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## **Introduction**

Rape is a crime that has been described as a significant public health problem in the U.S. by the Center of Disease Control and Prevention (2007). Despite its prevalence, most Americans are not aware of the extent of this problem. Statistics from a diverse selection of sampled women from collegiate, military, medical and community settings in the United States show that at least 14 to 36 percent have been victims of rape (Littleton, Radecki Breitkopf & Berenson, 2008). The National Institute of Justice refers to rape as a type of “sexual violence,” and although definitions can vary by state most legal definitions identify rape as nonconsensual vaginal, oral or anal penetration by way of force, threats, or engaging in parallel sexual activity with a victim incapable of giving consent where perpetrators can range from a stranger to an intimate partner (November 2007). This definition of rape broadened the range of experiences that previously stereotyped rape solely as vaginal rape by a stranger. Yet, research has shown that there are a substantial number of women whose sexual experiences qualify as rape, however these women do not label themselves rape victims.

Statistics report that 1 in 6 women will become a victim of sexual assault in their lifetime, and research continually suggests that women who meet the legal criteria for rape do not often label themselves as being victimized (Kahn, et al., 2003; Karen & Sharon, 1999; Littleton & Henderson, 2009; Peterson & Muehlenhard, 2002, Tjaden & Thoennes, 2000). This paper provides an in depth examination of 1.) why unacknowledgement of rape is so prevalent, 2.) the major factors that play a role in the decision to label an experience as rape and 3.) the possible implications of labeling rape

on mental health and revictimization.

It is important to understand how women who do not label their experience as rape are identified. In 1985, Koss was the first to identify the “unacknowledged rape victim” or as the researcher referred to as the “hidden rape victim.” Koss identified this victim as a woman whose experience legally fits one of rape; however, does not conceptualize herself as a rape victim (1985). Since victims do not define their assault as rape, clinicians have devised sexual experience questionnaires to categorize women who have met the legal definition of the crime. The research reviewed in this thesis primarily used the Sexual Experience Survey (SES). The survey consists of a series of questions concerning the woman’s sexual behavior and experiences that would legally constitute acts involved in rape. The final survey question clearly asks the participant if they have been raped. If the woman answers yes to one or more of the critical SES questions and yes to the final survey question, she is classified as an acknowledged or labeling rape victim. However, if the victim answers yes to a preliminary rape question and answers no to the direct rape inquiry she is believed to have likely experienced a rape; therefore, she is assessed as a non-labeler or a woman who does not label her experience as rape (Kahn, et. al., 2003; Kahn 2004; Peterson & Muehlenhard, 2004; McMullin & White, 2006).

The issue with research in this topic is that researchers assume that a rape did indeed occur based on the participant’s report. McMullin and White addressed this problem of assumption and self-identification in their article, *Long-term effects of labeling a rape experience* (2006). The term, acknowledgement of rape, supports that

these women did or did not actually experience rape. Kahn recognized that identifying women as acknowledged or unacknowledged favors the researcher's definition of rape over the participant's (2004). Due to these discrepancies I have chosen to refer to this topic's population as women who do not label their experience as rape. Therefore, labeling of the participant's experience does not confirm an actual rape occurrence and instead only infers the incident based on the woman's report for research purposes.

Much of the literature reviewed did not delve into the issues of terminology usage. Instead, they simply categorize participants as unacknowledged and acknowledged victims based on SES responses. Another sensitive use of vocabulary used in rape labeling literature is the differentiation of rape survivors and victims. Peterson and Muehlenhard noted that they chose to use the term victim instead of survivor because of the implications it may have on the actual experience. They suggested that "survivor" entails there was risk to the woman's life, as opposed to "victim" which connotes powerlessness (2004). The usage of terminology is based on the mindset of how you want information to be presented. I chose to use the term victim as well throughout this review because victim refers to the subjection of a crime and I believe it to be more appropriate for research use, while survivor is vocabulary used by one who identifies themselves as been raped.

Previous research studies have distinguished women who label themselves as having been raped from women who do not label themselves as rape victims using a series of questionnaires assessing unwanted sexual experiences (Botta & Pingree, 1997; Kahn, et al., 2003; Littleton, Axsom, & Grills-Taquechel, 2009; Peterson &

Muehlenhard, 2004). Findings have shown that 13% to 27% of college women have been victims of some form of rape (Harned, 2004; Littleton, et al. 2009; Littleton & Axsom, 2003; Littleton & Radecki Breitkopf, 2006; Peterson & Muehlenhard, 2004), and of those women as many as 43% to 73% did not label themselves as having been raped (Conoscenti & McNally, 2006; Kahn, et al., 2003; National Institute of Justice, 2000; Peterson & Muehlenhard, 2004).

The primary participant sample group for rape labeling research has been college females. In Littleton's *Beyond the Campus*, she mentioned that besides her research there had only been two other studies investigating rape labeling not among college samples, Koss, et. al. in 1996 and Russell in 1983 (2008). This is most likely due to accessibility of university students as participants and the ability to offer incentive, such as academic credit, for participation. The majority of research conducted has left out a substantial sample of the female population. For example, women with limited educational backgrounds and/or women from lower socio-economic statuses who may be at higher risk for rape have not been investigated. Littleton and her colleagues reported risks that pertain to this sample of women were they likely live in more violent areas and that they are more likely to be involved in highly abusive relationships when compared to college women (2008). In addition, the availability of prevention and awareness resources as well as post assault services, such as counseling may be limited for that sample population. Further research expanding the sampling population could provide valuable insight in the acknowledgement of rape situations.

There are numerous reasons why women may vary in their willingness to

identify their rape experiences. Women not labeling their experience as rape can be predicted by factors such as the victim's relationship to the attacker, drug and alcohol use, and the amount of force used in the attack. However, the most compelling arguments of why women do not label their rape revolve around their inability to distinguish risky situations, the victim's rape script and the acceptance of rape myths, and to protect themselves from the stigma and feelings of powerlessness (Botta & Pingree, 1997; Lamb, 1999; Littleton & Axsom, 2003; Littleton, et al., 2009; Peterson & Muehlenhard, 2004).

The impact of labeling is not clear for rape victims. Those who do not acknowledge their rape may use it as a way to protect themselves from possible negative affects associated with being a rape victim. Rape has been linked to high levels of psychological distress including the onset of depression, anxiety, posttraumatic stress disorder, sexual dysfunction, sleep disorders and social phobia (Boudreaux, et al., 1998; Breslau, et al., 1998; Kessler, et al., 1995; Littleton, Axsom, & Grills-Taquechel, 2009; McMullin & White, 2006). The avoidance of labeling an experience as rape could be conducive in protecting the victim's mental health. It may allow the victim to bypass the negative effects of her experience, affording her the ability to continue living normally as though nothing has happened. However, it is unclear if this accurately represents the experience of women who do not label their rape.

Another possibility may be that the victim is attempting to ignore the truth and as a result does not access resources that she may possibly need, e.g. medical assistance, legal prosecution, emotional or psychological support. McMullin and White suggested

that women who label their rape find it beneficial and important for their recovery because labelers are able to differ blame to the perpetrator as opposed to negative internalization of self-blame (2006). In addition, women who label their experience as rape may be more inclined to seek out counseling services or support from loved ones. Support for this assumption has been seen in research where women who label their rape reported better adjustment and mental health than those who did not (Botta & Pingree, 1997; Gidycz & Koss, 1991; McMullin & White, 2006).

