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Pepperdine University

Graduate School of Education and Psychology

EFFECTS OF THE PROTECTIVE FACTOR OF THERAPY AND RISK FACTOR OF ALCOHOL USE ON PSYCHOLOGICAL OUTCOMES AMONG RACIALLY ETHNIC FEMALE SURVIVORS OF SEXUAL VICTIMIZATION

A clinical dissertation presented in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Annie M. Varvaryan

June, 2017

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This clinical dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirement of the degree of

DOCTOR OF PSYCHOLOGY

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ABSTRACT

The current study examines the utilization of therapy as a protective factor and alcohol use as a risk factor for racially ethnic diverse female survivors of sexual victimization against the development of Posttraumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), Irritable Depression (ID), and sexual revictimization. A sample of ethnically diverse female adult participants who endorsed sexual victimization from the National Comorbidity Survey Replication (NCS-R) were included in the study (n = 1115). Logistic regression analyses were used to determine the probability of the predictor variables of therapy and alcohol use impacting the outcome variables and whether or not the moderating variable (i.e., racial ethnicity) changed the relationship between the predictor and outcome variables. Results suggest that individuals who endorsed higher rates of PTSD and MDD utilized therapy services more frequently, with Latinas experiencing significantly higher rates of PTSD as compared to the other groups. Sexual assault victims who met criteria for Alcohol Abuse or Dependence were significantly more likely to have experienced PTSD than sexual assault victims who did not meet criteria. The study highlights the importance of accessible mental health care to a range of ethnically diverse populations experiencing sexual victimization.

Keywords: sexual victimization, therapy, mental health, ethnicity

Introduction

Sexual victimization and revictimization of women, across ethnic lines, is a common phenomenon that has been associated with various negative mental health outcomes (Bryant-Davis, Chung, & Tillman, 2009; Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010; Levitan et al., 1998; Turner & Muller, 2004). The current study defines the term, "sexual victimization" broadly to include individuals who have experienced any type of sexual victimization. Sexual victimization captures the experiences of "violent, coercive, and developmentally inappropriate sexual experiences including incest, rape, and other forms of sexual abuse such as fondling, and sexual exposure; use of physical force, authority or age differentials to obtain sexual contact; and verbally coerced sexual contact" (as cited in Santos-Iglesias & Sierra, 2012, p. 3469). Based on existing literature, female survivors of sexual victimization often experience an array of mental health challenges (Bryant-Davis et al., 2010). The present study will review literature on the following mental health outcomes: Major Depressive Disorder (MDD), Irritable Depression (ID), Posttraumatic Stress Disorder (PTSD), and revictimization and its associations with survivors of sexual victimization.

Research suggests that MDD is a significant psychological consequence of sexual victimization (Basile et al., 2015; Pillay & Schoubben-Hesk, 2001; Ulibarri, Ulloa, & Salazar, 2015; Warner, Alegria, & Canino 2012). There is sufficient support that a history of sexual victimization is a risk factor for depressive symptomology among women (Gladstone et al., 2004; Gladstone, Parker, Wilhelm, Mitchell, & Austin, 1999). Substantial evidence further supports the idea that depressive symptoms may be caused by sexual victimization (Becker, Skinner, Abel, Axelrod, & Treacy, 1984; Burgess, 1983; Burgess & Holmstrom, 1979; Ellis, 1983; Ellis, Atkeson, & Calhoun, 1982; Frank, Turner, & Duffy, 1979; Kilpatrick, Saunders,

Veronen, Best, & Von, 1987; Kilpatrick, Veronen, & Best, 1985; Kilpatrick, Veronen, & Resick, 1981; Nadelson, Notman, & Zackson, 1982; Resick, Calhoun, Atkeson, & Ellis, 1981; Santiago, McCall-Perez, Gorcey, & Beigel, 1985). Further, individuals who have been repeatedly victimized report more severe depressive symptoms than those experiencing a single episode of victimization (Najdowski & Ullman, 2011; Pillay & Schoubben-Hesk, 2001).

Cultural views of depression and different levels of the expression of sadness may lead to different symptom presentations across ethnic groups in the diagnosis of MDD (Escobar, Rubio-Stipec, Canino, & Karno, 1989). In a literature review, Baker (2001) found that the African American culture discourages the expression of sadness, which is associated with a greater display of irritability and anger. Supporting this notion, African American individual who are depressed are less likely to endorse sadness than Caucasians (Iwata, Turner, & Lloyd, 2002). There is literature supporting the notion of Irritable Depression (ID) as one of three depressive patterns (i.e., anxious, irritable and hostile depression), and those with high trait anxiety externalize their symptoms via irritability (Parker & Graham, 2015), accounting for cultural differences in the expression of MDD.

Additionally, experiences of sexual victimization are linked with symptoms of PTSD. Specifically, child sexual abuse (CSA) and adult sexual assault (ASA) are both associated with PTSD (Arata, 2000; Bolstad & Zinbarg, 1997; Boney-McCoy & Finkelhor, 1995; Briere & Runtz, 1987; Ports, Ford, & Merrick, 2016; Seedat & Stein, 2000; Ullman & Brecklin, 2002; Warner et al., 2012). There is further support that women who are revictimized experience increased symptoms of PTSD (Arata, 1999a, 1999b; Banyard, Williams, & Siegel, 2001; Gibson & Leitenberg, 2001; Koverola, Proulx, Battle, & Hanna, 1996). Two longitudinal studies have identified PTSD as a risk factor for sexual victimization. Acierno, Resnick, Kilpatrick, Saunders,

and Best (1999) found that a diagnosis of PTSD increased women's risk for ASA, while Noll, Horowitz, Bonanno, Trickett, and Putnam (2003) found that PTSD symptoms mediated the relationship between CSA and subsequent revictimization. For example, Wilson, Calhoun, and Bernat (1999) found that arousal, but not re-experiencing or avoidance symptoms, increased the ability of sexually revictimized women to recognize risk in a scenario depicting date rape. Furthermore, numbing symptoms were associated with less risk recognition. Thus, a PTSD diagnosis in and of itself may not necessarily be a risk factor for sexual revictimization. Rather, the specific PTSD symptoms that predominate at any given moment may increase the likelihood of revictimization.

The literature presents different findings on the rates of symptom endorsement across different groups. For instance, some studies indicate African Americans survivors exhibit greater depressive symptomatology (Axelrod, Myers, Durvasula, Wyatt, & Cheng, 1999), versus others suggest Latina survivors as presenting more depressed (Phillips-Sanders, Moisan, Wadlington, Morgan, & English, 1995). Other studies have not found racial/ethnic differences in post-assault depression (Elliott, Mok, & Briere, 2004; Frank & Stewart, 1984; McFarlane et al., 2005; Wyatt, 1992) or post-assault PTSD (Campbell & Soeken, 1999; Cuevas, Sabina, & Picard, 2015; Elliot et al., 2004; Ullman & Brecklin, 2002; Ullman, Filipas, Townsend, & Starzynski, 2006). In general, observed differences may be attributed to immigration status, associated acculturation, self-blame, in addition to lower social support, and the effects of racism in Latina groups (McFarlane et al., 2005). Additionally, presentations of symptom profiles vary with Latinas endorsing "positive" symptoms such as hypervigilance and expressive style serving as protective factors against symptomology (Marshall, Schell, & Miles, 2009).

Further, comorbid PTSD and MDD may increase symptom severity and lower global functioning of the affected individual (Shalev & Sahar, 1998), contribute to PTSD chronicity (Freedman, Brandes, Peri, & Shalev, 1999), and increase the risk of adverse health outcomes, particularly among low-income women (Kimerling, 2004). There is evidence to suggest that the relationship between depression and PTSD can be reciprocal, with pre-existing major depression increasing the risk of exposure to traumatic events and PTSD and vice versa (Breslau, Davis, Peterson, & Schultz, 1997). Breslau and colleagues (1997) propose that the emergence of PTSD might identify a vulnerable subset among those who experience a traumatic event, with depression more likely to occur as a result of pre-existing vulnerabilities exposed and exacerbated by the trauma.

Many studies have found that revictimization is more strongly associated with negative psychological outcomes (e.g., PTSD, MDD) than a single sexual assault alone (Arata, 2002; Classen, Palesh, & Aggarwal, 2005; Follette, Polusny, Bechtle, & Naugle, 1996; Miner, Flitter, & Robinson, 2006; Ports et al., 2016). Multiple sexual assaults may have a cumulative effect, increasing the severity of psychological sequelae with each assault (Nishith, Mechanic, & Resick, 2000). These distress outcomes may increase an individual's vulnerability to additional assaults, which may in turn exacerbate the existing psychological distress (Grauerholz, 2000; Messman-Moore & Long, 2003). Increased risk of sexual revictimization in women previously sexually assaulted in childhood, adolescence, or adulthood is a phenomenon now well-documented in the literature (Classen et al., 2005; Collins, 1998; Gidycz, Hanson, & Layman, 1995; Krahé, Scheinberger- Olwig, Waizenhöfer, & Kolpin, 1999; Messman-Moore & Long, 2000), yet limited research has examined mechanisms underlying increased risk. There may be a positive relationship between psychological outcomes and revictimization. Two longitudinal

studies have identified PTSD as a risk factor for sexual victimization. Substance use (i.e., problem drinking and/or illicit drug use) is also associated with risk of sexual revictimization (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2003; Greene & Navarro, 1998; Koss & Dinero, 1989; Rich, Combs-Lane, Resnick, & Kilpatrick, 2004; Ullman, 2003).

Project Aims

Research examining race and ethnicity is limited. The present study differentiates between race and ethnicity in the following ways: a) Race is a social construct based on biological differences; b) Ethnicity reflects cultural differences including religious beliefs, traditions, customs and rituals. Since it is difficult to capture each of these constructs individually in an archival data set, as will be used in this study, the current study will use "racial ethnicity" as a broader construct to capture each of these terms.

Due to the complexity of studying the variables of race and ethnicity in research, limited research exists on the relationship of ethnicity with revictimization. In one study that explicitly examines that relationship, Urquiza and Goodlin-Jones (1994) indicate that the prevalence rates for CSA were roughly similar for African-American and Caucasian survivors (44.8% and 38.0%, respectively), with relatively lower rates for Latina survivors (25.6%). The prevalence rates for adult rape revealed a different pattern, with African-American survivors disclosing the highest rate (37.9%), followed by Caucasian survivors (25.5%). Latina survivors reported lower rates (17.9%). Additionally, analyses within each ethnic group revealed differing prevalence rates of CSA and later adult rape. More than half (61.5%) of the African American women who were sexually abused in childhood reported rape as an adult, with lower rates for Caucasian and Latinas survivors (44.2% and 40.0% respectively).

