Victim/Perpetrator

Operational Definition: This code refers to how the victim knows the perpetrator(s) and what the relationship between the victim and the perpetrator(s) is (e.g., "we were dating").

- 5.1. Family (e.g., cousins, brother, father, aunt, uncle, stepfather, other related caretakers)
- 5.2. Friend
- 5.3. Acquaintance I know well (e.g., friend of a friend, friend of family, friend's partner)
- 5.4. Acquaintance I just met (e.g., concert-goer, party-goer, bar patron)
- 5.5. Acquaintance, unclear of how well subject knows them
- 5.6. Dating partner
- 5.7. Online dating partner
- 5.8. Spouse
- 5.9. Ex-boyfriend/girlfriend, Ex-husband/wife
- 5.10. Babysitter/babysitter's family
- 5.11. Neighbor
- 5.12. Classmate
- 5.13. Coworker
- 5.14. Boss/employer
- 5.15. Stranger (e.g., "some guy," "we had never met before")
- 5.16. Professional: Doctor, therapist, nurse, teacher
- 5.17. Minister/religious leader
- 5.18. Unknown (e.g., "When I woke up, I was sore. I don't know who did it to me.")
- 5.19. Sexual history (e.g., "We had done oral before" or "We had sex earlier that night")
- 5.20. Some other relationship mentioned, but not captured by the above codes

Section 5 Notes:

- If relationship changes over time (e.g., they were dating, now they are exes), then code what the relationship was at the time of assault.
- If perpetrator has dual relationship with the victim (e.g., a neighbor who is babysitting), then code both codes. However, if perpetrator occupies more than one relationship because two codes are theoretically similar (e.g., dating partner and online dating partner), then code the most specific code (online dating partner) only.

6. Circumstance of Event

Operational Definition: This code refers to the context in which the assault took place. This context can contain elements such as when the assault occurred, duration, what was happening before the assault, and what the victim believes motivated the assault.

- 6.1. Time of day mentioned (e.g., in the middle of the day, at 3am)
- 6.2. Year (e.g., the 1970s, the eighties, the early 90s, 1983)
- 6.3. Longevity (e.g., very long time, happened for hours, was over fast)
- 6.4. Multiple events, within the same night or over years
- 6.5. Non-sexual activity preceding assault (e.g., watching TV, eating a meal, sleeping)
- 6.6. After healing from birth/hysterectomy
- 6.7. Before/after coming out
- 6.8. Consented to one behavior, but not the other (e.g., perpetrator does anal during VP sex)
- 6.9. Retaliation (e.g., for ending a relationship, cheating, arguing)
- 6.10. Premeditated, victims were set up (e.g., “she decided I was going to lose my virginity to her brother”)
- 6.11. Other perpetrator motivations (e.g., he did it because, she thought that, he didn't mean it)
- 6.12. Some other circumstance mentioned, but not captured by the above codes

Section 6 Notes:

- All assaults could be considered somewhat premeditated. Therefore, only code 6.10 if there is a moderate/high amount of planning on the part of the perpetrator prior to the assault. Only code if premeditated behavior does not fall under some "tactic" used by perpetrator. For example, if perpetrator drives victim to desolate area, code as tactic.

7. Sexual Orientation

Operational Definition: This code refers the victim’s sexual orientation and describes how the sexual orientation relates to the assault.

- 7.1. Assaults victim because they are LGBTQ
- 7.2. Early assault may have causal relationship to sexual orientation
- 7.3. Early assault definitely does NOT have causal relationship with sexual orientation
- 7.4. Parent’s lack of acceptance of sexual orientation leading them to engage risky behavior (e.g., drinking a lot, doing drugs, hanging around older men/strange people’s houses)

Section 7 Notes:

- “Parent’s lack of acceptance...” should only be coded if victim declares this. For example, victim talks about not being accepted by parents and, later, drinking/doing drugs but never connects the two events, “Parent’s lack of acceptance...” should NOT be coded. Similarly, if victim does NOT mention that their assault caused/did not cause their sexual orientation, then 7.2 and/or 7.3 should not be coded.
- If victim mentions sexual orientation as a timeframe reference to describe that the event happened before/after coming out (but does not say the assault was related to coming out), code that under the *Circumstance of Event* general code above.

8. Descriptors of Victim

Operational Definition: This code refers to the descriptive characteristics about the victim before or at the time of the assault. These characteristics include things like demographics (e.g., age), personality traits (e.g., insecure), and habits (e.g., drug addiction).

