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Laura C. Wilson & Angela Scarpa

**To cite this article:** Laura C. Wilson & Angela Scarpa (2015) Unacknowledged Rape: The Influences of Child Sexual Abuse and Personality Traits, *Journal of Child Sexual Abuse*, 24:8, 975-990, DOI: [10.1080/10538712.2015.1082002](https://doi.org/10.1080/10538712.2015.1082002)

**To link to this article:** <http://dx.doi.org/10.1080/10538712.2015.1082002>



Published online: 23 Dec 2015.



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## **Unacknowledged Rape: The Influences of Child Sexual Abuse and Personality Traits**

LAURA C. WILSON

*Department of Psychological Science, University of Mary Washington, Fredericksburg, Virginia, USA*

ANGELA SCARPA

*Psychology Department, Virginia Tech, Blacksburg, Virginia, USA*

*Evidence supports that the majority of young women who experience sexual victimization that meets the legal definition of rape do not label their experiences as rape—this has been termed unacknowledged rape. In a sample of 77 young adult women, the odds of unacknowledged rape significantly increased as a function of less severe child sexual abuse histories and greater levels of dysfunctional personality traits. Potential explanations for these findings as well as clinical implications are discussed. Because of the potential psychological and societal consequences of unacknowledged rape, it is vital that researchers continue to examine this phenomenon.*

*KEYWORDS* child abuse, personality, rape acknowledgment, unacknowledged rape

Estimates across a wide range of samples (e.g., college, military, community) suggest that the prevalence of rape among women is between 14 to 36% (e.g., Cloutier, Martin, & Poole, 2002; Elliott, Mok, & Briere, 2004; Littleton & Radecki Breitkopf, 2006; Merrill et al., 1998; Tjaden & Thoennes, 2000). Rape in the present study was defined as unwanted, nonconsensual, or forced vaginal, oral, or anal sexual intercourse (Koss et al., 2007). The psychological and physical consequences of rape are well-documented and include depression, anxiety, substance abuse, eating disorders, sleep disturbance, sexual

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Received 12 February 2015; revised 30 June 2015; accepted 17 July 2015.

Address correspondence to Laura C. Wilson, PhD, Department of Psychological Science, 1301 College Avenue, Fredericksburg, VA 22401. E-mail: [lwilson5@umw.edu](mailto:lwilson5@umw.edu)

dysfunction, sexually transmitted infections, and suicidal thoughts (Boudreaux, Kilpatrick, Resnick, Best, & Saunders, 1998; Breslau et al., 1998; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Mechanic, 2004). Despite the prevalence of and devastating effects associated with rape, empirical evidence suggests that the majority of rape survivors do not label their experiences as rape (Wilson & Miller, 2015). This phenomenon has been termed unacknowledged rape (Koss, 1989).

Unacknowledged rape occurs when an individual experiences a sexually violent incident that meets the definition of rape, but the event is not labeled as rape by the victim (Koss, 1989). In these situations, victims often conceptualize the events using more benign labels, such as a “miscommunication” or “bad sex” (Littleton & Radecki Breitkopf, 2006; Littleton, Radecki Breitkopf, & Berenson, 2008). A meta-analysis of 28 studies (30 independent samples) including 5,917 female rape survivors found that the mean prevalence rate of unacknowledged rape across studies was 60.4% (Wilson & Miller, 2015). Because over half of survivors do not label their victimizations as rape, unacknowledged rape is a research area that should be of high priority in the trauma literature.

Empirical evidence is limited and inconclusive about the impact of unacknowledged rape on survivors’ psychosocial adjustment. Some studies suggest that when rape occurs, if survivors do not acknowledge the event as rape, it may serve to be protective. These individuals may behave in a way that is consistent with this mind-set. They may minimize the event, perceive it as less stressful, and subsequently report less distress than a woman who acknowledges that she was raped (Littleton, Axsom, & Grills-Taquechel, 2009). For example, one study found that unacknowledged rape survivors reported significantly lower levels of post-traumatic stress symptoms than survivors who acknowledged that they had been raped (Littleton, Axsom, Radecki Breitkopf, & Berenson, 2006a). Conversely, it has been suggested that rape acknowledgment is associated with healthier psychological adjustment because women who label the event as rape may be more likely to seek out help and use more extensive coping strategies (Littleton et al., 2009). Consistent with this, several studies have found that unacknowledged rape survivors are at significantly greater risk of negative outcomes, such as revictimization (Littleton et al., 2009) and poorer psychosocial adjustment (Botta & Pingree, 1997). In fact, Gidycz and Koss (1991) indicated that labeling the event as rape may be part of the recovery process. The inconclusive evidence about the consequences of acknowledgment status is partly due to methodological limitations within the existing literature base. Most notably, numerous researchers (e.g., Botta & Pingree, 1997; Harned, 2002) have suggested that acknowledgment status is a gradual process that develops over time; however, the majority of prior studies in this area have utilized cross-sectional designs (Littleton, Rhatigan, & Axsom, 2007).