Urquiza and Goodlin-Jones' study (1994) found that rates of revictimization were highest for African American survivors (61.5%), followed by Caucasian survivors (44.2%), and Latina survivors (40%). Therefore, there is some preliminary evidence that ethnicity is associated with revictimization, with African American survivors being at the highest risk.

It is important to note that racial ethnic factors greatly influence disclosure patterns as well as definitions of sexual victimization, therefore, these prevalence rates should be considered within that context. Specifically, recent literature has found that differences in defining terms of what constitutes CSA within respective cultures may affect the reporting of such actions (Lowe, Pavkov, Casanova, & Wetchler, 2005). For this reason, prevalence rates of sexual victimization are generally hard to constitute due to differing definitions and underreporting. Based on the mental health outcomes and prevalence rates, it is important to determine ways to buffer the impact of sexual victimization to enhance the wellbeing of racially ethnic diverse survivors. The literature review is summarized in a table found in Appendix A of this document.

Background Literature and Current Status of Theory and Research

The following literature review examines therapy as a protective factor for ethnically diverse women with histories of sexual victimization against developing mental health outcomes such as PTSD, MDD, and irritable depression and experiencing sexual revictimization. Research that explores the relationship of racial ethnicity in the relationship of sexual victimization and outcomes, however, is highly limited.

Therapy as a Protective Factor

Addressing contextual mediators such as therapy and other interventions of traumatic response in ethnically diverse survivors of sexual victimization may provide a conceptual framework for establishing therapy as a protective factor against psychological outcomes and

revictimization. Research has demonstrated an association between sexual victimization and psychological outcomes and revictimization; however, considering the particular events and symptoms from a cultural framework may yield different meanings across different cultures (Harvey, 2007).

There is ample evidence supporting the overall effectiveness of therapeutic treatments for survivors of sexual victimization including: Cognitive Behavior Therapy (CBT), Cognitive Processing Therapy (CPT), imagery rehearsal therapy, Eye movement Desensitization and Reprocessing (EMDR), and Dialectical Behavior Therapy (DBT). Specific treatments for trauma have also been developed including trauma-focused cognitive behavioral therapy (TF-CBT). TF-CBT is linked with decreased severity and duration of acute psychological disorders as well as prevention of long-term adverse psychological outcomes in survivors of CSA (Cohen, Mannarino, & Deblinger, 2006). Group therapy studies demonstrate that trauma-focused and present-focused group therapy is effective in reducing PTSD symptoms as well as MDD among adult CSA survivors (Classen et al., 2011). Additionally, emerging evidence suggests that imaginal exposure to memories of sexual victimization has shown improvements in symptoms of disgust in association with PTSD (Badour & Feldner, 2015).

While evidence exists for the effectiveness of mental health treatment for traumatic experiences including sexual victimization, there remain several barriers in disclosing assaults. One study examined social reactions received by survivors of sexual victimization and found that positive social reactions predicted greater perceived control over recovery, resulting in fewer PTSD symptoms (Ullman & Peter-Hagene, 2014). Negative social reactions to assault disclosure, however, were related to greater PTSD symptoms (Ullman & Peter-Hagene, 2014) suggesting that disclosure has a significant impact on victims' recovery after an assault. Another

significant barrier includes a delay of disclosure due to perceived social support. Research suggests that a majority of sexually victimized children delay disclosure until adulthood, which places tem at greater risk of ongoing assaults and negative long-term outcomes (Munzer, Feger, Ganser, Loos, Witt, & Goldbeck, 2016). Further, barriers specific to disclosure for African Americans with sexual victimization histories are found to be self-blame, stereotypical images of African American female sexuality, and a cultural mandate to protect male perpetrators, thus suggesting the need for interventions that incorporate cultural factors (Tilman, Bryant-Davis, Smith, & Marks, 2010). Other barriers include shame, social stigma, strategies from the perpetrator such as threats, distrust in others, parental bonding, or the survivor's wish not to be a burden to others (Munzer et al., 2016).

Research further indicates that several barriers exist to seeking therapy in ethnic minority groups. One such barrier is ethnic minority status (Garcia & Weisz, 2002; McPherson, Scribano, & Stevens, 2012). Tingus, Heger, Foy, and Leskin (1996) identified ethnicity as a factor that influences the utilization of mental health services. A significant group difference was found among sexually abused children with Caucasian children being more likely to enter therapy than Latina or African American children (Tingus et al., 1996). Consistent with these findings other studies have found that ethnic minority status is associated with a lower likelihood of formal help-seeking behavior; Caucasians are more than twice as likely than African Americans and nearly twice as likely as Latinas to report contact with formal service providers (Lewis et al., 2005). Another significant barrier to racial and ethnic minorities include perceived microaggressions, or "direct or indirect (conscious and unconscious) insults, slights, and discriminatory messages" in therapy which interfere with therapeutic progress (Owen, Tao, & Imel, 2014, p. 283). In one study, 53% of participants (n = 120) reported microaggression

experiences from their therapists, resulting in a poor working alliance and less utilization of therapy services (Owen et al., 2014).

The literature indicates both the effectiveness and barriers observed in disclosure and utilization of therapy services in survivors of sexual victimization. Clearly, more research is warranted in understanding the role these factors play in ethnic and racial minorities, particularly in the cultural role of barriers to treatment. Additionally, more research is needed in what therapeutic changes are required to better assist survivors of sexual assault.

Alcohol Use as a Risk Factor

Substance use is a common behavior observed in female survivors of sexual victimization. The most common explanation for substance use in traumatized individuals is the self-medication model or tension reduction hypothesis, which has received extensive support from psychological research (Bryan et al., 2015; Dansky et al., 1996; Epstein, Saunders, Kilpatrick, & Resnick, 1998; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; McFarlane, 1998; Stewart & Israeli, 2002). According to this model, survivors use substances in an attempt to cope with unpleasant affective experiences associated with PTSD. It has been suggested that alcohol and other substances are used by survivors of sexual victimization as a form of self-medication to cope with overwhelming pain (Grice, Brady, Dustan, Malcolm, & Kilpatrick, 1995). Approximately 13% to 49% of survivors become dependent on alcohol, whereas 28% to 61% may use other illicit substances (Frank & Anderson, 1987; Ullman, 2007; Ullman & Brecklin, 2002). There is evidence that the relationship between substance use and sexual victimization is bidirectional such that substance use increases the risk of sexual victimization and sexual victimization leads to increased substance use (Wilsnack, Wilsnack,Kristjanson, Vogeltanz-Holm, & Harris, 2004). Research indicates increased victimization status with

increased alcohol consumption (Bryan et al., 2015). Furthermore, violent assault increases substance use (Ireland & Widom, 1994); this, in turn, increases likelihood of revictimization (Burnam et al., 1988), which increases the likelihood of further substance use. Maladaptive coping strategies, such as substance abuse, are associated with longer recovery time and higher levels of depression and PTSD (Burgess & Holmstrom, 1979; Frazier, Mortensen, & Steward, 2005; Gutner, Rizvi, Monson, & Resick, 2006; Frazier & Burnett, 1994; Meyer & Taylor, 1986; Santello & Leitenberg, 1993; Ullman, Townsend, Filipas, & Starzynski, 2007). The following section addresses substance use with alcohol as a risk factor of psychological outcomes in women who have been sexually victimized.

Women with past histories of sexual victimization may be more likely to engage in coping behaviors such as drinking as a response to PTSD symptoms (Blayney, Read, & Colder, 2016; West, 2002). As described in the self-medication model, survivors of sexual victimization drink to cope with PTSD symptoms in order to reduce the re-experiencing of intrusive PTSD symptoms (Cappell & Greeley, 1987). Research suggests that drinking alcohol may help to alleviate survivors' unpleasant re-experiencing and arousal symptoms and through negative reinforcement lead to problem drinking (Dansky et al., 1996; McFarlane, 1998; Stewart & Israeli, 2002).

Drinking as a way of coping with distress is often predicted by CSA (Ullman, Filipas, Townsend, & Starzynski, 2005). A meta-analytic review revealed that greater CSA severity was related to greater severity of alcohol abuse in a dose-response fashion (Moncrieff & Farmer, 1998). Furthermore, Epstein et al. (1998) found that female drinkers with a history of child abuse reported twice as many lifetime PTSD symptoms and that PTSD symptoms severity mediated the relationship between child abuse and alcohol-related problems. Substance use disorder

patients with a history of child abuse demonstrated worse clinical outcomes, including more complex treatment needs, poorer treatment outcomes, greater severity of substance use and greater co-occurring psychopathology (Weiss, Tull, Lavender, & Gratz, 2013).

Alcohol use is also a risk factor for sexual victimization as women with higher breath alcohol concentration perceive less risk and are more likely to engage in risky situations (Livingston & Testa, 2000; Testa, Livingston, & Collins, 2000; Testa, VanZile-Tamsen, Livingston, & Buddie, 2006). Other research suggests that problem drinking makes women easier targets for sexual predators due to less ability to detect risk in their immediate environment (Cloitre, Scarvalone, & Difede, 1997). Furthermore, when under the influence of substances women may hold the belief that they are at lower risk to be victimized than their peers (Gidycz, McNamara, & Edwards, 2006). This may place them at a greater risk for victimization as when people believe that they are less likely to experience negative events, they may engage in risky behavior or failure to take precautions (Shepperd, Carroll, Grace, & Terry, 2002).

In a meta-analysis of multiple studies with varying methodologies, McFarlane (1998) suggested that causal relationships might be found among trauma, alcohol abuse, and PTSD. Specifically, traumatic events lead to PTSD symptoms, which increase susceptibility to alcohol abuse and revictimization (Acierno et al., 1999). There is some evidence that alcohol is a risk factor (Greene & Navarro, 1998) but not necessarily a mediator (Gidycz et al., 1995; Merrill et al., 1999) of sexual revictimization. Merrill and colleagues (1999) were unable to demonstrate that alcohol mediated the relationships between CSA and adult rape. Instead, their data suggests that alcohol might be an independent risk factor for adult rape. However, this relationship has not been supported in other studies (Ellis, Atkeson, & Calhoun, 1982; Gidycz et al., 1995;

Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997). Ullman, Najdowski, and Filipas (2009) found that PTSD numbing symptoms directly predicted revictimization, whereas other post-traumatic stress disorder_symptoms (re-experiencing, avoidance, and arousal) were related to problem drinking, which in turn predicted revictimization. Thus, numbing symptoms and problem drinking may be independent risk factors for sexual revictimization in ASA survivors, particularly for women with a history of CSA.