- 8.1. Age (e.g., years, grade level)
- 8.2. Mentions of virginity explicitly or implicitly, sexual inexperience
- 8.3. Occupied a disenfranchised status: foster care child, homeless, disabled
- 8.4. Victim is polite/does not want to inconvenience others
- 8.5. Described themselves as shy, insecure, unattractive, having no friends, or “dorky”
- 8.6. Engaged in self-harming behaviors before event (e.g., drug addiction, alcohol abuse, suicide attempts, eating disorders)
- 8.7. Gender identity/gender expression concerns
- 8.8. Some other description mentioned, but not captured by the above codes

Section 8 Notes:

- “Occupied a disenfranchised status” should not be coded solely because a person has a lesbian, gay, bisexual, queer etc. identity.

9. Descriptors of the Perpetrator(s)

Operational Definition: This code refers to the descriptive characteristics about the perpetrator. These characteristics include things like demographics (e.g., race), physical characteristics (e.g., big/strong), mental characteristics (e.g., bipolar, alcoholic), and social labels (e.g., fraternity guy, serial rapist).

- 9.1. Age
- 9.2. Race
- 9.3. Sex/gender (e.g., he, him, she, her, male, female)
- 9.4. Alcoholic, heavy drinker, does drugs
- 9.5. Pedophile or Serial rapist
- 9.6. Attracted romantically/sexually to the victim
- 9.7. Mental health problem/developmental disability (e.g., bipolar disorder, Down Syndrome)
- 9.8. Genital description (e.g., unable to maintain an erection, size of penis)
- 9.9. Stronger/heavier/bigger than victim
- 9.10. Leader in the community (e.g., cop, pastor)
- 9.11. University/school related title (e.g., fraternity guy, athlete)
- 9.12. Fake name to protect perpetrator’s identity or gives specific names to reveal identity
- 9.13. Positive personality attributes (e.g., kind, cool, “good guy”)
- 9.14. Abusive, manipulative, controlling, a “jerk” or “asshole”
- 9.15. Some other description mentioned, but not captured by the above codes

Section 9 Notes:

- These are descriptors (“he is XYZ”) as opposed to actions (“he did XYZ”).

10. Perpetrator Tactics to Facilitate Assault

Operational Definition: This code refers to specific tactics that the perpetrator used to make the sexual assault happen. This general code does NOT capture what motivated the perpetrator, only the behaviors the perpetrator performed. Sub-codes in this section can include everything from physically violent force to coercive manipulation.

- 10.1. Uses weapons (e.g., knife, gun)
- 10.2. Holds the victim down/still or physically hurts the victim (e.g., hitting, pulling hair, push against wall)
- 10.3. Threatens to physically hurt victim worse or hurt others (e.g., victim's sibling, friend)
- 10.4. Threatens some other non-physical punishment (e.g., blackmail, sharing nude pictures, threaten to "out", threaten suicide, saying victim will be "in trouble" if they do not)
- 10.5. Takes/drives/follows victim from public space (street, party) to private space (e.g., unoccupied room at party, behind a building) or blocks them from leaving
- 10.6. Silences victim (e.g., duct tape over mouth, hand over mouth, takes away their phone)
- 10.7. Performs behavior suddenly/surprises victim with behavior/just does behavior without asking (e.g., "And all of a sudden he was..." or "He came up behind me and...")
- 10.8. Physically makes victim do behavior (e.g., grabs victim's hand and touching it to perpetrator's body, presses victim's head down to penis)
- 10.9. Purposefully gets the victim drunk or drugs the victim
- 10.10. Assaults victim while victim is asleep/passed out/too drunk to know what is happening
- 10.11. Ignores "no" or other protests (e.g., yelling, pushing, crying)/continues after refusal
- 10.12. Stops only after very explicit resistance (e.g., stops after "no," hitting, or screaming)
- 10.13. Uses verbal/emotional abuse (e.g., derogatory language)
- 10.14. Gropes victim as a joke (e.g., "tickling" or groping to make viewers laugh)
- 10.15. Tells victim they should play a game (e.g., husband and wife, doctor)
- 10.16. Offers victim bribes (e.g., quarters, sweets)
- 10.17. Uses coercion/verbal pressure/"convincing" (e.g., continuing to verbally push and beg, says how aroused he/she is, "I like/love you," guilts victim)
- 10.18. Downplays the assault (e.g., "You will like it," "It is okay," or "It was an accident")
- 10.19. Ensuring secrecy (e.g., "You have to keep quiet," "No one will believe you," or "You can't tell anyone")
- 10.20. Grooming behaviors (e.g., complimenting victim's appearance, saying sexually explicit things to victim)
- 10.21. Vague mentions of using force, taking advantage, or simply "making" without other defining details
- 10.22. Vague threatening behaviors
- 10.23. Some other tactic mentioned, but not captured by the above codes

Section 10 Notes:

- These are actions ("he did XYZ") as opposed to descriptors ("he is XYZ").