Even though the long-term impact of unacknowledged rape on psychosocial adjustment may be unknown, unacknowledged rape is still an important and evolving topic in the sexual assault literature. Acknowledgment status

likely affects whether survivors report the crimes to the authorities, access mental health services, seek medical treatment, volunteer for sexual violence research, or communicate to others that they have been victimized (Botta & Pingree, 1997; Littleton et al., 2006a; Resnick, Guille, McCauley, & Kilpatrick, 2011; Wilson & Miller, 2015). In addition, unacknowledged rape brings into question the ways in which rape is assessed. For example, the Uniform Crime Reports is published annually by the U.S. Federal Bureau of Investigation and is based on crimes that have been reported to law enforcement agencies. It is likely that this report significantly underestimates the prevalence of rape because unacknowledged rape survivors typically do not report the incidents to the police (Botta & Pingree, 1997). The National Crime Victimization Survey (Bureau of Justice Statistics, 2008) is the main source of information about criminal victimization in the United States and rape is assessed by asking, "Has anyone attacked or threatened you in any of these ways—any rape, attempted rape or other type of sexual attack?" This approach may also fail to reflect the true prevalence of rape because questions that directly reference "rape" typically are not endorsed by unacknowledged rape survivors (Wilson & Miller, 2015). Conversely, studies that use behaviorally descriptive items (e.g., "a man put his penis into my vagina without my consent," as in the Sexual Experiences Survey; Koss et al., 2007) tend to report more accurate prevalence rates. On a societal and political level, unacknowledged rape clearly has detrimental effects because this phenomenon makes it difficult to determine the scale of the problem and to appropriately allocate necessary mental health resources to survivors.

Researchers have identified some potential explanations for why survivors may not acknowledge rape, including situational, individual, and social factors. Situational factors relate to characteristics of the rape event, such as substance use by the victim prior to the incident, physical force by the perpetrator, physical resistance by the victim, and familiarity between the victim and perpetrator (Bondurant, 2001; Botta & Pingree, 1997; Fisher, Daigne, Cullen, & Turner, 2003; Hammond & Calhoun, 2007; Harned, 2005; Koss, 1985; Littleton et al., 2008). Individual factors are individual differences among survivors, including self-blame by the victim, romantic beliefs, sexual history, coping behaviors, and beliefs about rape (Bondurant, 2001; Kahn, Andreoli Mathie, & Torgler, 1994; Koss, 1985; Littleton et al., 2006a). Social factors relate to characteristics of the survivors' social networks, including social support and relationships with peers who have been sexually victimized (Bondurant, 2001; Botta & Pingree, 1997; McMullin & White, 2006). Two potentially relevant factors that have received little to no attention include childhood history of sexual abuse and personality traits.

Prior research suggests that one of the factors that is most closely related to rape acknowledgment is survivor beliefs about sexual relationships (e.g., Littleton, Axsom, & Yoder, 2006b), also called sexual scripts. The sexual scripts most often possessed by women characterize sexual encounters as

being male initiated and dominated interactions that may involve persuasion tactics (Muehlenhard, Andrews, & Beal, 1995). In terms of victimization sexual scripts, many women conceptualize rape as a sexual violence incident perpetrated by a male stranger who exercises extreme violence and force (Kahn et al., 1994). If their victimization experience does not fit this schema (e.g., the perpetrator was her partner, the perpetrator used low levels of force), then survivors are less likely to label the event as rape (Littleton et al., 2006b). The goal of the current study was to expand on prior findings related to rape acknowledgment by examining variables (history of child sexual abuse, personality traits) that may relate to the development of sexual scripts.

Sexual scripts are schemas, or cognitive structures, that assist individuals in processing and organizing information (Neisser, 1976). As previously mentioned, numerous studies have found support for schemas as predictors of rape acknowledgment (e.g., Bondurant, 2001; Botta & Pingree, 1997; Layman, Gidycz, & Lynn, 1996). Although schemas appear to play a role in why some rape survivors do not label their experiences as rape, it may be more informative to examine potential sources of individual differences in schemas when attempting to explain rape acknowledgment. That is, individual differences in schemas may be the result of several influences, such as adverse childhood experiences (Young, Klosko, & Weishaar, 2003) and personality traits (Cantor, 1990). Prior results demonstrating cognitive schemas as significant predictors of rape acknowledgment may be capturing correlates of more global and robust factors. Thus, childhood sexual abuse and personality traits will be examined in the current study.