Although past cross sectional studies have found that the single most robust predictor of future victimization is prior victimization (Collins, 1998; Gidycz et al., 1995; Krahe et al., 1999), results from Ullman et al. (2009) suggest that once PTSD symptoms and problem drinking behaviors are accounted for, CSA does not directly predict future victimization. Lifetime prevalence of alcohol use according to the National Survey on Drug Use and Health (2002) suggests that Caucasians use alcohol at a higher rate (91.1%) when compared to African American (81.5%) and Latina (80.6%) groups.

Need for Further Study

The literature on therapy as a protective factor for racially ethnic diverse female survivors of sexual victimization against psychological outcomes and revictimization appears to be in its infancy as the research does not provide a review of women from different ethnic groups in regards to treating these outcomes. Although there is ample research available examining the degree to which social support moderates maladjustment following sexual victimization, sociocultural perspectives to barriers of treatment have been largely ignored. Likewise, there is a continued need to examine the more specific role of alcohol use in ethnically diverse survivors of sexual victimization. Overall, the research available on sexual victimization does not provide an understanding of the role racial ethnicity plays in the relationship between therapy as a protective

factor and alcohol abuse/dependence as a risk factor for psychological outcomes and revictimization.

Focus and Scope of the Proposed Project

In examining the literature, it is essential to recognize the lack of a cultural perspective in conceptualizing racially ethnic diverse women with a history of sexual victimization. There is limited research available on the impact of protective and risk factors of sexual revictimization and adverse outcomes in racially ethnic diverse females. Research is even more limited in the area of understanding the impact of race and ethnicity as moderators for these established relationships. By assessing how racial ethnicity play a role in the utilization of therapy, we will gain deeper understanding of the impact of these moderators. Specifically, information will be gained on how these moderators play a role against the development of mental health outcomes such as MDD, Irritable Depression, and PTSD, as well as revictimization in this population. The study further attempts to understand the role of risk factors, such as alcohol use, that are associated with psychological outcomes and revictimization and possible ethnic differences.

Observing coping behavior from a culturally based perspective helps conceptualize the coping methods used by ethnically diverse women (Fontes, 1993; Wang & Heppner, 2011). This allows for the values expressed within specific groups to be observed. The researchers attempt to inform the study with the belief that culture is essential and that attentiveness to nuances of culture, race, and ethnicity is necessary when designing health-promoting interventions (Harvey, 2007). Additionally, development of culturally relevant effective interventions requires attention not only to differences between groups but also to differences within racial, cultural, and ethnic groups and consideration of the ways in which these differences are expressed, highlighted, concealed, and negotiated in various social contexts. One of the major advantages of a cultural

approach is that it can suggest multiple interventions, at multiple levels, for alleviating the harm caused by sexual victimization.

Hypotheses

The current study intends to expand past research in two ways. The first objective is to examine the presence of therapy as a protective factor for ethnically diverse female survivors of sexual victimization against developing psychological outcomes including PTSD, MDD, irritable depression and sexual revictimization. This will be done by examining the differences of utilization of therapy across different races including Caucasians, African American, and Latina survivors. Secondly, it will investigate alcohol use as a coping strategy, which also functions as a risk factor for women with a history of sexual victimization toward developing the outcome variables of PTSD, MDD, irritable depression and sexual revictimization. Similarly, this study will examine the differences of alcohol use between Caucasian, African American, and Latina, survivors to determine if alcohol use is a coping strategy commonly endorsed by different ethnic groups. The author would like to issue a caution that endorsing a specific coping mechanism is not a form of blaming the victim or claiming that coping causes the vulnerability; rather it is that this coping behavior makes one more vulnerable to revictimization and psychological distress.

The current study makes the following hypotheses: 1. Less therapy will be associated with psychological outcomes (i.e., MDD, ID, and PTSD) and revictimization across racial groups and 2. Alcohol abuse/dependence will be associated with psychological outcomes (i.e., MDD, ID, and PTSD) across racial groups.

Methodology

Summary of General Project Approach

The National Comorbidity Survey (NCS) is a nationally representative sample of the United States (Kessler et al., 1994). The National Comorbidity Survey-Replication (NCS-R) is a new, cross-sectional survey of mental disorders of the general population of the United States carried out a decade after the original NCS (Kessler & Merikangas, 2004). Designed to examine time trends and their correlates over the 1990s, the NCS-R reiterates many of the questions from the NCS and also broadens the questioning to include assessments based on the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnostics system (American Psychiatric Association, 1994; Kessler & Merikangas, 2004).

Participants and Procedures

A sum of 9,282 interviews were completed in the main survey and an additional 554 short, non-response interviewers were completed with initial non-respondents (Peterlin et al., 2011). Participants were selected from a multistage area probability sample of the United States civilian population and received a letter describing the purpose and investigators of the study. Recruitment and consent procedures were approved by the human subjects committees of Harvard Medical School and the University of Michigan. Response rate for the data collection was 70.9% (n = 7,693) among those receiving the primary interview and 80.4% (n = 1,589) among secondary pre-designated respondents (Peterlin et al., 2011). NCS-R was administered in two different parts. In Part I, demographic and core diagnostic assessments were given to all 9,282 respondents. Part II included additional questions administered to all respondents who met criteria for at least one mental disorder during the Part I interview and a 25% probability subsample of other Part I respondents (n = 5,692), aged 18 and older. This sample was weighted

in order to adjust for differential probabilities of selection within households and from the Part I samples (Kalaydjian et al., 2009). The data were weighted to adjust for differential probabilities of selection, differential non-response, and residual differences between the sample and tract-level 2000 Census population on sociodemographic variables (Kalaydjian et al., 2009). Table 1 provides the sociodemographic characteristics of the NCS-R.

The NCS-R was administered face-to-face in the homes of the respondents who were selected from a nationally representative bevy of sample households (Kessler et al., 2004). The survey was conducted using a laptop computer-assisted personal interview (CAPI) method, provided by a professional survey interview to ensure accuracy of screening procedures, coverage of an area probability sample, and higher response rate (Kessler et al., 2004). Data was collected from February 2001 to April 2003 (Peterlin et al., 2011).

Study Design

The following study employed a cross-sectional, ethnographic, quantitative design. Participants included within the study have all experienced some form of sexual victimization (i.e., rape or molestation). Respondents with no history of sexual victimization were excluded from this study.

Diagnostic Measures of the NCS-R

The NCS-R interview schedule was a version of the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI) that was developed for the WHO World Mental Health (WMH) Survey Initiative and referred to as the WMH-CIDI (Kessler et al., 2004). All participants were administered a core diagnostic interview, of which Part I included mood disorders, and drug and alcohol abuse. A probability subsample of respondents were administered the lifetime non-patient version of the Structured Clinical Interview for DSM-IV

(SCID) to validate CIDI diagnoses (Fava et al., 2010). All participants who screened positive for any disorder in Part I, plus approximately a one-in-tree probability subsample of other Part I participants, received a Part II interview, which included questions about correlates and additional disorders (Peterlin et al., 2011). The WMH Survey Initiative version of the structured CIDI (Kessler & Ustun, 2004) was used to diagnose DSM-IV mental disorders; the CIDI evidences excellent inter-rater reliability, good test-retest reliability, good validity, and adequate convergence with other similar measures (Andrews & Peters, 1998).

Demographic Variables

Socio-demographic factors. Sociodemographic information obtained during the NCS-R administration, included age (at the time of the interview) categorized the following way: 18-29 years, 30-44 years, 45-59 years and 60 years, sex, race/ethnicity (non-Hispanic African American, non-Hispanic Caucasian, Hispanic/Latino and Other). Additional categories for race-ethnicity in the NCS-R included the following ethno-cultural groups: Vietnamese, Filipino, Chinese, all other Asian, Cuban, Puerto Rican, Mexican, all other Hispanic and Afro-Caribbean (Shim, Compton, Rust, Druss, & Kaslow, 2009). Other sociodemographic factors assessed included region of the country (Northeast, Midwest, South, and West), educational attainment (<12 years, 12 years, 13-14 years, and > 16 years), income as a percentage of the federal poverty level for 2001 (low income, <150% of the poverty level; low-average, 150%-299%; high average, 300%-599; and high, > 600%. Additional categories included marital status, employment status and religious affiliation (Protestant, Catholic, and no identified religious affiliation) (Shim et al., 2009). The cultural groups included in this study are Caucasian, African American and Latina. All individuals who endorsed Hispanic or Latino, regardless of country of origin or racial background, are considered Hispanic.

In order to assess for racial and ethnic designation, interviewers used the 2-question format recommended by the U.S. Census Bureau on the basis of the Race and Ethnic Targeted Test (U.S. Census Bureau, 1997). Consistent with this approach, respondents were first asked if they were “of Hispanic or Latino descent.” Respondents were then asked, “Which of the following best describes your race: American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian, Pacific Islander, or White?” For analysis purposes, the variable “Other” was used to capture those that did not identify as either Caucasian, African American, or Latina, and included Asian or Pacific Islanders and at least one participant who identified as Native American.

Sexual victimization. Sexual victimization questions were embedded within the section measuring for PTSD (Molnar, Buka, & Kessler, 2001). Respondents were provided a list of traumas and asked about each by number. Those who reported rape and molestation were asked how old they were during the first occurrence and whether it was chronic. Respondents who reported that their first experience of rape or molestation occurred before 18-years of age, were seen as experiencing CSA (Molnar et al., 2001). The present study collected data related to sexual victimization based on questions related to rape and being molested or inappropriately touched. Information for sexual victimization was obtained from the restricted dataset. The Sexual Assault Victim was identified as a female respondent who indicated having experienced a sexual assault or rape.

Predictor Variables

Therapy. Data on the respondent’s experience of therapy was measured by the following questions: “Did you ever in your life have a session of psychological counseling or therapy that lasted 30 minutes or longer with any type of professional?” In response to a traumatic event, data

on a respondent's utilization of therapy was based on: "Did you receive any professional treatment for your reactions to (Worst 12-Month Event/ these events) in the 12 months prior to this interview." Endorsement of therapy due to alcohol use was measured with the question: "Did you ever in your lifetime go to see any of the professionals on this list for problems with your emotions, nerves or your use of alcohol or drugs?" A binary score was calculated based on endorsement of having received therapy for PTSD, MDE, or Alcohol Use.