11. Reactions of the Victim During Event

Operational Definition: This code refers to how the victim responded to the behavior during the assault. This code includes behavioral, verbal, or emotional responses.

- 11.1. Said “no” (e.g., told him to stop, quit it, actually said “no,” begged him not to)
- 11.2. Yelling, screaming during assault
- 11.3. Fighting back (e.g., hitting, kicking, pushing)
- 11.4. Tried to leave/actually left (e.g., wriggle away) (*excludes pushing behaviors*)
- 11.5. Confusion (e.g., did not know what was going on)
- 11.6. Freezing/ going numb/not being able to move due to shock
- 11.7. Laying still, pretending to be asleep, "stopped fighting," "gave in," saying they “let it happen” (described in the moment of the event)
- 11.8. Feeling scared, disgusted, tormented, horrified, embarrassed, annoyed, anger, upset (crying), ashamed during event
- 11.9. Complies because they fear it will be worse/hurt/something bad will happen if they do not, but perpetrator does not specifically threaten them
- 11.10. Gave excuse for why they could not do the behavior (e.g., “I have a boyfriend,” “I’m on my period,” “I’m a lesbian”)
- 11.11. Agreed to doing “lesser sexual acts” to avoid having to do “higher sexual acts”
- 11.12. Moving perpetrator's hands, head, or other body parts off of the victim's body (excludes full-body pushing behaviors)
- 11.13. Confronts/threatens/makes demands of perpetrator
- 11.14. Tries to get someone else’s (person/Jesus) attention to help
- 11.15. Vague mention of refusing, resisting, trying to get it to stop
- 11.16. Some other reaction mentioned, but not captured by the above codes

12. Victim’s Self Reflection After Event

Operational Definition: This code refers to what the victim thought about the assault after it occurred. This code includes mental coping and emotional regulatory behaviors.

- 12.1. “It is not my fault”/“I didn’t do anything wrong”
- 12.2. Self-blame (e.g., “I’m stupid,” “I should have known better,” “I shouldn’t have drank so much,” thought they had done something wrong and would have to go to jail)
- 12.3. “I am over it.”/“Life is better now.”
- 12.4. “I am still affected by the assault”/“I have PTSD” (e.g., other mental disorders, cutting, alcohol abuse)
- 12.5. Feeling scared, disgust, tormented, horrified, embarrassed, annoyed, anger, upset (crying), ashamed after event
- 12.6. Feeling thankful/lucky (e.g., for not remembering things due to drugs, for not being pregnant, that he could not get an erection)
- 12.7. Some other self-reflection mentioned, but not captured by the above codes

Section 12 Notes:

- If it is unclear whether victim felt emotions during or after, code it as happening after.

13. Reactions of Others

Operational Definition: This code refers to how others (including the perpetrator) responded to the assault. This code includes physical (e.g., beat up perpetrator) and verbal behaviors (e.g., said they were sorry) from others as well as responses grouped by a specific institution (e.g., responses from the police).

- 13.1. Intervention during assault/attempted intervention
- 13.2. No one intervened (e.g., no one came to help, somebody knew but did nothing)
- 13.3. Not being believed/supported
- 13.4. Blame from others (e.g., you were throwing yourself at him, punished/grounded victim)
- 13.5. Minimizing the experience (e.g., telling victim it was not a big deal or even excusing the perpetrator)
- 13.6. Sympathy/support
- 13.7. Punished the perpetrator (e.g., friend beating up the perpetrator)
- 13.8. Reporting the perpetrator (e.g., parent calling police, parent talking to perp's family, calling perpetrator's wife)
- 13.9. Helped/enabled the perpetrator during/after assault
- 13.10. Told/purposely did not tell another third-party person
- 13.11. Responses from police/university
- 13.12. Perpetrator egged on by other bystanders/witnesses
- 13.13. Perpetrator became angry/upset either during/after the assault
- 13.14. Perpetrator apologized/said they were sorry
- 13.15. Perpetrator labeling event as positive/normal (e.g., smiling, laughing, texting "I had a great time last night")
- 13.16. Perpetrator ran away/fled the scene in a hurry
- 13.17. Takes/helps victim home after assault
- 13.18. Some other reaction mentioned, but not captured by the above codes

Section 13 Notes:

- Others "Reporting the perpetrator" should not automatically be considered a punishment ("Punished the perpetrator"). Perpetrators can be reported and receive no punishment (e.g., parent calls the police but nothing happens) or they can receive punishment without the assault being reported (e.g., friend beats up perpetrator and never told anyone else about it).
- Responses from police and university can be either positive or negative.
- Encouraging victim to report to police etc. goes under 13.6. If person reports perpetrator directly to police themselves, code 13.8.