Child sexual abuse has been consistently linked to long-term difficulties in countless realms of functioning, such as psychopathology, academic performance, interpersonal relationships, physical health, and overall quality of life (e.g., Gilbert et al., 2009). However, child sexual abuse has received little attention in relation to adult rape acknowledgment. A history of child sexual abuse may help explain rape acknowledgment because adverse childhood experiences have been found to directly impact schemas (Young et al., 2003). For example, child sexual abuse has been found to increase permissive attitudes about sexual intercourse, sexual guilt, survivor self-perception of being promiscuous, and engagement in risky sexual behaviors (DiLillo, 2001; Messman-Moore & Long, 2003; Senn & Carey, 2010; Testa, VanZile-Tamsen, & Livingston, 2005). In one of the only known studies to examine child sexual abuse in relation to acknowledgment status, Layman and colleagues (1996) found no significant relationship. However, the participants reported low rates of fondling (7.7%) and no incidences of attempted or completed childhood rape. Therefore, the variable was skewed. It is possible that a history of child sexual abuse is one source of individual differences in acknowledgment status and prior research has simply captured variables associated with childhood maltreatment (e.g., sexual scripts).

Another largely unexplored factor that may help explain rape acknowledgment is personality traits. Personality traits are hypothesized to be relevant because, as Cantor (1990) states, schemas are “the cognitive carriers of dispositions” (p. 737). Thus, it is possible that prior research that has demonstrated a link between sexual scripts (schemas) and rape acknowledgment would be better explained by individual differences in the survivors’ dispositions or personality traits. Similar to adverse childhood experiences, dysfunctional personality traits have been linked to a wide range of negative outcomes and difficulties (e.g., revictimization, alcohol abuse, depression, anxiety) in sexual assault survivors (e.g., Combs, Jordan, & Smith, 2014; Wilson, Waldron, & Scarpa, 2014). In fact, there is some evidence that pretrauma personality traits are the primary predictor of posttrauma psychopathology, such as chronic posttraumatic stress disorder symptoms (McFarlane & Yehuda, 1996). Personality traits may be related to rape acknowledgment because personality has been found to be associated with attitudes and beliefs about risk-taking, sexual practices, and alcohol/drug use, which have been linked to negative outcomes in assault survivors (e.g., Wilson et al., 2014). As was previously mentioned, these variables (e.g., beliefs about sexual intercourse) have been consistently linked to rape acknowledgment (e.g., Littleton et al., 2006b).

In the seminal work on unacknowledged rape, Koss (1985) postulated that differences in rape acknowledgment directly stem from survivors’ personality traits. She focused on measures of dominance (passivity and submissiveness) and social presence (communication and social skills) but found that neither were significantly related to acknowledgment status. Similarly, Andreoli Mathie and Kahn (1995) found that survivor locus of control did not predict rape acknowledgment. Although the very limited preexisting evidence on personality factors has failed to find support that these influences are related to acknowledgment status, we examined a wider range of traits than have been previously considered. Specifically, we used the Inventory of Interpersonal Problems–Personality Disorder, which has been found to accurately distinguish between patients with and without a personality disorder (Pilkonis, Kim, Proietti, & Barkham, 1996). It should be made clear that we are not interested in detecting personality disorders in this study. Rather, we selected this instrument because it measures a wide range of issues associated with dysfunctional personality traits and therefore allows us to more accurately test the influence of personality traits on rape acknowledgment.

### Current Study

Because of the important implications of how survivors conceptualize their experiences (e.g., whether or not survivors seek help; Gidycz & Koss, 1991), it is imperative that researchers continue to examine possible explanations for

unacknowledged rape. This research may inform clinical practice and assist practitioners in better supporting survivors. Furthermore, because unacknowledged rape is not reported to authorities, the perpetrators of these events are never prosecuted, and many crime rates may be inaccurate.

To help inform our understanding of unacknowledged rape, this study focused on largely unexplored factors that may be associated with rape acknowledgment in young adult women. Specifically, the present study examined variables that may be the sources of many of the individual differences previously linked to acknowledgment status. The study examined the following research questions: (a) Do the participants' odds of acknowledging the events as rape vary as a function of their history of child sexual abuse, after controlling for personality traits? and (b) Do the participants' odds of acknowledging the events as rape vary as a function of their personality traits, after accounting for their history of child sexual abuse? It was hypothesized that more severe child sexual abuse will be associated with greater odds of not acknowledging rape, after accounting for personality traits. In addition, after accounting for history of child sexual abuse, more dysfunctional personality traits will be associated with greater odds of unacknowledged rape.

## METHOD

### Participants

The sample consisted of 77 young adult female college students ( $M_{age} = 19.87$ ,  $SD_{age} = 1.86$ ), ranging from 18 to 31 years of age, at a large public university. The main inclusion criteria for the study was that all participants had to endorse experiencing an adult sexual violence incident that satisfied the previously mentioned definition of rape, as assessed with the Sexual Experience Survey–Revised (Koss et al., 2007). The women in the current sample self-identified as White/Caucasian (77.9%), Asian (13.0%), Black/African American (2.6%), Hispanic (2.6%), and other (3.9%). The majority of the participants reported their socioeconomic status as being either middle class or upper-middle class (84.5%). We recruited women because of the greater base rate of self-reported sexual victimization in women compared to men across the life span (Briere & Elliot, 2003; Tjaden & Thoennes, 2000).