What implications does labeling a rape experience have on a woman who labels herself as not having been victimized, despite meeting the legal criteria of a rape victim? As opposed to the initial assumptions that labeling is beneficial, contradictory research has found that women who do not label themselves as being raped have less severe negative effects despite still having the unwanted sexual experience (Kahn & Mathie, 2000; Kahn, Mathie, & Torgler, 1994; Kahn, et al., 2003; McMullin & White, 2006). Research has shown that reports given by most women who did not label their nonconsensual experience recounted similarities of situational factors. For example, they were raped by a significant other, under the influence of drugs or alcohol, and/or their experience was not physically forceful or abusive. It may be possible that non-labelers are less negatively affected by their rape. This may be due to their experience not meeting a “typical” rape definition and therefore perceived as an inconsequential event. For instance, women that did not label their rape referred to their experience as a hook-up, bad sex, or something that they wanted to resist but gave into willingly.

Better understanding the labeling process has important clinical implications. It

would be helpful to identify the impact of labeling on a rape victim's conceptualization of her experience and the consequences to her mental health. This examination may be useful in recognizing if labeling would be beneficial or detrimental to a woman who does not label herself a rape victim. In addition, there are significant social implications with labeling rape. With accurate labeling, a potential increase in sexual assault reporting, legal convictions of perpetrators, and public awareness may result in an overall decrease of rape occurrences.

The literature search for this review was based on articles from multiple databases made available by the University of Nevada, Reno library. The databases used were EBSCOhost, PsycINFO, PsycARTICLES and Web of Science to find articles concerning labeling and acknowledgement of women's unwanted sexual experiences. Various search terms were used and combined including rape, rape trauma, labeling rape, acknowledgement of rape, sexual assault, alcohol, PTSD, health, rape myth, rape scripts, secondary victimization, distress, casual sex, and blame. The inclusion years of the articles range from 1983 to 2009. However, the majority of articles used in this review are no more than ten years old, the latest published this year, 2009. Koss's research in 1985, *The hidden rape victim: Personality, attitudinal, and situational characteristics*, was the only study that attempted to assess factors distinguishing acknowledgment and labeling conducted to date of Layman, Gidycz and Lynn publication (1996). The current aspect of these articles makes this review an up to date representation of the research published in this topic.

The purpose of this paper is to provide a comprehensive review of literature

available regarding the factors contributing to and the implications of labeling rape experiences. Using data from past studies, women's labeling beyond the actual act of rape will be examined. It will look into how the victim's awareness of their negative sexual experiences transcend into definitions of rape and what affect this recognition has on their mental health. Awareness of why women decide not to label rape, in spite of the occurrence of the act, may help in deciding the best treatment in those cases and whether identification of a rape is useful for the victim.

Even if a woman protects herself mentally by not labeling her experience as rape does that choice increase the chance of re-victimization and under reporting of the crime? These questions will also be evaluated throughout this literature review. The knowledge gained may help build more effective rape prevention approaches and better understanding in offering assistance to those who may experience negative affects from not labeling their experience as a traumatic event.

### **Situational Factors**

Past research found certain factors commonly reported by women not labeling their rape, many of which parallel perceptions of rape myth. Focusing on these recurrent situational factors, psychologists and sexual assault prevention programs can tailor treatment and prevention accordingly. Through continued research of the variables separating women who label and do not label their rape, insight about what specifically deters women from labeling their rape might be gained. The factors covered in this review will be the relationship with the assailant, substance use, the extent of force, and the recent change in perception of sexual activity.

### *Rape Myths and Scripts*

Rape myths perpetuate negative stereotyping of rape victims and may play an important role in why women do not label their rape. A pioneer in rape myth research, Martha Burt, and her article *Cultural Myths and Support for Rape* defined rape myths as the stereotyped and fictitious beliefs concerning rape, particularly the negative prejudice toward the victim (1980). Burt established that Americans do believe in rape myths and that expectations of acceptable sexual behavior of men and women affect perceptions of victim blame. Typical examples of rape myth revolve around displacement of blame. For example, there are myths that woman initiate the crime by exuding sexuality and dressing provocatively. Other myths revolve around rape victims lying about their experience because they were wronged by a lover or to cover up their own sexual promiscuity. Another widely accepted myth is that only women with bad reputations get raped. All of these examples are misleading myths that diminish the reality of rape (Burt, 1980; Cohn, DuPuis, & Brown, 2009; Loh et al., 2005; Lonsway & Fitzgerald, 1994; Peterson & Muehlenhard, 2004).

One specific rape myth, “she wanted it” may be a key factor in why women do not label their rape. Peterson and Muehlenhard tested rape myths as a variable explaining why women do not label their assault as rape. Their findings showed the general acceptance of rape myths, in particular the myth that women who behave in a sexually teasing manner deserve to be raped. This finding corresponded with low rates of labeling rape among victims (2004). Perceptions of rape myths revolve heavily around the redirection of blame from the attacker to victim. A woman’s assessment of her behavior

seems to influence how she labels rape. Therefore, if she believes she may have acted promiscuously or in a sexually teasing manner she may be more reluctant to declare rape because she blames herself for the crime. Littleton and Axsom discussed perceptions of rape versus seduction in labeling and found victims who did not label their rape often report that they acted in a sexually suggestive manner prior to the incident (2003).

As shown, the confusion between seductive behavior and consensual sex appears important in how a woman conceptualizes her rape experience. In a later study by Peterson and Muehlenhard, they investigated the correlations between “wantedness” with consensual sexual experiences and its possible implications on acknowledgement (2007). The authors questioned if sex could be both wanted, but nonconsensual. This thought process might be a driving factor in rape victims not labeling their attack as such, because women who felt sexual desire but openly did not give consent find their experience contradicting traditional rape myth.

Peterson and Muehlenhard compared the dominant model theory dichotomy, where unwanted feelings reflect nonconsensual sex and wanted feelings reflect consensual sex, to a new model where wantedness did not denote consent (see Table 1., 2007, pg. 73).

a. The Dominant Model: "Sex is either wanted and consensual or unwanted and nonconsensual"		
	Wanted	Unwanted
Consensual	Not rape	NOT POSSIBLE
Nonconsensual	NOT POSSIBLE	Rape
b. The Dominant Model: "Rape is unwanted nonconsensual sex."		
	Wanted	Unwanted
Consensual	Not rape	Not rape
Nonconsensual	Not rape	Rape
c. The New Model: "Wanting and consenting are distinct concepts; nonconsensual sex is rape."		
	Wanted	Unwanted
Consensual	Not rape	Not rape
Nonconsensual	Rape	Rape

**Figure 1.** The dominant and new models of wanting and consenting and their implications for what counts as rape. Under the dominant model, wanted nonconsensual sex is either impossible (a) or possible but not rape (b). A new model of wanting that does not conflate wanting and consenting would allow for a broader definition of rape (c).

Figure 1. Peterson and Muehlenhard's representation of wantedness from *Conceptualizing the "Wantedness" of women's consensual and nonconsensual sexual experiences: Implications for how women label their experiences with rape* (2007).

Past research had shown that consensual sex could be unwanted, but individuals consented due to feelings of obligation, to avoid relationship tension, or to satisfy a partner's need (Reneau & Muehlenhard, 2007). It is important to note that these experiences are not categorized as rape because consent was given. Little research has been conducted on the relevance of wanted feelings and nonconsensual sex; however, evidence was found supporting that nonconsensual sex and wanting could coexist. An individual could have sexual desire yet, declined consent in engaging the sexual activity

(Peterson and Muehlenhard, 2007). Their study confirmed that feelings of wanting or unwanting predicted rape labeling.

Comparisons of labeling and non-labeling rape victims showed women who had felt sexual desire or arousal were less likely to label themselves as having been raped (Peterson & Muehlenhard, 2007). A specific example of a response from a non-labeling victim was one who reported being intoxicated “to the point of unconsciousness,” however justified the experience not as a rape because “when I get drunk I am usually horny [sic] so I probably wanted it as bad as him” (Peterson & Muehlenhard, 2007, pg. 82). Another example of wantedness affecting acknowledgement of rape was the response of a victim who did not label herself as raped because the attacker believed she wanted sex due to her behavior (Peterson & Muehlenhard, 2007). This relationship between wantedness and non-labelers perpetuates the rape myth of “asking for it” because wanting sex is equated with consent. Yet, despite feelings of wantedness the act was nonconsensual, legally defining the unwanted sexual experience as a rape.