14. Results

Operational Definition: This code refers to what actions happened after the event or what circumstances were caused by the event. This code includes physical or verbal behaviors by the victim after the assault that are NOT self-reflective behaviors. The code also includes overall outcomes (e.g., justice/injustice), but NOT specific reactions of others.

- 14.1. Pregnancy/abortion
- 14.2. Injuries (e.g., blood, tearing, bruising, physical pain)/lack of injuries, physical pain (e.g., "It didn't even hurt")
- 14.3. Justice (e.g., through judicial system or some other system)
- 14.4. Injustice (e.g., "nothing ever happened to him")
- 14.5. I never told anyone/did not report/stayed "silent for years"
- 14.6. I told someone (e.g., friends, family)
- 14.7. Going to the hospital (e.g., for injury, to be tested for STIs, rape kit)
- 14.8. Going to a therapist/counselor
- 14.9. Going to the police, specifically mentions not going to the police/authorities
- 14.10. Avoidance (e.g., avoided the perpetrator, similar locations, similar situations)
- 14.11. Learning about other victims of the same perpetrator
- 14.12. Staying in a relationship with their rapist or ending the relationship/ friendship/marriage with them
- 14.13. Tried to forget (e.g., blocked out memories)
- 14.14. Became an advocate/influenced career path
- 14.15. Sexual assault/rape stopped because perpetrator died or family moved
- 14.16. Say assault is taken more seriously now than when they were young and their assault occurred
- 14.17. Some other result mentioned, but not captured by the above codes

Section 14 Notes:

- If the only person a victim tells is a therapist, code "going to a therapist." Do not code "I told someone." Follow same strategy with "Going to hospital" or "Going to the police" for only disclosing to nurses or law enforcement.

15. Labeling

Operational Definition: Victim labels their experience as rape, sexual assault, or other.

- 15.1. Do not call it sexual assault/abuse/rape
- 15.2. Called the event sexual assault/abuse/rape
- 15.3. Previously did not call it sexual assault/rape, but now they call it sexual assault/rape
- 15.4. "Grey area" or "halfway consensual" (e.g., "verbally consented but didn't mean it")

Section 15 Notes:

- Only for assault to victim, not if victim talks about assault happening to a third party.

16. Judging Severity

Operational Definition: This code captures if victims state that the experience was severe (e.g., worst experience of my life), mild (e.g., not a big deal) or compares the severity to something else (e.g., not being believed was worse than the rape itself)

- 16.1. Not a big deal (e.g., benign)
- 16.2. Common/normal experience
- 16.3. Worst experience of my life/Horrible thing
- 16.4. Not as bad as other's experiences of sexual assault/rape

17. "Thank You" for Doing the Study/Hopes and Wishes for the Study

Operational Definition: The victim says the words "thank you," expresses appreciation for the survey, or expresses hopes for how the survey results will be used/not used.

18. Limited Info

Operational Definition: The victim states that they either cannot (e.g., "was so long ago that it is hard to remember") or will not (e.g., "I don't want to say any more than I have already") provide many details about the assault.

- 18.1. "Hard to remember" (e.g., assault was long time ago, inebriated during assault)
- 18.2. "Do not want to share" or "It is in the past"

Section 18 Notes:

- This should NOT be used as an "unsure" category for any of the other codes.
- Statements of "No, thank you" should be coded here, not under the "Thank You" for Doing the Study" general code.

19. Miscategorized Experiences

Operational Definition: This code refers to an experience that is not sexual assault/rape or the participant says that the question is not applicable to them.

Section 19 Notes:

- This code should only be used when people write things like "N/A," "This does not apply to me. Your questions are faulty," or when people write a story and give enough detail that it seems clear they are talking only about a consensual behavior. If there is very little detail and you cannot tell it is miscategorized (e.g., "It happened at night"), then do NOT code it as miscategorized.