### Measures

CHILDHOOD TRAUMA QUESTIONNAIRE (CTQ; BERNSTEIN & FINK, 1998)

The CTQ is a 28-item self-report screener for histories of child abuse and neglect from birth to 17 years of age. The 5-item child sexual abuse subscale

**TABLE 1** Means, Standard Deviations, Observed Ranges, and Cronbach's Alphas for Child Sexual Abuse and Personality Traits (N = 77)

Variable	Mean	Standard deviation	Observed range	Cronbach's alpha
Child sexual abuse	6.09	3.11	5–20	–
Personality traits	34.62	15.41	6–61	0.93

*Note.* No Cronbach's alpha is reported for child sexual abuse because it is not an appropriate indicator of reliability for this type of measure.

was of interest in the current study. Participants respond to each item using a 5-point Likert scale, ranging from 1 (*never true*) to 5 (*very often true*). Based on the CTQ scoring guidelines, each subscale is summed, after correcting for reverse-scored items, and the maltreatment subscales can range from 5 to 25. The continuous scores were used in the current analyses, and greater scores reflect greater severity of child sexual abuse. Bernstein and Fink (1998) reported excellent internal consistency, test-retest reliability, content validity, construct validity, sensitivity, and specificity. Of the participants, 13.0% endorsed moderate to severe child sexual abuse (score of 8 or greater). See Table 1 for descriptive information on this measure in the current sample.

#### SEXUAL EXPERIENCE SURVEY–REVISED (SES-R; KOSS ET AL., 2007)

The SES-R is a 10-item instrument used for assessing attempted and completed unwanted sexual experiences, including fondling, kissing, rubbing, oral sex, vaginal sex, and anal sex that has occurred since the participant turned 18 years old. Items 1–9 ask participants how many times (0, 1, 2, 3+ times) specific unwanted sexual experiences have occurred. Item 10 asks whether the participant has ever been raped. If a participant endorsed any unwanted, nonconsensual, or forced vaginal, oral, or anal sexual intercourse but did not indicate she had ever been raped, then she was classified as an unacknowledged rape survivor (80.5% of the sample). If a participant endorsed any unwanted sexual experience that satisfies the definition of rape and indicated she had been raped, then she was classified as an acknowledged rape survivor (19.5% of the sample). The prevalence of unacknowledged rape yielded here is slightly higher than the mean prevalence rate previously demonstrated based on meta-analytic evidence (Wilson & Miller, 2015). However, samples containing college students have been found to yield higher prevalence rates of unacknowledged rape (Wilson & Miller, 2015).



INVENTORY OF INTERPERSONAL PROBLEMS–PERSONALITY DISORDER (IIP-PD);  
PILKONIS ET AL., 1996)

The IIP-PD is a 28-item screener for the presence of dysfunctional personality traits and is a modified version of the Inventory of Interpersonal Problems (Horowitz, Rosenberg, Baer, Ureño, & Villaseñor, 1988). Participants were asked to respond to each item from 0 (*not at all distressing*) to 4 (*extremely distressing*) to assess 3 domains of interpersonal difficulties: aggression (e.g., “I fight with other people too much”), interpersonal ambivalence (e.g., “It is hard for me to feel good about another person’s happiness”), and interpersonal sensitivity (e.g., “It is hard for me to get over the feelings of loss after a relationship has ended”). The participants were asked to respond to the items by considering their entire life. The participants’ IIP-PD score was obtained by summing their responses to the 28 items, and greater scores reflect greater dysfunctional personality traits. Scarpa and colleagues (1999) found strong evidence of test-retest reliability, internal consistency, factorial, convergent, and external validity for the IIP-PD in nonclinical young college adults similar to the current sample. The Cronbach’s alpha for the IIP-PD in the current study was 0.93. See Table 1 for descriptive information on this measure in the current sample. It is important to note that although the name of this self-report measure refers to “personality disorders,” participants’ responses to this instrument cannot be considered adequate information to make a diagnosis of a personality disorder. This measure was used in this study to assess for dysfunctional personality traits, which may be associated with personality disorders but cannot be considered indicative of personality disorders.

## Procedures

The participants in this study were part of a larger study designed to assess factors associated with sexual victimization. The larger study included 965 college students (27.4% male, 72.6% female). The only requirement of the larger study was that the participants were at least 18 years of age. The participants analyzed here were all those who identified as female, reported at least one incident that satisfied the definition of rape previously identified, and had complete data on the variables of interest (child sexual abuse, personality traits, acknowledgment status).

Institutional review board approval was obtained, and informed consent was collected from each individual participant. Participants were recruited through written announcements posted on the Psychology Research Management webpage and verbal announcements in psychology classes. The study was advertised as examining the relationship between personality and life experiences. The participants completed the survey online and were compensated with extra credit points toward their

psychology courses. All of the participants were psychology students, who ranged from introductory to advanced psychology students. Psychology courses are not mandatory at this university, and participation in this project was voluntary.