Rape myths reinforce individual rape scripts, each conceptually strengthening the validity in the other (Peterson & Muehlenhard, 2004). However, a rape script is not a rape myth. Instead, it is an individual’s construction of events; in this case a cognitive description of events that one normally believes constitutes rape. Scripts have been found to affect a rape victim’s conceptualization of their own experience, resulting in discrepancies in rape labeling because their rape did not fit their typical rape script (Bondurant, 2001; Hammond & Calhoun, 2007; Kahn, et al., 2003; Littleton & Axsom, 2003; Littleton, et al., 2009; Peterson & Muehlenhard, 2004). Rape scripts often reflect

popular rape myths that narrowly define rape as physically violent attacks where the assailant was a stranger. Looking at an individual's rape script is important when investigating rape labeling.

When there are inconsistencies between a victim's rape script and their unwanted sexual experience, it has been seen that a woman is more likely not to label her attack as a rape (Littleton & Axsom, 2003; Peterson & Muehlenhard, 2004). However, there may be a discrepancy about the predictive nature of a rape script and labeling of rape. Littleton and Axsom discussed the possibility that because descriptions of scripts were collected after rape, the victim may have altered her script to justify not having to label her experience as a rape (2003). Since rape experiences are often complicated and are difficult to concretely define, a victim's labeling of her experience is highly variable. This is one of the difficulties when reviewing rape labeling literature and a reason why further research is needed in investigating the mechanisms of labeling.

In rape scripts, repeated characteristics have been identified in differentiating victims who label and do not label their rape. Multiple rape myths often form an individual's rape script; the most common of which describes a "blitz rape" that involves forced attacks by a stranger, the use of weapons, and severe physical and mental harm by the victim (Bondurant, 2001; Botta & Pingree, 1997; Kahn, et al., 2003 Peterson & Muehlenhard, 2004). By closely investigating assailant relationship, presence of force, and the use of drugs and alcohol, we may better understand how one's conceptualization of rape is shaped and predict how a woman labels her rape experience.

*Relationship*

Traditional rape schema involves violent stranger attacks (Bondurant, 2001; Kahn, et al., 2003; Littleton, Axsom, & Grills-Taquechel, 2009). Research of non-labelers has consistently shown that women who do not describe their experience as rape had a prior relationship to the attacker. Specifically, they were romantically involved with the perpetrator (Frazier & Seales, 1997; Kahn, et al., 2003; Koss, 1985; Koss, et al., 1988; Littleton, Axsom, & Grills-Taquechel, 2009). Therefore, based on previous assessments, women who do not label their rape are significantly more likely than acknowledged rape victims to have been attacked by a romantic partner.

In a recent experiment, Littleton, Axsom, and Grills-Taquechel (2009) rejected the correlation of attacker relationship and labeling. Their participants were asked if they were romantically involved with their attacker, including casual dating, steady dating, or labeling their attacker as a significant other. They found that 37.9% (n=77) of their participants, who were classified as non-labelers, categorized themselves as romantically involved with the rapist as opposed to only 26% of acknowledged victims (n=34). Littleton and fellow researchers found the relationship between labeling and romantic involvement insignificant based on their Bonferroni-adjusted chi-square analysis. Therefore, relationship status was not considered an indicator of how women labeled their rape experience. However, whether or not the relationship continued after rape was significantly different between women who labeled their rape and those who did not.

Littleton and associates reported that 37.4 percent of women who did not label their rape stayed with their partner despite assault, as opposed to only 19.8 percent of labeled rape victims. Based on these results women who do not acknowledge their rape

are not more likely to be in romantic relationships with their attacker. However, they are more likely to stay with their abusive partner after the rape occurrence. Rape victims who do not label their rape are not influenced in how they label their experience based on their relationship with the attacker. However, women who do not label their experience as rape may be more susceptible to revictimization because they are not removing themselves from their attacker.

The previous study was inconsistent with the initial belief and support from other studies that that romantic involvement with the rapist and labeling were related. Another study by Bondurant (2001) similarly assessed no difference in relationship with attacker and the labeling of rape. She found that the majority of victims reported their perpetrator as a friend or boyfriend and that romantic beliefs did not predict whether the rape was labeled or not (Bondurant, 2001). However, when investigating other empirical evidence, findings support the correlation of attacker relationship with a woman not labeling her experience as rape. In three separate studies, researchers found that non-labeling rape victims had significantly more romantic relationships with the assailant than self-labeled rape victims (see Table 2. for relevant studies). The data collected by Harned (2005), Kahn et al. (2003) and Koss (1985) agreed that romantic involvement between the victim and perpetrator influenced how a woman labeled her rape. The inconsistencies in studies examining the association between romantic involvement and labeling illustrates the need for continued assessment of rapist/victim relationship as a predictor of labeling a sexual assault as a rape.

What is there about the relationship between perpetrators and victims that encourages not labeling rape? Feelings of obligation or fear that the relationship may end could be factors in why women do not associate themselves as being raped. Harned's

Table 2. Summary of Articles Supporting Relationship as Predictor of Acknowledgement<sup>1</sup>

Authors	Sample/Design	Measures	Findings
Harned (2005)	Stratified random sampling was used. Out of 1092 undergrad women 251 reported unwanted sexual experience with a dating partner. Labelers: n=54, Non-labelers: n=197	10-item SES to identify sexual victimization.	Labelers n=32 reported rape. Non-Labelers n=56 reported rape. More than 1/3 of all victims describe rape by a dating partner. 44.2% of nonlabelers reported being in a serious relationship with the attacker as opposed to 16.7% of labelers.
Kahn, Jackson, Kully, Badger, Halvorsen (2003)	491 female college students. n=33 experienced rape, n=56 did not label rape, n=8 were uncertain, and n=394 were nonvictims of rape Only those who labeled and did not label their experience as rape were tested.	Initial 16 questionnaire was used to identify rape. A 16-item SES determined potential rape experience.	Data supported that women who label their rape had a less intimate relationship with her attacker than non-labelers. 72% of labelers reported an unromantic relationship. Yet, 54.76% of nonlabelers reported their attacker a romantic partner.

<sup>1</sup>Table 2. was created by the author, Katherine MacLeod, to present a clear, concise comparison of the data reported in multiple articles.

Koss (1985)	36 acknowledged victims 26 unacknowledged victims	SES Survey, CPI, Sp & Do scales. Sexual Experience Interview & Dating Behavior Interview, Social Control Model	Romantic with attacker: 31%-Acknow. 76%-Unacknow. Difference in acquaintance levels: $p < 0.001$
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\*Other variables and measures may have been used. However, only those pertaining to assailant relationship to acknowledgment were included.

study established emotionally manipulative partners pressuring the victim by making them feel guilty or believing they were bad girlfriends (2005). In addition, because the assailant had sex or received indications of a having a consensual sexual relationship previously, the rapist may not have taken attempts for resistance seriously. The contradictions seen and questions asked affirm the need for further conduction of studies and evaluation of literature concerning perpetrator relationship as a rape-labeling mechanism.