Alcohol Use. The alcohol module was administered to all respondents in the Part II sample. An initial screening question asked the age at which respondents first drank an alcoholic beverage. If the respondent reported ever drinking, a series of questions assessed drinking behavior and criteria for DSM-IV alcohol abuse and dependence (Kalaydjian et al., 2009). Drinking patterns at the time of the questionnaire were assessed with the question, "In the past 12 months, how often did you usually have at least one drink?" The Alcohol Use code, AlcoholAD, was indicated as a binary score for participants in the sample who met the criteria for either Alcohol Abuse or Alcohol Dependence according to the DSM-IV criteria.

Outcome Variables

Posttraumatic Stress Disorder. PTSD was assessed with the WHO-CIDI. In the NCS-R database, if participants met criteria for a disorder that was best related to another disorder, only the primary disorder was coded (Peterlin et al., 2011). Participants were first asked to specify traumatic events that caused distress, followed by an assessment of which caused the most upsetting reaction. In the NCS-R, the most upsetting trauma occurrence was used. DSM-IV PTSD criterion was further assessed in addition to the severity of symptoms. A binary score was used for the PTSD variable.

Major Depressive Disorder. The CIDI assessment of major depressive episode (MDE) asked about symptoms in the worst lifetime episode of the respondent and included symptoms added to those specified in the DSM-IV including loss of interest, feeling sad and/or hopeless, and duration of the depressive episode. A binary score was calculated for MDD/MDE for individuals who met criteria for MDD without hierarchy or MDE.

Irritable Depression. NCS-R data distinguishes between different manifestations of depression, including a specific subset of questions related to irritable depression. Including irritability as a component of depression or a manifestation of depression is an important consideration, which has been substantiated in research (Fava et al., 2010). The ID inventory consisted of 72-items aimed at identifying patterns of irritability, level of functioning impairment, mood disturbance and familial history of chronic irritability and grouchiness. A binary score was calculated for the irritable depression variable based on those who met criteria for MDD/MDE and endorsed at least 2 weeks of a moderate episode of MDE.

Revictimization. Data collected on revictimization was gathered from the follow-up question to victimization: “Was it a one-time occurrence, or did it happen repeatedly over a period of days, weeks, months, or even years?” The number of occurrences was counted with the question: “And how long it continued?” A binary score was calculated for re-victimization based on more than one experience of rape or sexual assault.

Data Analysis Procedure

Logistic regression analyses were used to determine if the predictor variables (therapy and alcohol abuse/dependence) were related to the outcome variables (MDD, PTSD, and irritable depression, as well as revictimization) and then to determine if the moderating variable

(ethnicity) changes the relationship between the predictor variable and the outcome variables. Each logistic model has two predictors (listed as χ^2).

The first step was to represent the predictor variables, therapy and alcohol abuse/dependence, and moderator, ethnicity, with code variables. Ethnicity was a categorical variable, with three levels (Caucasian, Latina, and African-American). "Caucasian" was be used as the reference category for the variable "Race" in all the regressions. The x^2 in every equation represented the likelihood of the outcome for that race (African Americans, Latinas, or Other) compared to Caucasians. Because the number of code variables depended on the number of levels minus one, one-code variables were needed. Ethnicity, which was a categorical variable with three levels (Caucasian, Latina, and African-American), required two code variable. Contrast coding was used to make comparisons between groups (Caucasian, Latina, African American, and Other).

After code variables were created to represent categorical variables (ethnicity and alcohol abuse/dependence), product terms were created that represent the interaction between the predictor (therapy and alcohol abuse/dependence) and moderators (ethnicity). To form product terms, the predictors (therapy and alcohol abuse/dependence) and moderator (ethnicity) variable were multiplied using the newly coded categorical variables. A product term was created for each coded variable (ethnicity and alcohol abuse/dependence).

After product terms were created, all variables were structured for a hierarchical multiple regression equation using standard statistical software to test for moderator effects. The variables were entered into the regression equation through a series of specified steps. The first step included the code variables (ethnicity and alcohol abuse/dependence) and categorical variable (therapy) representing the predictors (therapy and alcohol abuse/dependence) and the moderator

(ethnicity) variable. All individual variables contained in the interaction terms were included in the model. Product terms were entered into the regression equation after the predictor and moderator variables from which they were created.

The Omnibus Test of Models Coefficients (Omnibus Chi-Square) were used to indicate whether predictors in the model taken together are significant predictors of the outcome. The Wald Statistic was used to indicate whether a coefficient is significantly different from 0 or not.

Results

Sociodemographic Factors

In the current study, a total of 1115 participants in the NCS-R dataset endorsed experiences of sexual victimization. Of those participants 72.7% were Caucasian, 13.6% were African American, 9.5% were Latina, and 4.2% were not Caucasian, African American, or Latina. There was a large range in income, \$0 - \$150,000 – \$199,999, with a median income of \$12,000 - \$12,999. Half of the respondents had an income of less than the \$12,000 - \$12,999 income level. There was no significant difference in the distribution of income by race $F(3, 874) = 0.92$, Mean Squared Error (MSE) = 103.60, $p = 0.43$. In regards to marital status, 50.5% of the sample was married/cohabitating, 27.5% were divorced/separated/widowed, and 22.0% were never married. There were significant differences in marital status by Race χ^2 (6) = 69.56, $p < 0.001$. Compared to every other group, African American respondents were more likely to have been never married. In terms of education, 13.9% had 0-11 years, 28.2% had 12 years, 33.6% had 13-15 years, and 24.3% had greater than or equal to 16 years. The sample was comprised of 14 religious groups. Of those who responded to the religious identification demographics question, 55% identified as Protestant Christian, 20% as Catholic, 16.2% as "no religion" (i.e., Agnostic/Atheist, No religious preference, and No religion). Lastly, 8.8% reported a religious faith that was not Christian. Table 1 provides a comprehensive overview of the distribution of demographic variables.

Sixty-eight percent of the current sample received therapy. There was a racial difference in reports of receiving therapy (χ^2 (3) = 21.50, $p < 0.001$). Regarding the risk factor for substance abuse/dependence, 17.6% of the sample met criteria for alcohol abuse/dependence. Additionally, 44.0% of the sample endorsed revictimization, 42.5% met criteria for a MDE, 9.1% met criteria

for PTSD, and 0.7% met criteria for ID. Table 2 presents a summary of these results.

The interaction terms proposed in the dissertation proposal were not formally modeled in any of the binary logistic regression presented below since there were collinearity issues with interaction terms included in the model. Findings are presented with respect to therapy (protective factor), alcohol abuse/dependence (risk factor) and observed racial differences across analyses. Table 3 summarizes the data for outcomes by racial ethnicity.

Therapy

Depression moderated by racial ethnicity. Examining depression by race and therapy, the model was significant ($\chi^2(4) = 58.03$, $p < 0.001$). Racial ethnicity was not seen as a significant predictor of MDE ($\chi^2(3) = 2.14$, $p = 0.54$). Therapy was observed as a significant predictor of MDE ($\chi^2(1) = 51.66$, $p < 0.001$). Respondents' reports of engaging in therapy significantly increased their likelihood of having experienced depression by 2.85 times. The proportion of variance in outcome as explained by the predictors is 0.052 indicating that the model explains less than 10% of the variance in MDE.

Irritable depression moderated by racial ethnicity. The model examining ID by racial ethnicity and therapy was marginally significant ($\chi^2(4) = 7.91$, $p < 0.10$). Racial ethnicity was not a significant predictor of ID ($\chi^2(3) = 5.91$, $p = 0.12$); however, Caucasians were less likely than the "Other" group to report experiencing ID (Exp(B) = 0.13, Wald $\chi^2(1) = 5.91$, $p < 0.05$). Additionally, therapy was not a significant predictor of ID (Wald $\chi^2(1) = 1.25$, $p = 0.264$).

Revictimization moderated by racial ethnicity. The model examining revictimization by racial ethnicity and therapy was marginally significant ($\chi^2(4) = 7.95$, $p < 0.10$). Racial ethnicity was not a significant predictor of revictimization ($\chi^2(3) = 5.59$, $p = 0.13$). Additionally, therapy was not a significant predictor of revictimization (Wald $\chi^2(1) = 2.22$, $p = 0.26$).

PTSD moderated by racial ethnicity. In examining PTSD as predicted by race and therapy, the model was significant ((4) = 29.95, $p < 0.001$). Racial ethnicity was a significant predictor of PTSD (Wald $\chi^2(3) = 10.45$, $p = 0.015$). Compared to Caucasians, there was a trend for individuals in the "Other" to have experienced more PTSD, whereas Latinas were significantly more likely to have experienced PTSD. Specifically, Latinas were 2.4 times more likely than Caucasians (Wald $\chi^2(1) = 8.05$, $p = 0.005$). Furthermore, individuals from "Other" were 2.31 times more likely than Caucasians (Wald $\chi^2(1) = 3.62$, $p = 0.057$). Therapy was significant (Wald $\chi^2(1) = 17.79$, $p < 0.001$) in that sexual assault victims who sought Therapy were 3.67 times more likely to have experienced PTSD than sexual assault victims who did not seek therapy. The proportion of variance in outcome as explained by the predictors is 0.027 indicating that the model explains less than 10% of the variance in PTSD.

Alcohol Abuse/Dependence

Depression moderated by racial ethnicity. The model examining depression as predicted by alcohol use and racial ethnicity was not significant ($\chi^2(4) = 7.14$, $p = 0.13$)**.** Racial ethnicity was not a significant predictor of MDE (Wald $\chi^2(3) = 2.31$, $p = 0.51$). However, alcohol use was a significant predictor of MDE (Wald $\chi^2(1) = 4.71$, $p < 0.05$).

Irritable depression moderated by racial ethnicity. The model examining ID as predicted by Alcohol Use and racial ethnicity was not significant ($\chi^2(4) = 6.15$, $p = 0.16$). Alcohol use, however, was a significant predictor of ID (Wald $\chi^2(1) = 0.21$, $p = 0.65$). Racial ethnicity was not a significant predictor of ID (Wald $\chi^2(3) = 5.34$, $p = 0.15$).

Revictimization moderated by racial ethnicity. Examining revictimization as predicted by alcohol use and race was not significant ($\chi^2(4) = 5.73$, $p = 0.22$). Racial ethnicity was not a significant predictor of revictimization ($\chi^2(3) = 5.51$, $p = 0.14$). Additionally, alcohol use was not

a significant predictor of revictimization (Wald $\chi^2(1) = 0.01$, $p = 0.93$).