## RESULTS

Binary logistic regression was used to analyze the hypotheses in the current study, with the dichotomous outcome variable of rape acknowledgment (1 = *unacknowledged*, 0 = *acknowledged*). Child sexual abuse was entered into block 1 as the sole independent variable to determine whether it was significantly related to acknowledgment status. Then the variable of personality traits was added in block 2 to determine whether it was significantly related to acknowledgment status, after accounting for history of child sexual abuse.

As seen in Table 2, child sexual abuse was entered into the first block and the overall model was not statistically significant,  $\chi^2(1, n = 77) = 2.97, p = .085$ , indicating that the model was not able to distinguish between participants who acknowledged rape and those who did not acknowledge rape. The model explained between 3.8% (Cox and Snell R square) and 6.0% (Nagelkerke R squared) of the variance in acknowledgment status and correctly classified 79.2% of cases.

The logistic regression was then repeated with personality traits added in the second block. The overall model was statistically significant,  $\chi^2(2, n = 77) = 7.964, p = .019$ , indicating that the model was able to distinguish between participants who acknowledged rape and those who did not acknowledge rape. The model explained between 9.8% (Cox and Snell R square) and 15.7% (Nagelkerke R squared) of the variance in acknowledgment status and correctly classified 81.8% of cases. The odds of unacknowledged rape significantly increased as a function of less severe child sexual

**TABLE 2** Logistic Regression Analysis Testing Child Sexual Abuse History and Personality Traits in Relation to Unacknowledged Rape (N = 77)

	B	SE (B)	df	Odds ratio
Model 1—Outcome: Rape acknowledgment (1 = unacknowledged, 0 = acknowledged)				
Child sexual abuse	-0.14	0.08	1	0.87
Constant	2.31	0.62	1	10.08**
Model 2—Outcome: Rape acknowledgment (1 = unacknowledged, 0 = acknowledged)				
Child sexual abuse	-0.19	0.09	1	0.83*
Personality traits	0.05	0.02	1	1.05*
Constant	1.07	0.78	1	2.91

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

abuse histories (odds ratio = 0.83) and greater levels of dysfunctional personality traits (odds ratio = 1.05).

## DISCUSSION

This study examined how a history of child sexual abuse and personality traits related to the odds of acknowledging rape in a sample of young adult female rape survivors. The goal of the current study was to examine several unique factors that may be associated with rape acknowledgment in order to expand on previous findings. This area of empirical investigation is of great importance because it may impact recovery following rape, alter social awareness of this public health concern, and affect the prosecution of sexual offenders.

The rate of unacknowledged rape in the current study (80.5% of the sample) was greater than the mean prevalence rate that has been previously demonstrated (60.4%; Wilson & Miller, 2015). However, the rate was comparable to other studies that have utilized college students as participants (e.g., Cleere & Lynn, 2013; Harned, 2002). The high rate of unacknowledged rape is concerning on a societal level because it reduces the visibility of the prevalence of these events and the devastating consequences, which may in turn impact policy reform and the availability of resources. On an individual level, women who do not acknowledge that they have been raped may be less likely to access mental health services, seek medical treatment, or utilize social support (Littleton et al., 2006a; Resnick et al., 2011).

Contrary to our hypothesis, the odds of unacknowledged rape significantly increased as a function of less severe child sexual abuse histories, after accounting for greater levels of dysfunctional personality. Fisher and colleagues (2003) found that prior rape during adulthood increased the likelihood of acknowledging a rape event that occurred later during adulthood. They concluded that if survivors have had prior experiences then they may have a better understanding of what constitutes rape and may be less likely to blame themselves. That is, they may have a more developed or accurate rape script. It should be emphasized that Fisher and colleagues (2003) examined adult rape, whereas we measured child sexual abuse. Furthermore, Fisher and colleagues (2003) did not assess the impact of the severity of the assault on acknowledgment. However, this prior study does offer insight into a potential explanation for our finding. If a woman experiences more severe childhood sexual abuse, then this experience may give her insight and an awareness of sexual victimization that a nonsurvivor may not have.

Consistent with our hypothesis, the odds of unacknowledged rape significantly increased as a function of greater levels of dysfunctional personality, after accounting for a history of child sexual abuse. Individuals who score high on dysfunctional personality traits are often characterized as displaying cognitive errors in the ways they interpret the world and their interpersonal

relationships (Barnow et al., 2009). These cognitive distortions may increase the likelihood that survivors will misinterpret the incident or place emphasis on specific characteristics of the event (e.g., victim substance use, prior sexual intercourse with the perpetrator). This finding brings up the possibility that the survivor's conceptualization may have less to do with characteristics of the assault and more to do with their own personality traits, or may be an interaction of the two factors. However, to truly test this research question, it would be necessary to have data on both the characteristics of the event and survivor personality traits. Unfortunately, we were not able to collect that information in the current study.