### *Force*

Multiple studies have shown severity of force used during the unwanted sexual experience repeatedly correlated to rape acknowledgment (Bondurant, 2001; Hammond & Calhoun, 2007; Littleton, et al., 2009 Peterson & Muehlenhard, 2004). The belief revolves around the myth that rape tends to be highly aggressive and physically violent. Therefore, women that did not exhibit bodily marks or experienced low levels of force do not conceptualize themselves as having been raped. Since, the victim's experience did not reflect a violent attack and they do not report rape, women who do not label their experience as rape perpetuate the circular course of rape myths. In truth, it has been

<sup>1</sup>Table 2. was created by the author, Katherine MacLeod, to present a clear, concise comparison of the data reported in multiple articles.

established that the majority of rapes in collegiate settings involve low levels of force and victims incapacitated due to alcohol (Littleton, et al., 2009).

The intensity of force has consistently predicted how the victim labeled her rape. In Bondurant's assessment of 109 college females who had experienced rape (64% non-labelers), less than 10% of participants involved in low force attacks described themselves as having been raped. Conversely, more than half involved in forceful attacks labeled themselves as rape victims (2001). Other studies have also shown force as a predictor where victims did not label their experience as rape in minimally aggressive attacks (Botta & Pingree, 1997; Hammond & Calhoun, 2007; Kahn, et al., 2003; McMullin & White, 2006).

Besides the relationship to rape myth and individual scripts, force may also influence labeling because victims did not have to physically fight advances. The idea that women were capable of resisting, as they were not physically threatened, may result in self-blaming for the experience and rejection of the rape label (Harned, 2005). In Harned's study, 17.8 percent of women who believed they could have resisted the attack did not label their experience as a rape. One participant reported, "I could have easily declined with no threat of harm." Another stated that she would have been more vocal it would have stopped the assailant (2005). Unlike non-labelers, those who label their experience as rape may be more likely to blame the perpetrator because they accept that events were out of their control. The outcome of an experience based on extent of resistance by a woman is impossible to determine, but women who fault themselves for

being rape believe that preventative measures could have aided in avoiding their assault.

Therefore, they do not label the experience as rape.

### *Alcohol*

Impairment of judgment due to alcohol has been correlated to how an experience is labeled. However, alcohol has been an inconsistent predictor of how a woman will label her rape experience (Bondurant, 2001; Botta & Pingree, 1997; Kahn, et al., 2003; Layman, et al., 1996; McMullin & White, 2006; Peterson & Muehlenhard, 2004). One survey of female rape victims in college found that 72% of the participants were intoxicated at the time of their rape (Littleton, et al., 2009; Mohler-Kuo, et al., 2004). Women who do not label their rape may believe nonconsensual sex when intoxicated does not constitute rape because they were unable to give consent or unsure if consent was given.

In Harned's study, 251 college females who experienced an unwanted sexual experience, based on the Sexual Experiences Survey (SES), responded to open-ended descriptions related to their experience. They found that one reason women may not label their experience is due to complications of consent caused by alcohol and drug use. Women reported that they were either too intoxicated to clearly remember if they gave consent or they were responsible for their rape because they were drunk or high at the time (Harned, 2005). Based on this, Harned found that intoxication played a role in why women did not acknowledge their assault (2005).

Alcohol use by the victim has been seen to influence how a woman labeled her experience as rape. Intoxication, blacking-out, and unconsciousness were significant

factors of why women did not label rape. Severe impairment due to alcohol has indicated women are more likely to label their experience as something other than rape (Kahn, 2004). In two different studies by Littleton and her colleagues, they repeatedly found drinking by the victim to be a significant characteristic of women not labeling their assaults as rape (Littleton, Axsom, & Grills-Taquechel, 2009; Littleton, Radecki Breitkopf, & Berenson, 2008). Botta and Pingree's data also supported alcohol as a likely indicator for women not labeling their experience as rape (1997). These findings support that women who report that they had not been drinking prior to the rape are more likely to label themselves as raped (McMullin & White, 2006).

Even with multiple studies supporting the relationship between intoxication and not labeling a nonconsensual sexual experience as rape, other experiments have shown contradictory results. Based on previous findings, Kahn and fellow researchers hypothesized high levels of intoxication associated with victims not labeling their rape (2003). Based on a survey item stating "unable to resist because of alcohol/drugs" 63% of labeled rape victims reported this to be true. The difference in percentage between labeling and non-labeling victims was practically nonexistent, 62.5% of non-labeled victims reported incapacitation due to alcohol. Layman, Gidycz and Lynn also found minimal differences in alcohol use and labeling (1996). Resulting data showed 70% of women who did not label their experience as rape and 65% of labeled rape victims reported alcohol use involved on their part. In another study, conducted by Hammond and Calhoun, it was found that alcohol use by the victims actually increased the likelihood of labeling an assault as rape (2007). These findings have established that

there are no concrete predictions of a rape victim's labeling of her experience based on intoxication.

In a study by Peterson and Muehlenhard found that 72% of their participants had been intoxicated during their sexual assault (2004). In addition, women raped when intoxicated have shown to be emotionally distressed by their attack (Schwartz & Leggett, 1999). Perhaps, alcohol is more than just a situational variable. Intoxication reduces cognitive abilities, such as being able to consent and the perception of consensual acts. This might be the underlying factor of how a woman labels her rape experience. Therefore, how women under the influence describe alcohol's affect on consent and where they place blame may explain differentiated levels of acknowledgement. Also, Littleton, Radecki Breitkopf and Berenson discussed that despite the lack of significance of alcohol as a labeling predictor, it is possible that women that did not label their experience as rape were less effective in resisting attack or risk perception due to intoxication (2008).

There is little research on this hypothesis despite more than 100,000 students a year, between 18 and 24, having been so intoxicated that they are unaware if consent was given during a sexual encounter (Hingson, et al., 2005). In a study conducted by Harned, 96% of labelers focused on lack of consent to explain why they constituted their experience as rape (2005). When investigating aspects of consent, 33.3% of participants reported having been too intoxicated to give consent. Harned then compared reports from women who did not label their rape. She found that many believed that their own behavior made them accountable for the assault. This is opposed to the response given by

labelers who reasoned that intoxication rendered them unable to give consent thus equating the experience with rape.

Examples of the responses from women who did not label their attack as rape were described in Harned's study. One woman specifically described, "[I] consented because [I] was drunk, [I] wish [I] hadn't." Another rape victim who was blacked out reasoned that consent was given because of her inebriation and therefore was not justifiable as rape (Harned, 2005). Legal definitions of rape include impaired judgment as a result of intoxication not constituting as consent. It is a possibility that women who do not label their experience as rape may not be aware of what defines rape or attribute self-blame as reasons they do not consider their experience as crime.

#### *Changing Views of Sexual Behavior*

In response to inconsistent situational factors (e.g. perpetrator relationship) Littleton, Axsom and Grills-Taquechel mentioned that the difference in time period may not reflect the current shift of casual sexual behavior (2009). Current attitudes toward sex, especially in the college setting, appear to be changing. Casual non-committal sex with a non-romantic partner is commonly labeled "hook-ups" and 70% of college students report engaging in this activity (Grello, Welsh, & Harper, 2006). Other studies have shown 79%-85% of college students in the United States have "hooked-up" at least once (Paul and Hayes, 2002). Relatively recent changes in laissez-faire attitudes about sex maybe a reason in why some women do not label their experience as rape.

Littleton and her colleagues examined whether women's perceptions of rape are changing. Specifically, they examined whether rapes are occurring in casual sex contexts

or as a result of hooking up. Since these descriptions of rape differ from traditional rape scripts it may be a reason why women who were involved in nonconsensual sex do not label the experience as rape (2009). Littleton found that 68% of their participants engaged in hook-ups and of those 78% reported having a bad hook-up. Bad hook-ups consisted of attempted rapes (23%), some degree of sexual assault (29%), and rape (21%). With increased percentages of women hooking-up, many resulting in unwanted sexual experiences, beliefs about sexual behavior and rape scripts may be shifting as well. The impact of rape myths and scripts were shown to impact how one conceptualizes their sexual experience (Bondurant, 2001; Peterson & Muehlenhard, 2004). The Littleton, Tabernick, Canales, and Backstrom study (2009) suggested that rape scripts did not reflect hook-up contexts (e.g. one-time sexual experience with alcohol influence). A study specifically evaluating the impact of “hook-ups” and causal sex on labeling rape was not found. In three different studies a majority of women ambiguously labeled their experience. When asked some referred to it as miscommunication, bad sex, or a hook-up.