PTSD moderated by racial ethnicity. The model examining PTSD as predicted by alcohol use and racial ethnicity was significant ((4) = 18.90, $p = 0.001$). Racial ethnicity was a marginally significant predictor of PTSD (Wald χ^2 (3) = 7.13, $p = 0.07$). As noted above, compared to Caucasians, there was a trend for "Other" to have experienced more PTSD, whereas Latinos were significantly more likely to have experienced PTSD. Specifically, Latinos were 2.4 times more likely than Whites (Wald $\chi^2(1) = 4.97$, $p =0.03$). Also, individuals from "Other" were 2.3 times more likely than Caucasians (Wald $\chi^2(1) = 3.03$, $p = 0.08$). Furthermore, alcohol use was significant (Wald $\chi^2(1) = 12.99$, $p < 0.001$). Sexual assault victims who met criteria for Alcohol Abuse or Dependence were 2.32 times more likely to have experienced PTSD than sexual assault victims who did not meet criteria.

Discussion

This study was the first cross sectional study from the National Comorbidity Study-Replication (NCS-R) archives examining the role of therapy as a protective factor and alcohol use as a risk factor in a sample of sexually victimized adult females. The current study examined the role of ethnicity on its relationship to psychological outcomes including PTSD, MDD, ID and sexual revictimization. The "Other" group, which consisted primarily of those who identified as primarily Asian or Pacific Islander, was used as a comparison group. Several significant findings were found.

Participants who endorsed symptoms of depression, specifically MDE, and PTSD also endorsed the use of therapy. This provides support that those who experienced higher levels of distress utilized therapy services. Significant differences were particularly observed in PTSD with Latinas, which is consistent with hypothesis 1 of the present study. Additionally, the "Other" group endorsed the highest rates of therapy utilization for those with PTSD. Significant differences were not observed for race in MDE. Also, in support of the hypothesis, marginally significant findings were seen for ID being predicted by race and therapy, with Caucasians being the least likely to report ID, especially in comparison to the "Other" group. Regarding the outcome of revictimization, the relationship of race and therapy was marginally significant, although there is not enough support to provide conclusive results on this outcome. Additionally, individuals who endorsed revictimization were less likely to have sought therapy services, suggesting that there may be factors preventing these individuals from seeking therapy, which require further exploration.

Paucity in the literature exists on the topic of race and utilization of therapy services in survivors of sexual victimization. Although ethnicity has been identified as a factor that

influences use of therapy with significant group differences found for higher rates of utilization by Caucasians (Tingus et al., 1996), most of the literature examines barriers to treatment due to minority status (Garcia & Weisz, 2002; McPherson, Scribano, & Stevens, 2012). The current study, however, aimed to provide more support for the differences in race with the utilization of therapy.

Overall, culturally congruent treatments are necessary and require more research. Specifically, culturally congruent treatments are required to address symptoms of ID in different ethnic groups versus more traditional symptoms of depression found typically with Caucasians. For instance, there is support that African American individuals tend to endorse ID as a pattern of their depressive symptomology (Parker & Graham, 2015) and treatments specific to this group are limited. Providing therapeutic services that are more specific to the needs of specific ethnic groups might be one way of increasing utilization of therapy in times of distress including sexual victimization. This also applies to the "Other" comparison group, as limited research exists on the rates of utilization of therapy services in the literature for Asian American Pacific Islanders and Native Americans. This comparison group utilized therapy services at higher rates when in distress in the current study and more research is needed in understanding this correlation for this group. In general, more research is required to examine the relationship between race and utilization of therapy.

PTSD and problem drinking are associated with adult sexual victimization (Walsh et al., 2014). The current study hypothesized that Caucasians would have the highest likelihood for endorsing alcohol abuse/dependence, which was not supported by the overall findings. The data suggests that Latinas and individuals from the "Other" group were significantly more likely to engage in alcohol use than Caucasians, particularly with positive symptoms of PTSD. This is

inconsistent with the National Institute on Alcohol Abuse and Alcoholism, which suggests that Latina women are more likely to abstain from alcohol; however, one explanation might be the acculturation to drinking in Latinas in the U.S. (Collins & McNair, 2003). Similar findings in the literature suggest that Asian American women may have acculturated to increased drinking practices in the U.S., although they generally do not have alcohol use challenges (Collins & McNair, 2003). Asian women have been found to possess a gene called inactive aldehyde dehydrogenase 2 (ALDH2–2), which creates a flushing response when they consume alcohol (as cited in Collins & McNair, 2003). As a result, they tend not to have alcohol abuse issues due to the embarrassment of this physiological response when they drink. More research is needed on the rates of alcohol abuse and dependence in these populations and an understanding of how problem drinking is related to the symptoms of these ethnic groups.

Furthermore, sexual assault victims who met criteria for Alcohol Abuse or Dependence were 2.32 times more likely to have experienced PTSD than sexual assault victims who did not meet criteria. This potentially provides further support for the self-medication model by Cappell and Greeley (1987) stating that survivors use substances to cope with PTSD symptoms to trauma-related distress. However, this may worsen PTSD symptoms and lead to chronic PTSD and problem drinking overtime. There is also a link between CSA related to more severe PTSD and problem drinking in women ASA survivors, in addition to risk of revictimization (Ullman, Najdowski, & Filipas, 2009). This finding provides further support that past victimization and risk for revictimization may be explained by PTSD and problem drinking behaviors that women develop in response to revictimization experiences (Ullman, 2016). Although research suggests that drinking reduces women's intentions and abilities to resist unwanted sexual advances (Testa et al., 2000; Testa et al., 2006), this is only one explanation for increased rates of victimization.

Further research is warranted in understanding the relationship between alcohol use issues and revictimization, particularly as a it relates to providing the most effective forms of treatment for each of these groups.

Conceptual and Methodological Limitations

Despite data being derived from a sizable sample of socio-demographically, diverse respondents, the current study includes inherent limitations. One of the primary limitations relates to the use of archival data. The use of archival data makes it difficult to rule out alternative hypotheses accounting for correlations. Another limitation related to the use of archival data relates to the use of aggregate data as opposed to the availability of individual data. The data is quantitative in nature and as such does not capture nuances of each individual's experience. A mixed-method research design might have provided a more thorough examination of their functioning. Despite the sample being comprised of an ethnically diverse population, there are notable sociocultural limitations. First, the data does not ask about immigration status, which has been associated with various psychological outcomes as well as sexual victimization. Secondly, the data does not allow individuals who are multiracial or biracial to select more than one category. While "Other" is listed as an option, this does not sufficiently capture the self-identification of multiracial/multiethnic individuals. Lastly, the data is normed on the previous version of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criterion, which deviates from the current version of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This serves as a notable limitation because it potentially hinders the generalizability and clinical utility of information assessed within the NCS-R study.

Innovation and Potential Contributions

The existing literature on the protective and risk factors of sexual revictimization in ethnically diverse females is scarce and warrants more research due to prevalence rates of assault in this population. Examining the utilization of therapy of sexually victimized women in distress will help strengthen research and clinical support by understanding how it plays a role against the development of mental health outcomes such as MDD, Irritable Depression, and PTSD, in addition to revictimization. The current study is unique in its position of understanding how the addition of ethnicity and race between the predictive and risk factor will play a role in those relationships. Using a sizable sample and ethnically diverse group from the NCS-R, this study attempted to understand how these differences may help inform effective prevention interventions. The study also seeks to examine the risk factor of alcohol use associated with psychological outcomes and revictimization and possible ethnic differences.

Potential contributions for this study include highlighting the importance of educating diverse communities of the significant role social support plays in protecting survivors of sexual victimization against revictimization and psychological outcomes. The distribution of these findings in therapeutic settings and public health forums may encourage community members to be supportive of survivors. The research may also highlight the importance of educating women on how alcohol use places them at higher risk for sexual victimization, negative psychological outcomes, and revictimization. The dissemination of these findings may encourage women to reduce their use of or abstain from alcohol as a way of reducing their risk of negative psychological outcomes and revictimization. The research may also stress the importance of having affordable mental health care and resources. Some women tend to self-medicate through the use of alcohol and other substances; however, this increases risk of psychological outcomes

and revictimization. Likewise, the research may underscore the importance of dual diagnosis programs for those who need treatment for both trauma and addiction.

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TABLES

Table 1

Sociodemographic Characteristics of NCS-R Respondents

		Unweighted frequency	Weighted frequency	Percent
Sex				
	Female	3309	3019	53
	Male	2,382	2,673	47
Age				
	18-34	1938	1795	31.5
	35-49	1831	1757	30.9
	50-64	1213	1188	20.9
	65+	709	952	16.7
Race				
	Latino	527	630	11.1
	African American	717	704	12.4
	Other	268	217	3.8
	Caucasian	4179	4141	72.8
Education				
	0-11 years	848	954	16.8
	12 years	1712	1851	32.5
	13-15 years	1709	1568	27.5
	≥16 years	1422	1319	23.2
Maritial Status				
	Married/cohabitating	3235	3184	55.9
	Sperated/widowed/divorced	1239	1184	20.8
	Never married	1217	1323	23.2
Income				
	$0-$19,999	1182	1250	22
	$20-$34,999	920	905	15.9
	$35-$69,999	1811	1744	30.6
	$70,000	1778	1793	31.5
Insurance				
	None	813	813	14.3
	Public	715	715	12.8
	Private	4163	4163	72.9

Table 2

Demographic Characteristics

Race	n	%
White	784	72.7
Black	147	13.6
Latino	102	9.5

Table 2 (cont.)