The current findings need to be considered in the context of several limitations. First, all data analyzed in the current study were collected at one time point and therefore cannot imply causation. Second, the data were based on participant self-report and therefore may be biased. Third, the sample consisted entirely of female college students who were predominantly White/Caucasian and middle/upper-middle class. Therefore, the results may not generalize to more diverse samples.

Several strengths are also noteworthy. First, all the measures used in the current study were well-accepted instruments with well-documented reliability and validity. Second, by examining a rather homogenous sample, the effects of potential confounds were attenuated (e.g., gender, ethnicity, socioeconomic status). Third, by asking participants to complete the survey online and not requesting identifying information, the impact of social desirability on participants' responses may have been minimized.

The findings presented here contribute to the literature by suggesting that unacknowledged rape may be due to influences not directly related to the rape event itself and may be linked to longstanding and pervasive characteristics or prior experiences of the survivors. This suggests that if we are to better predict rape acknowledgment, we should expand our models to include factors beyond characteristics of the event, which have largely been the focus of previous research. The current study may also inform our understanding of outcomes associated with rape acknowledgment. Previous research has provided inconsistent results regarding whether acknowledging rape is harmful or beneficial to rape survivors. It is possible that these inconsistencies are partially due to researchers failing to take into account the factors supported in the current study. The results presented here provide evidence that childhood history of sexual abuse and personality traits may play an important role in understanding rape acknowledgment.

In terms of clinical implications, the high prevalence of unacknowledged rape in the current study should further encourage providers to use behaviorally descriptive items when assessing for sexual victimization. Otherwise, clinicians may be unaware that their patients have a history of such events (Wilson & Miller, 2015). This could be problematic because a patient may deny a history of rape or minimize the event, but the traumatic stressor could

be a primary determinant in their symptomatology. In addition, clinicians should be aware that prior traumatic experiences and individual differences may impact how their patients conceptualize their victimization events. It is recommended that clinicians conduct a thorough assessment prior to treatment planning to identify all relevant factors that should be addressed through psychotherapy.

Unacknowledged rape is arguably one of the more important topics related to sexual victimization. Whether survivors acknowledge rape directly impacts prevalence rates and research conducted in this area. Indirectly, unacknowledged rape may influence policy changes, awareness of the issue, and the availability of resources. Thus, it is vital that researchers continue to study potential correlates and predictors of unacknowledged rape to better understand which survivors may be more likely to not acknowledge rape. This area of the literature is so underresearched that it is still unclear whether rape acknowledgment increases the likelihood of psychosocial difficulties in survivors or is a necessary step in the road to recovery. However, it should be kept in mind that sexual victimization, whether it is acknowledged or unacknowledged, is associated with distress among survivors (Littleton et al., 2006a). Undoubtedly, future research should focus on further elucidating factors associated with unacknowledged rape, including expanding our understanding of the process, predictors, and outcomes of rape acknowledgment.

## REFERENCES

- Andreoli Mathie, V., & Kahn, A. S. (1995). *The role of counterfactual thinking in rape acknowledgement* (Unpublished manuscript). James Madison University, Harrisonburg, VA.
- Barnow, S., Stopsack, M., Grabe, H. J., Meinke, C., Spitzer, C., Kronmüller, K., & Sieswerda, S. (2009). Interpersonal evaluation bias in borderline personality disorder. *Behaviour Research and Therapy*, *47*, 359–365. doi:10.1016/j.brat.2009.02.003
- Bernstein, D. P., & Fink, L. (1998). *Childhood trauma questionnaire A retrospective self-report*. San Antonio, TX: The Psychological Corporation.
- Bondurant, B. (2001). University women's acknowledgment of rape: Individual, situational, and social factors. *Violence Against Women*, *7*, 294–314. doi:10.1177/1077801201007003004
- Botta, R. A., & Pingree, S. (1997). Interpersonal communication and rape: Women acknowledge their assaults. *Journal of Health Communication*, *2*, 197–212. doi:10.1080/108107397127752
- Boudreaux, E., Kilpatrick, D. G., Resnick, H. S., Best, C. L., & Saunders, B. (1998). Criminal victimization, posttraumatic stress disorder, and comorbid psychopathology among a community sample of women. *Journal of Traumatic Stress*, *11*, 665–678. doi:10.1023/A:1024437215004