### **Stigma**

Women may reject the rape label in order to avoid feelings of stigma. Women that have been raped often report feelings of shame or embarrassment associated with being a victim (Conoscenti & McNally, 2006; Littleton & Radecki Breitkopf, 2006). Rape itself is a very intimate crime and the role of a rape victim is viewed differently than most other types of victimizations. It involves social scrutiny where the victim’s behavior is examined to validate her victimization and to make sure she did not provoke the attack. These social perceptions reduce the likelihood of reporting the crime. Therefore, rape

victims are less likely to report their victimization than those who are victims of other crimes (Frese, Moya & Megias, 2004; Koss, 1992).

The fear of this “secondary victimization” (Skaine, 1996) in which a victim’s experience is questioned, may be a reason why women choose not to label their rape. A woman may believe it is more beneficial to dismiss the event as a less significant event or reject the rape label due to negative connotations associated with victimization. Many women have described reasons for not labeling themselves as rape victim as an attempt to minimize the unwanted sexual experience, perhaps in effort to avoid aversive social and personal consequences (Harned, 2004). Peterson and Muehlenhard reported women’s reservations about labeling their experience as rape (2007). In one description the participant expressed worries about her use of the word rape; she reported never saying rape because of the abrasive undertones as well as fear of the reactions of others and what they would think about her (Peterson & Muehlenhard, 2007). It is however important to note that this individual did label her experience as rape in their investigation.

In a study by Sable and her fellow researchers, they found shame guilt and embarrassment to be reasons why victims do not report their rape (2006). Victims’ fears surround societal stereotypes that rape victims are seductive or vindictive. These negative connotations may negate acknowledgment of their victimization in order to avoid stigma. Harned researched the descriptive process of why women do not label their rape. She found that women would rather avoid being stigmatized and blamed by others as well as the negative psychological effects associated with victimization (Harned, 2005).

Several participants in Peterson and Muehlenhard's study mentioned that they had considered labeling their unwanted sexual experience as rape, yet had reasons to reject the label (2007). One specifically described her post rape confusion. She mentioned thoughts that she could not label her experience as rape due to the effect it would have on her parents, the attacker and "everyone else." In addition feelings of shame, reasoning that it would be "word against word," and belief that in trials "everything comes out...and they look for every reason...to make it look like you said yes or whatever." Therefore this victim rationalized that it was easier to think of her experience as an accident as opposed to a crime. Another participant in their study conveyed that by not labeling her experience as rape she felt less traumatized and more in control because she would have been "a lot more upset about it" and felt prolonged negative effects if it was rape (Peterson & Muehlenhard, 2007).

Littleton, Radecki Breitkopf and Berenson predicted that victims who do not label their experience as rape would report less feelings of stigma associated with victimization as opposed to women who do label their experience (2008). They used the Stigma Scale to assess negative feelings of stigmatization post assault (Gibson & Leitenberg, 2001). Their data showed that acknowledged rape victims reported significantly greater feelings of stigma than women who did not label their experience (Littleton, Radecki Breitkopf & Berenson, 2008). Women who have acknowledged their rape may have felt the effects of stigma from disclosure or reporting the crime. Conversely, women who did not label their assault as rape would not have experienced these same reactions.

These perceptions of the negative connotations of rape victims, specifically stigmatization and psychological distress, may be reasons why women do not conceptualize their experiences as rape. Labeling the experience may make them feel obligated to report the incident (Peterson & Muehlenhard, 2007), increasing the possibility of secondary victimization. While research on the descriptive process of labeling is limited (Harned, 2005) further investigation of stigma associated with rape and victimization may be a step in the direction of understanding why women differ in labeling their rape assaults.

### **Mental and Physical Health**

Rape is associated with a number of serious mental and physical health consequences. Victims often experience depression, anxiety and posttraumatic stress as well as other long-term negative outcomes on their mental and physical well-being attributed to those conditions (Campbell, Dworkin & Cabral, 2009; Conoscenti & McNally, 2006). The literature about the physiological and psychological consequences of rape labeling is minimal. There is debate whether labeling rape is beneficial for victims who have had an unwanted sexual experience. Critics have argued that inclusion of non-labeling victims inflate rape statistics and claims of rape as an epidemic crime (Gilbert, 1991; Harned, 2004; Roiphie, 1993), despite the fact that these women meet the legal criteria of a rape victim. Opponents against the need to label rape also contend that an act is not rape unless the victim labels it to be; therefore, women who do not label their rape trivialize the true trauma experienced by recognized rape victims (Gilbert, 1992; Harned, 2004; Roiphe, 1993). On the other spectrum it has been suggested that

even though rape itself is often traumatic, not all women who have been raped are traumatized by their experience (Gavey, 1999; Kahn, 2004).

There have been assumptions about rape labeling being advantageous for victims, allowing women to come to terms with their experience and learn healthy coping for recovery (Gidycz & Koss, 1991). It has also been suggested that despite societal benefits of labeling such as increased reporting of rape, enforcement and conviction, and rape awareness and prevention, labeling may not be beneficial for the victim (Kahn, et al., 2003). Before discussing the implications of labeling on wellness, there must be evidence that women who do not label their sexual assault as rape are in fact distressed by their experience; therefore labeling would be beneficial for a rape victim. To date this relationship has yielded inconsistent results.

Harned (2004) developed a study examining the relationship between labeling rape experiences and distress. Her research investigated if rape was psychologically victimizing despite what women labeled the experience. She hypothesized that distress stemmed from the traumatizing experience itself, rather than the labeled definition; therefore, victims who label and those that do not label their rape should report similar levels of negative effect following their experience. There were five assessments of negative outcomes associated with an unwanted sexual experience: depression, anxiety, posttraumatic distress, substance abuse and body image concerns. Harned also included social functioning measures: school and academic withdrawal because of its relevance to her college student participants.

Harned used three different models to investigate the relationship between the unwanted sexual experiences, labeling and negative outcomes. The full model consisted of direct paths from experience to negative outcomes as well as the indirect path from experience to these outcomes based on labeling (Figure 1, pg. 1096). The labeling model hypothesized that negative outcomes of unwanted sexual experiences were determined by how the experience was labeled (Figure 2, pg. 1096). Lastly, the behavioral model proposed labeling as irrelevant in predicting negative outcomes because it is the experience alone that affects distress (Figure 3, 1097).

The results of data indicated that the behavioral model was the best fit; therefore the unwanted experience predicted negative outcomes were unrelated to labeling (Harned, 2004). This established that despite what she labeled her assault, a woman who had experienced the act of rape would show distress in addition to impairment in social functioning. The results refute claims from critics that women who do not label their experience are not true victims. Rape victims become distressed and develop negative outcomes based on the act of rape itself and not the labeling. If there were no differences in well being based on labeling, suggesting that labeling may not have beneficial effects for rape victims, should unacknowledged women be left to process their experiences as they wish?

Another study by McMullin and White (2006), they also wanted to compare long-term effects of rape on both women that label their rape and those that do not label their experience as rape. They tested multiple variables to assess differences between labelers and non-labelers. However, the only variables pertaining to mental health were

psychological distress and psychological well-being. Based on the Mental Health Index (Veit & Ware, 1983), psychological distress measured negative outcomes such as anxiety, depression and loss of control. Conversely, psychological well-being evaluated positive effects such as “generally enjoyed things” and “felt loved and wanted.”