Demographic Characteristics

Not White, Black or Latino	45	4.3
Income		
Less than $0	13	1.2
$0	180	16.1
$1 - $999	38	3.4
$1,000 - $1,999	18	1.6
$2,000 - $2,999	13	1.2
$3,000 - $3,999	20	1.8
$4,000 - $4,999	23	2.1
$5,000 - $5,999	22	2
$6,000 - $6,999	19	1.7
$7,000 - $7,999	11	1
$8,000 - $8,999	13	1.2
$9,000 - $9,999	14	1.3
$10,000 - $10,999	27	2.4
$11,000 - $11,999	15	1.3
$12,000 - $12,999	20	1.8
$13,000 - $13,999	13	1.2
$14,000 - $14,999	9	0.8
$15,000 - $15,999	13	1.2
$16,000 - $16,999	16	1.4
$17,000 - $17,999	12	1.1
$18,000 - $18,999	15	1.3
$19,000 - $19,999	12	1.1
$20,000 - $24,999	73	6.5
$25,000 - $29,999	69	6.2
$30,000 - $34,999	55	4.9
$35,000 - $39,999	35	3.1
$40,000 - $44,999	30	2.7
$45,000 - $49,999	28	2.5
$50,000 - $74,999	51	4.6
$75,000 - $99,999	11	1

(continued)

Demographic Characteristics		
$100,000 - $149,999	2	0.2
$150,000 - $199,999	1	0.1
Marital Status		
Married/Cohabitating	563	50.5
Divorced/Separated/Widowed	307	27.5
Never Married	245	22
Years of Education		
0-11	155	13.9
12	314	28.2
13-15	375	33.6
Greater than or equal to 16	271	24.3

Table 3

Protective, Risk, and Outcome Variables

	n	%
Sexual Victimization	1115	100%
Protective Factor		
Therapy	761	68.3
Risk Factor		
Alcohol Abuse/Dependence	196	17.6
Outcome Variables		
Posttraumatic Stress Disorder	102	9.1
Major Depressive Disorder	474	42.5
Irritable Depression	8	0.7
Revictimization	491	44

Table 4

Outcomes by Ethnicity

Therapy

	Revictimization		PTSD		MDD		ID	
	B	Wald	B	Wald	B	Wald	B	Wald
Ethnicity								
Caucasian	.566	2.929	.248	.590	-.003	.191	-2.083	5.910
African-American	.548	2.288	.874	8.047	.017	.006	-18.048	.000
Latina	.880	5.407	.837	3.625	.461	2.113	-1.531	1.522

Alcohol Abuse/Dependence

	Revictimization		PTSD		MDD		ID	
	B	Wald	B	Wald	B	Wald	B	Wald
Ethnicity								
Caucasian	-.051	.080	.180	.312	-.134	.522	-16.194	.000
African-American	.289	.211	.679	4.968	-.130	.363	.457	.172
Latina	-.585	.330	.758	3.031	.346	1.263	1.967	5.332

APPENDIX A

Extended Review of the Literature

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Abbey, A., Zawacki, T., Buck, P.O., Clinton, A. M., & McAuslan, P. (2003).	Sexual assault and alcohol consumption: What do we know about their relationship and what types of research are still needed?	To provide an overview of the research on sexual assault and alcohol consumption and provide suggestions for future research.	N/A	N/A	Approximately half of all sexual assaults are associated with either the perpetrator's alcohol consumption, the victim's alcohol consumption, or both. Although the emphasis of this review is on alcohol-involved sexual assaults, their unique aspects can only be evaluated by comparing them to other types of sexual assault. Theoretical perspectives on sexual assault that focus on characteristics of the perpetrator, the victim, and the situation are described. A number of personality traits, attitudes, and past experiences have been systematically linked to sexual assault perpetration, including beliefs about alcohol and heavy drinking. In contrast, only a few experiences have been significantly related to sexual assault victimization, including childhood sexual abuse and heavy drinking. There is support for both psychological and pharmacological mechanisms linking alcohol and sexual assault. Beliefs about alcohol's effects reinforce stereotypes about gender roles and can exacerbate their influence on perpetrators' actions. Alcohol's effects on cognitive and motor skills also contribute to sexual assault through their effects on perpetrators' and victims' ability to process and react to each other's verbal and nonverbal behavior. Limitations with existing

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
					research and methodological challenges associated with conducting research on this topic are described. Suggestions include prevention and treatment programs.
Acierno, R., Resnick, H., Kilpatrick, D. G., Saunders, B., & Best, C. L. (1999).	Risk factors for rape, physical assault, and posttraumatic stress disorder in women: Examination of differential multivariate relationships.	To: (a) identify separate risk factors for rape and physical assault, and (b) identify separate risk factors associated with post-rape posttraumatic stress disorder (PTSD) and post-physical assault PTSD.	Participants were a part of the National Women's Study, a 2-year, three-wave longitudinal investigation, which employed a national probability sample of 3,006 adult women. The mean age of participants was 35.9 years (*SD* = 14.5). Eighty-two percent were White; 8.2% were African American; 5.8% were Hispanic; 2.2% were Native American; and 1.8% were members of other racial groups. With respect to highest educational achievement, 3.5% did not graduate from high school; 75% were high school	The NWS employed a highly structured telephone interview designed to obtain information about several topics, including demographic characteristics, alcohol and drug use/abuse patterns, and history of rape and physical assault.	Overall, past victimization, young age, and a diagnosis of active PTSD increased women's risk of being raped. By contrast, past victimization, minority ethnic status, active depression, and drug use were associated with increased risk of being physically assaulted. Risk factors for PTSD following rape included a history of depression, alcohol abuse, or experienced injury during the rape. However, risk factors for PTSD following physical assault include only a history of depression and lower education.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			graduates; and 21.5% were college graduates.		
Andrews, G., & Peters, L. (1998).	The psychometric properties of the Composite International Diagnostic Interview	To demonstrate the properties of the Composite International Diagnostic Interview, or CIDI, a fully structured interview	N/A	N/A	The Composite International Diagnostic Interview, or CIDI, is a fully structured interview that maps the symptoms elicited during the interview onto DSM-IV and ICD-10 diagnostic criteria and reports whether the diagnostic criteria are satisfied.
Arata, C. M. (1999a).	Coping with rape: The roles of prior sexual abuse and attributions of blame.	Examines the roles of child sexual assault, attributions, and coping on adjustment to rape.	One hundred and nineteen undergraduate females. Participants ranged in age from 17 to 47 (*M* = 23). The majority of participants were single (83,70%), with 23 (19%) married, and 123 (11%) divorced. Ninety-five (80%) white females participated, with 21 (18%) African Americans, 2 (2%) Latinas, and 1 (1%) women identifying herself as some other ethnic	Participants completed anonymous questionnaires that assessed for child sexual abuse history, adult victimization history, attributions of blame for the adult assault, coping strategies for the adult rape, and trauma symptoms. The following measures were used: 1. The Sexual Experiences Survey (Koss & Oros, 1982) was used as a measure of adult victimization experiences. 2. Coping	Rape victims with a history of child sexual abuse were found to have higher levels of tram symptoms, made greater use of nervous and cognitive coping strategies, and were more likely to make attributions of blame towards themselves or society. Current symptoms were related to types of coping and attributions of blame, with history of child sexual abuse having an indirect relationship to these variables. The results suggest the importance of attribution and coping variables, as well as child sexual abuse history, as mediators of post-rape adjustment.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			group.	strategies were assessed using a scale developed by Burt and Katz (1987), "How I Deal with Things". 3. The Trauma Symptom Checklist-33 (TSC-33) (Briere & Runtz, 1989) was used to measure current functioning.	
Arata, C. M. (1999b).	Repeated sexual victimization and mental disorders in women.	Explored the role of repeated sexual victimization in producing increased risk for mental disorder, relative to adult-only or child-only sexual victimization.	Ninety-two females undergraduates, ranging in age from 19 to 48 (*M* = 24). The majority of participants were single (*n* = 69, 75%), with 11 (12%) married, 11 (12%) divorced, and 1 (1%) widowed. Sixty-five (71%) white females participated, with 16 (17% African Americans, 2 (2%) Hispanic, 6 (7%) Asian, and 3 (3%) identifying themselves as some other ethnic group.	Participants completed questionnaires including trauma history and sexual victimization history. Diagnostic interviews were completed to assess for mental disorders.	PTSD was the only mental disorder that was found to differentiate between women with repeated victimization versus child-only or adult-only sexual assault.
Arata, C. M. (2000).	From child victim	To test a model for predicting	Eight hundred sixty female undergraduate	Participants completed anonymous	Repeated victimization was associated with having experienced child sexual

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	to adult victim: A model for predicting sexual revictimization.	adult/adolescent sexual revictimization and post-assault functioning.	participated in a study on sexual victimization. From the initial sample of 860, only questionnaires indicating a history of child sexual abuse were included in the study, yielding a final sample of 221 women. Participants ranged in age from 17 to 47, with a mean age of 22.4. A majority of the participants were single (73%, *n* =162), with 20% (*n* =43) married, 7% (*n* =15) divorced, and 0.5% (n=1) widowed. Seventy-eight percent (*n* =171) of the sample were White, whereas 16% (*n* =36) were African American, 1% (*n* =2) were Hispanic, 2% (*n* =5) were Asian, and 3% (*n* =6) marked other for their racial background.	questionnaires regarding their sexual victimization history, post sexual assault symptoms and attributions, and consensual sexual behavior.	abuse involving physical contact, including intercourse and/or penetration. Women with repeated victimization engaged in more self-blame, reported higher levels of post-traumatic symptoms, and reported more high-risk sexual behavior. A path model was developed that indicated that the relationship between revictimization and child sexual abuse was mediated by self-blame, post-traumatic symptoms, and consensual sexual activity.
Arata, C.	Child	Research	N/A	N/A	Approximately one-third of

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
M. (2002).	sexual abuse and sexual revictimization.	identifying rates and effects of adult/adolescent sexual revictimization among child sexual abuse victims was reviewed.			child sexual abuse victims report experiencing repeated victimization. Child sexual abuse victims have a 2 to 3 times greater risk of adult revictimization than women without a history of child sexual abuse. Physical contact in abuse and revictimization in adolescence were found to lead to the greatest risk of revictimization. Repeated victims had more symptoms of Post Traumatic Stress Disorder (PTSD) and dissociation than women with a history of child sexual abuse alone. Theories of revictimization and mediating variables were also reviewed. Clearer definitions of repeated victimization are needed and future research should include studies that follow child sexual abuse victims prospectively.
Axelrod, J., Myers, H. F., Durvasula, R. S., Wyatt, G. E., & Cheng, M. (1999).	The impact of relationship violence, HIV, and ethnicity on adjustment in women.	The purpose of this study was to investigate whether (a) HIV serostatus and victimization from relationship violence confer significant risk for psychological distress, when SES and substance abuse were	A community sample of 415 African American, European American, and Latina women (140 HIV negative, 275 HIV positive) participated in the University of California, Los Angeles—Charles Drew Medical Center Women and Family Project, including 137 European American,	Women were assessed with a comprehensive, semistructured interview, which included both original and standardized open- and closed-ended items designed to obtain both retrospective and current data. 1. The seven-item modified Conflict Tactics Scale (Straus, 1979) was used to assess current or previous	Of the 415, 27% (*n* =112; 79% HIV positive, 21% HIV negative) reported a history of relationship violence. Results indicated that HIV-positive women reported significantly more depressive symptoms, slightly more anxiety, but no differences on posttraumatic stress disorder (PTSD) symptoms than HIV-negative women. Women victimized by relationship violence also reported more depressive symptoms and anxiety and evidenced significantly more PTSD symptoms than non-abused women. Indeed, 58 % of victimized women