- Breslau, N., Kessler, R. C., Chilcoat, H. D., Schultz, L. R., Davis, G. C., & Andreski, P. (1998). Trauma and posttraumatic stress disorder in the community: The 1996 Detroit area survey of trauma. *Archives of General Psychiatry*, *55*, 626–632. doi:10.1001/archpsyc.55.7.626
- Briere, J., & Elliot, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, *27*, 1205–1222. doi:10.1016/j.chiabu.2003.09.008
- Bureau of Justice Statistics. (2008). *National crime victimization survey: NCVS-1 Basic screen questionnaire*. Washington, D.C.: U.S. Department of Justice Statistics.
- Cantor, N. (1990). From thought to behavior: “Having” and “doing” in the study of personality and cognition. *American Psychologist*, *45*, 735–750. doi:10.1037/0003-066X.45.6.735
- Cleere, C., & Lynn, S. J. (2013). Acknowledged versus unacknowledged sexual assault among college women. *Journal of Interpersonal Violence*, *28*, 2593–2611. doi:10.1177/0886260513479033
- Cloutier, S., Martin, S. L., & Poole, C. (2002). Sexual assault among North Carolina women: Prevalence and health risk factors. *Journal of Epidemiology and Community Health*, *56*, 265–271. doi:10.1136/jech.56.4.265
- Combs, J. L., Jordan, C. E., & Smith, G. T. (2014). Individual differences in personality predict externalizing versus internalizing outcomes following sexual assault. *Psychological Trauma: Theory, Research, Practice, and Policy*, *6*, 375–383. doi:10.1037/a0032978
- DiLillo, D. (2001). Interpersonal functioning among women reporting a history of childhood sexual abuse: Empirical findings and methodological issues. *Clinical Psychology Review*, *21*, 553–576. doi:10.1016/S0272-7358(99)00072-0
- Elliott, D. M., Mok, D. S., & Briere, J. (2004). Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress*, *17*, 203–211. doi:10.1023/B:JOTS.0000029263.11104.23
- Fisher, B. S., Daigle, L. E., Cullen, F. T., & Turner, M. G. (2003). Acknowledging sexual victimization as rape: Results from a national-level study. *Justice Quarterly*, *20*, 535–574. doi:10.1080/07418820300095611
- Gidycz, C. A., & Koss, M. P. (1991). Predictors of long-term sexual assault trauma among a national sample of victimized college women. *Violence and Victims*, *6*, 175–190.
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, *373*, 68–81. doi:10.1016/S0140-6736(08)61706-7
- Hammond, C. B., & Calhoun, K. S. (2007). Labeling of abuse experiences and rates of victimization. *Psychology of Women Quarterly*, *31*, 371–380. doi:10.1111/j.1471-6402.2007.00386.x
- Harned, M. S. (2002). *Women’s labeling of unwanted sexual experiences with dating partners: Measurement and conceptual issues* (Unpublished masters thesis). University of Illinois at Urbana-Champaign, Urbana, Illinois.
- Harned, M. S. (2005). Understanding women’s labeling of unwanted sexual experiences with dating partners: A qualitative analysis. *Violence Against Women*, *11*, 374–413. doi:10.1177/1077801204272240

- Horowitz, L. M., Rosenberg, S. E., Baer, B. A., Ureño, G., & Villaseñor, V. S. (1988). The Inventory of Interpersonal Problems: Psychometric properties and clinical applications. *Journal of Consulting and Clinical Psychology, 56*, 885–892. doi:10.1037/0022-006X.56.6.885
- Kahn, A. S., Andreoli Mathie, V. A., & Torgler, C. (1994). Rape scripts and rape acknowledgment. *Psychology of Women Quarterly, 18*, 53–66. doi:10.1111/j.1471-6402.1994.tb00296.x
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Study. *Archives of General Psychiatry, 52*, 1048–1060. doi:10.1001/archpsyc.1995.03950240066012
- Koss, M. P. (1985). The hidden rape victim: Personality, attitudinal, and situational characteristics. *Psychology of Women Quarterly, 9*, 193–212. doi:10.1111/j.1471-6402.1985.tb00872.x
- Koss, M. P. (1989). Hidden rape: Sexual aggression and victimization in a national sample of students in higher education. In M. A. Pirog-Good, & J. E. Stets (Eds.), *Violence in dating relationships: Emerging social issues* (pp. 145–184). New York, New York: Praeger.
- Koss, M. P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly, 31*, 357–370. doi:10.1111/j.1471-6402.2007.00385.x
- Layman, M. J., Gidycz, C. A., & Lynn, S. J. (1996). Unacknowledged versus acknowledged rape victims: Situational factors and posttraumatic stress. *Journal of Abnormal Psychology, 105*, 124–131. doi:10.1037/0021-843X.105.1.124
- Littleton, H., Axsom, D., & Grills-Tauechel, A. (2009). Sexual assault victims' acknowledgment status and revictimization risk. *Psychology of Women Quarterly, 33*, 34–42. doi:10.1111/j.1471-6402.2008.01472.x
- Littleton, H. L., Axsom, D., Radecki Breitkopf, C., & Berenson, A. B. (2006a). Rape acknowledgment and postassault experiences: How acknowledgment status relates to disclosure, coping, worldview, and reactions received from others. *Violence and Victims, 21*, 761–778. doi:10.1891/0886-6708.21.6.761
- Littleton, H. L., Axsom, D., & Yoder, M. (2006b). Priming of consensual and non-consensual sexual scripts: An experimental test of the role of scripts in rape attributions. *Sex Roles, 54*, 557–563. doi:10.1007/s11199-006-9017-z
- Littleton, H. L., & Radecki Breitkopf, C. (2006). Coping with the experience of rape. *Psychology of Women Quarterly, 30*, 106–116. doi:10.1111/j.1471-6402.2006.00267.x
- Littleton, H. L., Radecki Breitkopf, C., & Berenson, A. B. (2008). Beyond the campus: Unacknowledged rape among low income women. *Violence Against Women, 14*, 269–286. doi:10.1177/1077801207313733
- Littleton, H. L., Rhatigan, D. L., & Axsom, D. (2007). Unacknowledged rape: How much do we know about the hidden rape victim? *Journal of Aggression, Maltreatment & Trauma, 14*, 57–74. doi:10.1300/J146v14n04\_04
- McFarlane, A., & Yehuda, R. (1996). Resilience, vulnerability and the course of posttraumatic reactions. In B. A. Van Der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society* (pp. 155–181). New York: Guilford Press.