Figure 1. Full model representation (Harned, 2004; pg. 1096)

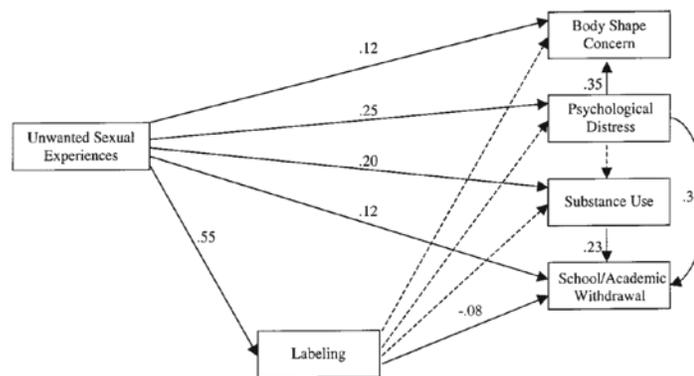


Figure 2. Estimated full model with standardized path coefficients. Dashed lines indicate nonsignificant paths.

Figure 2. Labeling Model Representation (Harned, 2004; pg. 1096)

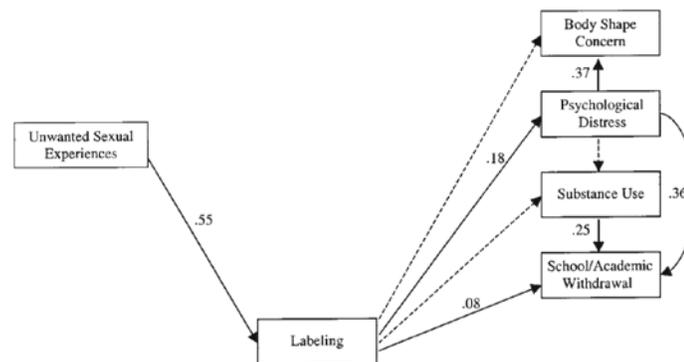


Figure 3. Estimated labeling model with standardized path coefficients. Dashed lines indicate nonsignificant paths.

Figure 3. Behavioral Model Representation (Harned, 2004; pg. 1097)

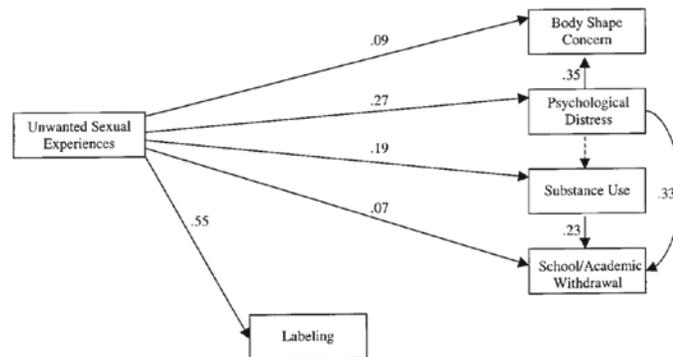


Figure 4. Estimated behavioral model with standardized path coefficients. Dashed lines indicate nonsignificant paths.

They conducted two surveys, the first to test their hypothesis that labelers and non-labelers differed from non-victims in mental health and the second assessed the long-term effects of labeling on rape victims.

Their first survey found victims, despite labeling, to report less psychological well-being and more distress than non-victims (McMullin & White, 2006). These results support evidence that rape victims experience negative effects due to their unwanted sexual experience (Campbell, Dworkin & Cabral, 2009; Conoscenti & McNally, 2006; Harned, 2004; Resick, 1993). In their second survey, differentiating effects based on labeling, McMullin and White hypothesized that labelers would be better adjusted during their initial assessment than at the follow-up survey. This was based on the belief that labeling is beneficial to a victim's well-being and recovery. Their participants, female college students, completed initial surveys at the beginning of the fall semester and then were invited to complete a second survey at the end of the spring semester the same school year. They found that rape victims, labelers and non-labelers, did not differ on psychological well-being or psychological distress, showing that labeling does not decrease nor increase well-being or distress of victims (McMullin & White, 2007).

There is also literature written suggesting the labeling of a rape does play a role in the levels of distress experienced (see Table 3). These articles suggest a relationship between labeling of rape experiences and post trauma experience. Buddie and Miller hypothesized that levels of distress may influence how a woman labels her unwanted sexual experience. For example, a woman may not believe she was raped if she feels her reaction, e.g. lack of distress symptoms, did not measure up to the societal standards of rape trauma (2001). Kahn and Mathie also suggested that women who did not experience

Table 3. Summary of studies examining differences of negative outcomes such as distress and posttraumatic stress disorder (PTSD) between acknowledged and unacknowledged rape victims<sup>2</sup>

Authors	Sample	Measures	Negative Outcomes Examined	Findings
Botta & Pingree (1997)	123 female undergraduates who have been raped. n=34: indicated they were not raped (unack.) n=62: (acknow.) n=27: said unsure/maybe	SES-Modified Sexual Experience Survey; Adjustment Questionnaire	Adjustment-Recovery based on shifting blame away from themselves, less depression and interference with work/social activities, less alcohol use, and sought help through disclosure.	Women who acknowledge reported sign. less interference with work/social activities, they feel sign. better (e.g happier), had more support and drank sign. less than unack. victims.
Kahn, Jackson, Kully, Badger, & Halvorsen (2003)	491 female college students. n=33: labeled experience rape n=56: did not label their rape (unack.) n=8: unsure n=394 not victims of rape	Questionnaire (16 questions) 15 were filler and 1 asked, "Have you ever been raped by a man?;" SES; Emotional Experience Questionnaire	Negative affect based emotions such as anger, confusions, feelings of dirtiness, guilt, self-blame, etc	Quantitative data revealed women who acknow. their rape are more likely to have experienced high negative affect after their experience
Layman, Gidycz & Lynn (1996)	591 female college	M-C SDS; Psychological	PTSD Symptoms, Blame attribution,	Acknowledged victim reported

<sup>2</sup>Table 3. was created by the author, Katherine MacLeod, to present a clear, concise comparison of the data reported in multiple articles.

Table 3-continued. Summary of studies examining differences of negative outcomes such as distress and posttraumatic stress disorder (PTSD) between acknowledged and unacknowledged rape victims

Authors	Sample	Measures	Negative Outcomes Examined	Findings
	students; 85-rape victims; Usable data: n=20: labeled n=40: were unacknowledged victims n=23: not rape victims	Functioning Measures- PTSD Scale, (SCL-90-R), (ASQ); Defense Measures- DES, DMI; Sexual History Measures- DSFI, Childhood Sexual Experiences; Victimization Measure- SES, SEI, Blame, IES Interview Measures- DDIS, SCID	Avoidance and Intrusion feelings based on event	higher PTSD levels and rape related stress than unack, victims.
Littleton, Axsom & Grills-Taquechel (2009)	334 sexually assaulted female college n=203: unack. victims; n=131: acknowledged victims	Victimization items- Modified SES; Scale-PSS; Depression Scale- CES-D; Anxiety Scale- FDAS; Alcohol Use Disorders-AUDIT; Use of sex to reduce negative affect measure	PTSD, Depression, Anxiety, Negative alcohol and sex use to reduce negative	Acknowledged victims were significantly more distressed than unack. victims. Acknowledged victims reported more depression, anxiety, and PTSD symptoms

Abbreviations: unack=unacknowledged victims of rape; acknow.=acknowledged victims of rape; PTSD-posttraumatic stress disorder

\*Other variables and measure may have been used in the study. However, for the purpose of this chart only those related to negative outcomes related to acknowledgment were included.