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		controlled for; (b) these effects were moderated by ethnicity; and (c) availability of social supports, social undermining, and the quality of their primary relationship would moderate the risk for psychological distress attributable to HIV serostatus, relationship victimization, and ethnicity.	148 African American, and 130 Latinas.	incidents of relationship violence. 2. The Wyatt Adult Sexual Abuse Scale, a subfield of the Wyatt Sex History Questionnaire (Wyatt, 1985), is a 13-item scale that records the frequency and severity of incidents of sexual abuse as an adult (Wyatt, Laurence, Vodounon, & Mickey, 1992). 3. The Center for Epidemiologic Study, Depression scale (CES-D; Radloff, 1977), a widely used 20-item scale, was used to assess symptoms of depression. 4. The Symptom Checklist 90-Anxiety subscale (SCL-90-Ax; Derogatis, Rickels, & Rock, 1976), a 15-item subscale of the SCL- 90, measures symptoms of anxiety using a 5-point Likert-type scale that ranged from 0 (not at all) to 4 (extremely). 5. Posttraumatic stress symptoms	evidenced significant PTSD symptoms. Contrary to expectations, however, there were no significant ethnic differences on anxiety, but differences on depressive and PTSD symptoms emerged and were moderated by social undermining. Social support and dyadic satisfaction were not significant moderators of distress or dysfunction.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				were assessed with a revised, short-form clinical checklist that documented exposure to traumatic events (e.g., violent assault or rape). 6. Substance abuse was assessed with two modules from the University of Michigan—Revised Version of the Composite International Diagnostic Inventory (UM-CIDI; Kessler et al., 1994). 7. The Dyadic Adjustment Scale (DAS; Spanier, 1976) assessed relationship quality with a 32-item measure including four dimensions of intimate relationships: Satisfaction, Cohesion, Affectional Expression, and Consensus. 8. Social Support was assessed with a short scale that asked respondents to rate the four most important members of the participant's social network on	

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				a 5-point Likerttype scale (1 = not at all to 5 = a great deal). 9. The Social Undermining Scale (Vinokur & Van Ryn, 1993) was used to assess stresses caused by members of the social network using a three-item measure that asked respondents to rate, on a 5-point Likert-type scale, each of the four nominees in the network on the degree to which they "act angry," "criticize," or "make life difficult for them.	
Badour, C. L., & Feldner, M. T. (2015).	Disgust and imaginal exposure to memories of sexual trauma: Implications for the treatment of posttraumatic stress.	To examine sexual trauma cue-elicited disgust and anxiety upon repeated imaginal exposure	Seventy-two women with a history of sexual victimization	A single, laboratory-based session was completed involving repeated imaginal exposure to disgust and fear-focused sexual trauma scripts	Ratings of disgust were elevated compared with ratings of anxiety and initiation of exposure. Also, change in disgust significantly predicted improvement in script-elicited PTSD symptoms across the course of exposure.
Baker, F.	Diagnos	This paper	N/A	N/A	This paper describes three

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
M. (2001).	ing depression in African Americans.	reviews this literature on the increased presence of psychotic symptoms among depressed African Americans, the presence of diagnostic bias when structured clinical interview and used, and the misdiagnosis of affective illness among chronically, mentally ill, African Americans.			alternative presentations of depressive illness among African Americans that differ from the DSM IV criteria for Major Depressive Disorder: "the stoic believer," "the angry, 'evil' one" with a personality change, and "the John Henry doer."
Banyard, V. L., Williams, L. M., & Siegel, J. A. (2001).	The long-term mental health consequences of child sexual abuse: An exploratory study of the impact of multiple traumas in a	The current study examined exposure to multiple traumas as mediators of the relationship between childhood sexual abuse and negative adult mental health outcomes.	Participants were 174 women interviewed in the third wave of a longitudinal study of the consequences of child sexual abuse. The mean age of the 174 women interviewed was 31.55 years (*S* = 3. 03). Fifty-nine percent had never been married.	Interviews included many questions about current and past mental health symptoms, relationships, and many questions about victimization histories and experiences with trauma.	Child sexual abuse victims reported a lifetime history of more exposure to various traumas and higher levels of mental health symptoms. Exposure to traumas in both childhood and adulthood other than child sexual abuse mediated the relationship between child sexual abuse and psychological distress in adulthood. There were also some significant direct effects for child sexual abuse on some outcome measures.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	sample of women.		Almost 89% were African American. Of the participants, 47.1% graduated from high school and another 14.9% had received a GED. Forty-six percent were currently working at the time of the interview.		
Basile, K. C., Smith, S. G., Walters, M. L., Fowler, D. N., Hawk, K., & Hamburger, M. E. (2015).	Sexual violence victimization and associations with health in a community sample of Hispanic women.	To add to the limited information currently available on circumstances of sexual violence victimization and associated negative health experiences among Hispanic women	Self-report data from 1,427 Hispanic women who participated in the National Latino and Asian American Survey	Self-report	Foreign-born Hispanic women compared to U.S.-born Hispanic women reported significantly lower rates of sexual assault and witnessing interpersonal violence, and a significantly higher rate of being beaten. Ethnic subgroups reported similar rates of maltreatment, with the exception of rape. Bivariate analyses were remarkably consistent in that regardless of nativity status or ethnic subgroup, each type of maltreatment experience increased the risk of psychiatric disorder.
Becker, J.V., Skinner, L.J., Abel, G.G., Axelrod, R., & Treacy, E.C. (1984)	Depressive symptoms associated with sexual assault	To investigate the relationship between depression scores and survivor of assault characteristics.	Participants were 178 sexual assault survivors and 50 control subjects who had never been sexually assaulted.	The *Beck Depression Inventory* was used to assess depressive symptoms.	Sexual assault survivors reported significantly more depressive symptoms than control subjects. The use of a weapon by the assailant were most highly correlated with development of depressive symptoms.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Blayney, J. A., Read, J. P., & Colder, C. (2016).	Role of alcohol in college sexual victimization and postassault adaption	To determine how alcohol-related sexual victimization (ASV) influences functional outcomes over time.	Sample of 116 young adults in college.	Examined ASV since starting college and most recent college event.	Results indicated that ASV predicted problem solving across models, but not associated with posttraumatic stress symptoms (PTSS); ASV was not associated with trauma cognitions that did not mediate the association between ASV and later PTSS and problem drinking.
Bolstad, B. R., & Zinbarg, R. E. (1997).	Sexual victimization, generalized perception of control, and posttraumatic stress disorder symptom severity.	Examined the relations among various characteristics of sexual victimization, posttraumatic stress disorder (PTSD) symptom severity, and generalized perception of control. The main focus lay in testing three predictions derived from the animal model of PTSD articulated by Foa, Zinbarg, and Olasov-Rothbaum (1992) based on the effects of uncontrollable and/or	The sample of 117 female undergraduates. Participants who were aged 17 to 19 years comprised the majority of the sample at 65.0% (*n* =76), followed by women aged 20 to 22 years at 28.2% (*n* =33); women aged 23 to 25 years stood at 2.6% (*n* = 3), women aged 26-35 years at 3.4% (*n* = 4), and women over 35 years at 0.9% (*n* = 1). Although ethnic and socioeconomic data were not collected, White, middle-class students comprise the majority of the student body from which this sample	Participants completed self-report measures of past experience with child sexual abuse, adult sexual victimization. PTSD symptom severity, and locus of control. Participant Profile Form (PPF). All women who participated in this study completed the PPF. Constructed by the principal investigators, the PPF is a forced-choice, self-report measure with 30 items designed to evaluate history and degree of child sexual abuse and adult sexual victimization.' In this study, child sexual abuse was defined as any sexual experience between Posttraumatic	The results showed that child sexual abuse experienced on multiple occasions was associated with diminished generalized perception of control and that diminished generalized perception of control is associated with greater PTSD symptom severity following adult sexual victimization when experienced on a single occasion or involving force. These results provide partial support for the uncontrollability/unpredictability model of PTSD.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		unpredictable aversive events. A sample of 117 female undergraduates participated and completed self-report measures	was obtained.	Stress Disorder Symptom Scale - Self-Report version (PSSSR). Only those participants who reported adult sexual victimization in the PPF completed the PSS-SR. Constructed by Foa, Riggs, Dancu, and Olasov-Rothbaum (1993) the PSS-SR is a forced-choice, self-report measure with 17 items designed to assess DSM-III-R (APA, 1987) PTSD criteria and to evaluate PTSD symptom severity. Past history of sexual victimization. Constructed by Rotter (1966), the I-E Scale is a forced-choice, self-report measure with 23 items designed to evaluate generalized expectancies about how reinforcement is controlled (i.e., internally or externally).	
Boney-McCoy, S., &	Prior victimization: A	To determine if prior	A national random sample of 2,000	N/A	Prior victimization is a factor that needs to be addressed by educators who

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Finkelor, D. (1995).	risk factor for child sexual abuse and for PTSD-related symptomatology among sexually abused youth.	victimization in child sexual abuse (CSA) was found to increase children's risk later victimization.	American children aged 10-16 years.		design CSA prevention interventions and by mental health professionals who counsel child victims of abuse.
Breslau, N., Davis, G. C., Peterson, E. L., & Schultz, L. (1997).	Psychiatric sequelae of posttraumatic stress disorder in women.	The risk for first-onset major depression, anxiety, and substance use disorders associated with prior posttraumatic stress disorder (PTSD) was estimated in a sample of women.	A stratified random sample of 801 mothers of children, who participated in a study of cognitive and psychiatric outcomes by level of birth weight.	The National Institute of Mental Health Diagnostic Interview Schedule, revised according to *DSMIII-R*, was used to measure lifetime psychiatric disorders. Cox proportional hazards models with time-dependent covariates were used to calculate the hazards ratios of first onset of other disorders following PTSD.	The lifetime prevalence of traumatic events was 40% and of PTSD, 13.8%. Posttraumatic stress disorder signaled increased risks for first-onset major depression (hazards ratio, 2.1) and alcohol use disorder (hazards ratio, 3.0). The risk for major depression following PTSD was of the same magnitude as the risk for major depression following other anxiety disorders. Women with preexisting anxiety and PTSD had significantly increased risk for first-onset major depression. Additional analysis showed that preexisting major depression increased women's vulnerability to the PTSD-inducing effects of traumatic events and risk for exposure to traumatic events. Posttraumatic stress disorder influences the risk for first-onset major depression and alcohol use disorder. The causal explanation of these temporally secondary disorders is unclear and might involve the effect of