- McMullin, D., & White, J. W. (2006). Long-term effects of labeling a rape experience. *Psychology of Women Quarterly, 30*, 96–105. doi:10.1111/j.1471-6402.2006.00266.x
- Mechanic, M. B. (2004). Beyond PTSD: Mental health consequences of violence against women: A response to Briere and Jordan. *Journal of Interpersonal Violence, 19*, 1283–1289. doi:10.1177/0886260504270690
- Merrill, L. L., Newell, C. E., Milner, J. S., Koss, M. P., Hervig, L. K., Gold, S. R., & Thorton, S. R. (1998). Prevalence of premilitary adult sexual victimization and aggression in a Navy recruit sample. *Military Medicine, 163*, 209–212.
- Messman-Moore, T. L., & Long, P. J. (2003). The role of childhood sexual abuse sequelae in the sexual revictimization of women: An empirical review and theoretical reformulation. *Clinical Psychology Review, 23*, 537–571. doi:10.1016/S0272-7358(02)00203-9
- Muehlenhard, C. L., Andrews, S. L., & Beal, G. K. (1995). Beyond “Just saying no”: Dealing with men’s unwanted sexual advances in heterosexual dating contexts. *Journal of Psychology & Human Sexuality, 8*, 141–168.
- Neisser, U. (1976). *Cognition and reality*. San Francisco, CA: Freeman.
- Pilkonis, P. A., Kim, Y., Proietti, J. M., & Barkham, M. (1996). Scales for personality disorders developed from the Inventory of Interpersonal Problems. *Journal of Personality Disorders, 10*, 355–369. doi:10.1521/pedi.1996.10.4.355
- Resnick, H. S., Guille, C., McCauley, J. L., & Kilpatrick, D. G. (2011). Rape and other sexual assault. In S. M. Southwick, B. T. Litz, D. Charne, & M. J. Friedman (Eds), *Resilience and mental health: Challenges across the lifespan* (pp. 218–237). New York: Cambridge University Press.
- Scarpa, A., Luscher, K. A., Smalley, K. J., Pilkonis, P. A., Kim, Y., & Williams, W. C. (1999). Screening for personality disorders in a non-clinical population. *Journal of Personality Disorders, 13*, 345–360. doi:10.1521/pedi.1999.13.4.345
- Senn, T. E., & Carey, M. P. (2010). Child maltreatment and women’s adult sexual risk behavior: Childhood sexual abuse as a unique risk factor. *Child Maltreatment, 15*, 324–335. doi:10.1177/1077559510381112
- Testa, M., VanZile-Tamsen, C., & Livingston, J. A. (2005). Childhood sexual abuse, relationship satisfaction, and sexual risk taking in a community sample of women. *Journal of Consulting and Clinical Psychology, 73*(6), 1116–1124. doi:10.1037/0022-006X.73.6.1116
- Tjaden, P., & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, National Institute of Justice.
- Wilson, L. C., & Miller, K. E. (2015). Meta-analysis of the prevalence of unacknowledged rape. *Trauma, Violence, & Abuse* Advance online publication. doi:10.1177/1524838015576391
- Wilson, L. C., Waldron, J. C., & Scarpa, A. (2014). Disinhibition as a mechanism in sexual victimization: A prospective study. *Journal of Aggression, Maltreatment & Trauma, 23*, 869–880. doi:10.1080/10926771.2014.948105
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner’s guide*. New York: Guilford Press.



## AUTHOR NOTES

Laura C. Wilson, PhD, is an assistant professor in the Department of Psychological Science at the University of Mary Washington.

Angela Scarpa, PhD, is an associate professor in the Psychology Department at Virginia Tech.