<sup>2</sup>Table 3. was created by the author, Katherine MacLeod, to present a clear, concise comparison of the data reported in multiple articles.

strong negative emotions after their rape would be less inclined to label their experience as rape (2000). Multiple studies supported this claim and have shown that women identify themselves as rape victims report more psychological distress (Kahn, et al., 2003; Layman, et al., 1996; Littleton, et al., 2009).

One study showed that women labeling their experience as rape differed in levels of distress when compared with women who did not label their experience as rape. However, conflicting findings suggest that women who label rape reported better adjustment and less interference from distress than non-labelers (Botta & Pingree, 1997). They reasoned that a woman labeling her assault as rape was positive for the victim and perhaps reduced negative feelings associated with self-blame. Also, women labeling their experience as rape may be better adjusted because they sought out services such as counseling to combat the distress triggered by their rape. This leads to the possible benefits of helping women come to realization and identify their experience as rape for healthy recovery.

Negative effects are not limited to psychological issues; rape also affects physical health (Conoscenti & McNally, 2006; Kimerling & Calhoun, 1994). Conoscenti and McNally conducted a study evaluating health complaints reported by non-labeled and labeled rape victims. This was the first study of exploring both physical and mental consequences of labeling found (2006). Posttraumatic stress disorder has been associated with rape victim identity (Kahn, et al., 2003; Layman, et al., 1996; Littleton, et al., 2009) and possibly increases somatic health complaints. Therefore, Conoscenti and McNally hypothesized women that identify themselves as rape victims would report more frequent

and severe somatic symptoms as well as psychological complaints (2006). For example, somatic problems could range from gynecological to gastrointestinal issues and of the 82 possible medical complaints the extent of severity could be as routine as coughing to more severe complaints such as vomiting and blood in stool (Conoscenti & McNally, 2006).

Both victims of an unwanted sexual experience and non-victims were recruited. Based on participants' responses to the Sexual Experiences Inventory (SEI) rape victims' labeling of their experience was assessed. Twenty-nine did not label their experience as rape and 40 did label their rape. Twenty women who have never experienced rape were assessed as control participants. Participants were then given a modified Pennebaker Inventory of Limbic Languidness (PILL), a 246 self-report questionnaire, to measure somatic health complaints. They were also given the PTSD Symptom Scale (PSS-I) to assess for negative psychological distress associated with posttraumatic stress.

The results varied on the effects of labeling on health. No differences were found between labelers and non-labeler meeting the criteria for PTSD. However, consistent with Conoscenti and McNally's hypothesis self-identified rape victims reported having somatic health complaints more frequently as well as an increased severity in complaints. They concluded that if rape was associated with greater health problems, it would be sensible that women who labeled their experience as rape would report more physical issues than those women who did not. Conoscenti and McNally's findings imply that labeling rape does result in differences of physical ailments, but does not necessarily affect psychiatric health (2006). Therefore, along with previous data supporting women

who do not label their assault as rape as better-adjusted individuals, this research also adds that they might be protecting their physical health (Conoscenti and McNally, 2006; Littleton, et al., 2006; McMullin & White, 2006).

### **Revictimization**

Another potential consequence of not labeling a rape experience is the risk of revictimization. Despite limited literature on this topic, recently researchers have begun focusing investigations on the implications of labeling and effects on victims' experiences after assault (Littleton, Axsom and Grills-Taquechel, 2009). Women who do not label their rape may be less likely to change behaviors that may have put them at higher possibility for sexual victimization. In addition, they may be more likely to experience another attack because they are deficient in risk assessment (Conoscenti & McNally, 2006; Hammond & Calhoun, 2007; Littleton, 2007; Littleton, Axsom & Taquechel, 2009; Marx & Soler-Baillo, 2005). The inability to identify risky situations such as drinking heavily or a continued relationship with the assailant may have significant repercussions such as subsequent sexual assault. These assumptions support the benefits of victims labeling their experience, especially in preventing revictimization (Layman, et al. 1996).

In Gidycz, McNamara and Edwards's review of risk recognition literature they found studies generally found women to have unrealistic perceptions of control, believing they are less likely to be sexually assaulted as compared to their peers (2006). However, they determined that women who previously had been victims believed they were more likely to be revictimized. Women who have been assaulted may have feelings of

increased vulnerability. Studies have revealed a relationship between women who do not label their experience as rape and reduced risk recognition due to no changes made concerning risky behavior (e.g. drinking), late reactivity to potential danger cues and continued relationships with their attacker.

Hammond and Calhoun predicted a relationship between how a woman labeled her experience, perceived personal risk and rates of revictimization (2007). The 198 participants, all female undergraduate students, completed both an initial assessment and a follow-up questionnaire regarding their assault. Victims who labeled their experience as a rape reported making effort to change risky behavior more than non-labeling women. Hammond and Calhoun found a significant relationship between how a woman labeled her rape experience and how behaviors changed to reduce possible revictimization. Surprisingly, their data did not show correlations between labeling and belief of future risk or increased vulnerability. This was inconsistent with suggestions that there must be feelings of risk before changes to reduce future victimization can be implemented. However, it provides interesting ideas for future research of labeling as a variable for risk reducing behavior.

Littleton, Axsom and Grills-Taquechel also investigated if women conceptualization of their rape impacts the likelihood of change in risky behavior such as alcohol use, using sex to negate negative feelings, or their relationship to their attacker (2009). Using a modified Sexual Experience Survey (SES) Littleton and her colleagues assessed 334 college females who met the definition of rape. They found that non-labeled rape victims reported significantly higher alcohol abuse and reckless drinking than

women who label themselves as having been raped. Researchers found that both labelers and nonlabelers rarely engaged in sexual activity to reduce negative affect.

Based on the six month later follow up survey, revictimization was reported among all women. When assessing completed rape victimization, 28% of women who did not label themselves as raped experienced another attack after their initial rape compared to 31% of self-identified raped victims. In this study, revictimization and labeling were not significantly different. Therefore, rape victims, whether that have labeled their assault or not, are similarly at risk for revictimization. Although, these results shows no significant difference between labeling and revictimization, non-labeled rape victims increase chances of revictimization due to other variables. For example, women who did not label their assault as rape reported higher rates of continuing their relationship with the perpetrator and alcohol abuse, placing them at risk for another rape attack. In addition, reports of non-labeled victims indicated that they are less likely in general to alter risky behavior.

Layman, Gidycz and Lynn also investigated the differences between labeling and possible revictimization (1997). They examined if women who did not label their experience as rape were more likely to continue their relationship with the perpetrator. In addition, they tested if non-labeling rape victims engaged in post assault intercourse with the rapist. Layman and her colleagues found that 32% of rape victims continued their relationship with the rapist. In addition, 25% of the rape victims also remained sexually active with the attacker after the rape incident. These included both women who did and did not label their rape. Non-labelers were no more likely to remain in a relationship or

engage sexual behavior with their rapist than labelers. However, Layman did not account if those occurrences were voluntary or not.

In a psychophysical study of risk recognition, Marx and Soler-Baillo examined responses of rape victims to hypothetically risky situations (2005). They believed that women who labeled their experience as rape would recognize risk more effectively, e.g. sooner, than women who did not label their attack as rape and non-victims because their rape scripts are more likely to be aware of typical acquaintance rape scenarios. Marx and Soler-Baillo also hypothesized that labelers would show faster autonomic arousal to dangerous situations and report higher levels of emotional response to the rape scenarios. They assessed ninety-five college females and determined victimization status based on the SES and Posttraumatic Stress Diagnostic Scale (PDS).

After classification as a labeler, non-labeler or non-victim, each participant was connected to electrodes to measure physiological response and listened to a vignette portraying an interaction between a man and woman that results in date rape. The scenario had been broken up into time segments of mutual interaction, polite refusal, verbal refusal and apologizes from the man, verbal pressure and refusal, verbal threats and adamant refusal then rape. When women believed that the situation had escalated into a potentially hazardous situation they were asked to press a computer key. This task measured response latency of when the participant recognized the man “had gone too far.”

Marx and Soler-Baillo’s results supported their hypothesis. Women who did not label themselves as rape victims took significantly longer to respond to risk behavior than

labeled women. However, women that did label their experience as rape did not differ on emotional response when compared with non-labelers. This study provided valuable data that women who did not label their assault as rape had substantially poorer risk recognition based on their latency responses. These results suggest non-labelers may be at higher risk for revictimization because they do not conceptualize their experience as an assault. Therefore, they may not recognize dangerous cues in the future, which may result in another victimization. In contrast, women who did label their assault as rape may process their experience more negatively and be more inclined to avoid possible revictimization scenarios or have a stronger reaction to potential risk (Marx and Soler-Baillo, 2005).

Risk recognition research may be vital in understanding why rape victims might label their experiences differently. It may provide insight on the beliefs supporting realization of rape in women who do not label their attacks as rape. These women may not perceive the dangers of irresponsible alcohol use or that continuing as relationship with their attacker may put them a higher risk for another assault. If women who do not label their rape are more inclined to be victimized again, steps must be taken to help increase their awareness of dangerous cues to prevent future rape.

## **Conclusion**

### *Individual vs. Societal Benefits*

While there is controversy about whether or not labeling rape is beneficial to a woman's well-being, data suggests it may be extremely beneficial for awareness and rape prevention. By addressing factors such as stigma and victim blame and furthering

awareness about rape, women may be more inclined to report victimization. As a result this may increase rape prosecution and ultimately decrease rape occurrence. There has been some data to suggest that despite a lack of positive individual effects the societal benefits of labeling rape are significant because awareness of the frequency and reality of rape experience and constructive legal consequences could prevent potential assault scenarios (McMullin & White, 2006).

Kahn and his fellow researchers question the importance of labeling at the individual level (2003). While the effects of labeling may be beneficial to women in the long run, will it be in expense of the victim? Not labeling an assault as rape may be the most effective coping method for a woman (Gavey, 1999; Kahn, et al., 2003; Kahn, 2004). If women recover from their experience and avoid possible negative effects of acknowledgment by not labeling it, should we try and redefine what happened to them for societal benefits? Ultimately, there needs to be clear evidence of the implications of labeling rape on a woman's well-being before addressing these uncertainties. For now, we should take what is known to build the most comprehensive programs for rape prevention and counseling services defining rape for what it is, an intimate violation that is often confusing and upsetting for its victim.

#### *Prevention and Awareness*

Hinck and Thomas have emphasized that prevention programs needed to focus on impacting a change in communication patterns and risky behavior to see a true reduction of rape occurrences (1999). Layman, Gidycz and Lynn reviewed that the negative social impacts associated with rape. They suggest that blame, lack of support for the victims and

stigma may lead to lack of recognition or acknowledgement of rape. In addition, social stigmatization associated with rape, often perpetuated by rape myth, may influence women not conceptualizing their victimization due to feelings of shame and guilt (Conoscenti and McNally, 2006). Like Hinck and Thomas, Layman and her fellow researchers believe that changes in societal attitude about rape and individual views and behavior must be altered if victimization is to be stopped (1996). It has been suggested that women do not anticipate themselves as victims of sexual assault when engaging in risky behavior such as drinking heavily or casual sexual activity. In addition, many women support typical conceptualizations of rape influenced by rape myths (Littleton, et al., 2009). Awareness of the situational factors, as well as the cognitive mechanisms often associated with women not labeling their experience as rape may help in assault prevention or assist women in coping with their rape experience.

Rape myths have also been considered influential factors in why some women do not label their sexual assault as rape (Peterson and Muehlenhard, 2004). With this information about rape and understanding that what most individuals consider a typical rape is unrepresentative of the crime. The way we view and talk about rape may begin to promote support for the victim of sexual assault and increase public awareness of the prevalence of rape.

### *Limitations*

Many of the studies examined in this review had a homogenous sample, perhaps limiting findings. Participants were primarily white, female college students. Therefore, it is unclear if rape labeling affects different minorities, age groups, lower socio-

economic individuals or women of lower education. Lonsway and Fitzgerald suggested that cultural history, religious traditions and sex roles expectations might be better predictors of rape myth acceptance (1994).

Littleton and colleague's *Beyond the campus: Unacknowledged rape among low-income women* was the exception (Littleton, Radecki Breitkopf & Berenson, 2008). The study focused on a more ethnically diverse sample of participants. In addition, none of the women sampled were ever enrolled in a university and approximately half were of a lower socio-economic status reporting a yearly income less than \$15,000. Despite differences in ethnicity, education and economic status, Littleton, et al. found that women who did not label their experience as rape reported less violent attacks, more alcohol use prior to attack, being romantically involved with the attacker, disclosing less and having fewer feelings of stigma. These findings parallel the results reported by white college females (Littleton, Radecki Breitkopf & Berenson, 2008). These findings suggesting that labeling can be generalized. However, expansion of labeling research to include a broad range of ethnicities and women from lower economic levels may reduce rape prevalence by making rape educational and prevention programs more accessible and relatable to that population of women.

Terminology is another limitation of rape labeling research. The vocabulary used among studies varied greatly from rape to sexual assault to unwanted sexual experience. Layman, Gidycz and Lynn noted the importance of a concrete definition and found that the term rape should be used with caution (1996). They argued the definitions of rape vary from state to state as well as among researchers and this may skew data. Kahn was

also aware that terminology may be problematic (2004). In the past he had referred to women as unacknowledged victims however he argued that this assumes that women did in fact experience rape, which is not known for sure, by favoring the scientific definition over the participant's. Therefore, Kahn began to refer to these women as "women who do not call their experience rape" (2004). The negative connotation associated with rape may be a valid reason why researchers are hesitant about its usage. However, legally the act of unwanted sex without consent is rape and the acceptance of the word universally may aid in lower its stigma.

Lastly, many studies regarded that their data was cross-sectional which limits causal inference (Hammond & Calhoun, 2007; Harned, 2004; Littleton, et al., 2009). Since examination of variables was conducted at the same time it is difficult to have a through understanding of the labeling process. It is difficult to make definitive statements about results that are cross-sectional because causal relationships cannot be made between variables and how a rape victim labeled her experience. However, these findings do give us further insight into the acknowledgement and labeling processes and what may potentially fuel them.

#### *Future Research*

Botta and Pingree argued that underlying labeling research is the need to focus on perpetrators rather than the victims as a means to prevent rape (1997). More research among men to understand what they believe to be rape, how often they have had a women give in to intercourse and their rape myth acceptance may be vital for better targeting men in prevention programs and a comprehensive understanding of

acknowledgment.

Most studies focused on the role of situational and cognitive factors in rape labeling. Future research should focus more on the motivational component why a woman might not label her rape, such as protection from negative affect. Not labeling rape's primary function may be to avoid and prevent stigmatization by others and secondary victimization. Further research on this might be the key in understanding why women do not label their rape. In addition, to protecting themselves from others, labeling may be a coping technique that reduces self-blame and negative affect associated with the attack, allowing for more effective recovery.

Longitudinal studies need to be the focus of future research so the patterns and effects of acknowledgment can be understood (Hammond & Calhoun, 2007). It has been debated if labeling is beneficial for protection or if it harms the victim by not helping her recognize risks leading to revictimization. Increasing longitudinal studies will help to determine if women's labeling of rape may change over time, perhaps with increasing acceptance of the experience (McMullin & White, 2006). Additionally, these studies may further our understanding of the impact labeling rape has on health consequences and behavior while enhancing both rape prevention and treatment.

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