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
					PTSD or underlying vulnerabilities exposed by the traumatic experience.
Briere, J., & Runtz, M. (1987).	Post sexual abuse trauma: Data and implications for clinical practice.	Studied the incidence and long-term effects of childhood sexual abuse	One hundred and fifty two teenage and adult women who presented to a health center crisis service.	Participants completed a crisis symptom checklist	Approximately 44% of the participants reported a childhood history of sexual victimization. Prior victimization was associated with increased dissociation, sleep disturbance, tension, sexual problems, and anger on a crisis symptom checklist. Greater current use of psychoactive medications and more frequent histories of suicide attempts, substance addiction, and revictimization were also related to victimization.
Bryan, A. E. B., Norris, J., Abdallah, D. A., Stappenbeck, C. A., Morrison, D. M., Davis, K. C., George, W. H., Danube, C. L., & Zawacki, T. (2015).	Longitudinal change in women's sexual victimization experiences as a function of alcohol consumption and sexual victimization history: A latent transition analysis.	To clarify the interplay between women's prior sexual victimization.	Female participants (*n* = 530)	Participants completed a baseline survey and weekly follow-up surveys across months, 3, 6, 9, and 12.	CSA and adult SV history each predicted greater likelihood of being victimized during the year. Findings indicate a reciprocal relationship between typical drinking and SV supporting the self-medication hypothesis and routine activity theory.
Bryant-Davis, T.,	From the	Meta-analysis to	N/A	N/A	American Indian and African American women

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Chung, H., & Tillman, S. (2009).	margins to the center: Ethnic minority women and the mental health effects of sexual assault	explore the experiences of African American, Asian American, Latina, and Native American female survivors of sexual assault.			are particularly vulnerable to sexual assault. Psychological impact of sexual assault includes higher rates of PTSD, depression, substance abuse, suicidality, lowered self-esteem and somatic symptoms. Risk factors for African American women include age, sexual assault by an intimate partner, socioeconomic status, childhood sexual abuse, Depression is a common experience among African American sexual assault survivors. Risk factors to depression include African American adolescent girls who reported a long duration of childhood sexual abuse and African American battered women who report multiple incidents of sexual assault such as marital rape.
Bryant-Davis, T., Ullman, S. E., Tsong, Y., Tillman, S., & Smith, K. (2010).	Struggling to survive: sexual assault, poverty, and mental health outcomes of African American women	To examine the cumulative effect of the societal trauma of poverty in addition to sexual assault in a population at increased risk for both poverty and sexual assault of African American women.	Four hundred and thirteen African American adult women between the age of 18 and 71 with unwanted sexual experiences since the age of 14 participated.	The *Sexual Experiences Survey (SES)* was used to assess the severity of sexual assault and child sexual abuse. Participants were asked about income, illicit drug use, and suicidal ideation. Depression was measured with the *Center for Epidemiological Studies Depression Scale (CES-D), CESD-10,* and PTSD was measured with *The Posttraumatic*	Results indicated that while CSA history significantly accounted for 5.8% of the variance in PTSD and depression symptoms, income still accounted for an additional 1.6% of the variance in PTSD and depression symptoms. Among African American sexual assault survivors, poverty was positively related to depression, PTSD, and illicit drug use, while no relationship with suicidality was found.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				Stress Diagnostic Scale (PDS).	
Burnam, M. A., Stein, J. A., Golding, J. M., Siegel, J. M., Sorenson, S. B., Forsythe, A. B., & Telles, C. A. (1988).	Sexual assault and mental disorders in a community population.	To determine the relationship between sexual assault and mental disorders.	A total of 3,132 adults in the household sample completed the initial interview between January 1983 and August 1984. The overall completion rate was 68%. Of those completing the survey, 40% were Mexican Americans, 6% were Hispanics of other cultural origins, 42% were non-Hispanic Whites, and 13% were persons of other ethnic and racial backgrounds. Women composed 53% of the sample.	In a cross-sectional probability survey of 3,132 household adults representing two Los Angeles communities, lifetime diagnoses of nine major mental disorders were compared between those who reported that they had been sexually assaulted at some time in their lives and those who reported no sexual assault.	Sexual assault predicted later onset of major depressive episodes, substance use disorders (alcohol and drug abuse or dependence), and anxiety disorders (phobia, panic disorder, and obsessive-compulsive disorder) but was not related to later onset of mania, schizophrenic disorders, or antisocial personality. Those who were assaulted in childhood were more likely than those first assaulted in adulthood to report the subsequent development of a mental disorder. Demographic characteristics of gender, age, Hispanic ethnic background, and education, however, were generally unrelated to the probability of developing any specific disorder after being assaulted. Finally, major depression, drug abuse or dependence, antisocial personality, and phobia were all associated with a higher probability of subsequent sexual assault.
Burgess, A. W. (1983).	Rape trauma syndrome	1. To examine the theoretical and practical clinical issues involved in rape trauma 2. To review	N/A	N/A	Rape trauma has been measured in diverse ways (i.e., nature of the stressor experienced by victim, severity of the response, length of recovery time, and adjustment problems). Three responses to rape include: crisis response, steady-state response, and delayed

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		early court rulings on the admissibility of rape trauma syndrome in criminal and civil cases.			response. The use of rape trauma syndrome in civil litigation cases is being used to testify as to psychological injuries of the rape.
Burgess, A.W., & Holmstrom, L.L. (1979).	Rape: Sexual disruption and recovery	To gain a clearer perspective on the subsequent sexual style of adult rape victims.	The original sample included 92 adult victims (ages 17 to 73) and 23 pre-adult victims (ages 5 to 16). The current sample included 81 victims from the original adult sample who were re-interviewed.	For this longitudinal study, authors used a standard schedule of questions that were flexible and open-ended.	The trends of the results included: assessing the value that the victim has placed on sexual activity in order to predict the magnitude of the sexuality issue following rape; helping monitor the victim's reactions to resuming sexual activity and increase/decrease in symptoms.
Campbell, J.C., & Soeken, K.L. (1999).	Forced sex and intimate partner violence: Effects on women's risk and women's health.	To determine risks associated with rape and intimate partner violence.	A volunteer community sample of 159 primarily (77%) African American women.	Participants were interviewed about forced sex by their partner (or ex-partner).	Almost half of the sample had been sexually assaulted as well as physically abused. Except for ethnicity, there were no demographic differences between those who were forced into sex and those who were not, and there was no difference in history of child sexual abuse. However, those who were sexually assaulted had higher scores on negative health symptoms, gynecological symptoms, and risk factors for homicide even when controlling for physical abuse and demographic variables. The number of sexual assault (was significantly correlated with depression and body

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
					image.
Capell H., & Greeley J. (1987).	Alcohol and Tension Reduction: An Update on Research and Theory.	N/A	N/A	N/A	As described in the self-medication model, survivors of sexual victimization drink to cope with PTSD symptoms in order to reduce the re-experiencing of intrusive PTSD symptoms
Classen, C. C., Palesh, G., & Aggarwal, R. (2005).	Sexual revictimization: A review of the empirical literature.	This article reviews the literature on sexual revictimization oncovering approximately 90 empirical studies and includes a discussion of prevalence, risk factors, and correlates of sexual revictimization	N/A	N/A	Research suggests that two of three individuals who are sexually victimized will be revictimized. The occurrence of childhood sexual abuse and its severity are the best documented and researched predictors of sexual revictimization. Multiple traumas, especially childhood physical abuse, and recency of sexual victimization are also associated with higher risk. There is preliminary evidence that membership in some ethnic groups or coming from a dysfunctional family places an individual at a greater risk. Revictimization is associated with higher distress and certain psychiatric disorders. People who were revictimized show difficulty in interpersonal relationships, coping, self-representations, and affect regulation and exhibit greater self-blame and shame. Existing research on prevention efforts and treatment is discussed. More longitudinal studies on

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
					sexual revictimization are needed.
Classen, C. C., Palesh, O., Cavanaugh, C. E., Koopman, C., Kaupp, J. W., Kraemer, H. C., & ... Spiegel, D. (2011).	A comparison of trauma-focused and present-focused group therapy for survivors of childhood sexual abuse: A randomized controlled trial.	To determine trauma-focused group psychotherapy (TFGT) as a more effective treatment for trauma survivors at risk of HIV infection.	One hundred sixty-six survivors of CSA.	Randomized controlled trial comparing TFGT with present-focused group psychotherapy (PFGT) and a waitlist condition.	All treatment conditions reduced risk; no advantage was observed for either TFGT or PFGT in reducing symptoms of PTSD.
Cloitre, M., Scarvalone, P., & Difede, J. (1997).	Posttraumatic stress disorder, self and interpersonal dysfunction among sexually retraumatized women.	This study assessed self and interpersonal dysfunction as well as posttraumatic stress disorder (PTSD) among three groups of women: women sexually assaulted in both childhood and adulthood, women sexually	The study sample of 56 women consisted of three groups. The retraumatized (FT) group (*n* = 24) included women who reported a history of sexual abuse in childhood and at least one sexual assault in adulthood. The adult assault only (AAO) group (*n* = 16) were women who reported at least one	Participants received identical assessments and clinical interviews which included the following measures: 1. Structured Clinical Interview for DSM-III-R I and II (SCID I and II: Spitzer, Williams, & Gibbon, 1987; Spitzer, Williams, Gibbon, & First, 1989). These are diagnostic interviews to acquire information about DSMIII-R Axes I and II	Rates of PTSD were high and equivalent in the two assault groups. However, retraumatized women were more likely to be alexithymic, show dissociation scores indicating risk for dissociative disorders, and to have attempted suicide compared to the other two groups, who did not differ from each other. Additionally, only the retraumatized women experienced clinically significant levels of interpersonal problems.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		assaulted only in adulthood and women who were never assaulted.	sexual assault as an adult but no history of childhood abuse. The control or no assault (NA) group (*n* = 16) reported no history of childhood abuse or adult assault. Comparisons of the three groups on sociodemographic characteristics revealed that the groups did not differ significantly on any characteristic. The total sample ranged widely in age with 53% between the ages of 18 and 30 and 47% between 31 and 65. The mean age was 33.5 (*SD* = 10.6) for the sample as a whole. The sample was predominantly White (76%), employed (92%) and highly educated (91% with some college to graduate	criteria, respectively. 2. The Child Maltreatment Interview Schedule. This 193-item instrument gathers information about parental emotional, physical and sexual abuse and neglect (Briere, 1992). 3. Sexual Assault History Initial Interview Schedule, This 167-item interview obtains information concerning history of adult sexual assault and other types of interpersonal victimization in adulthood (e.g., physical assault, robbery). 4. The Toronto Alexithymia Scale (TAS; Taylor et al., 1988). The TAS is a 26-item, psychometrically sound self-report questionnaire that assesses difficulties in recognizing and verbalizing feelings. 5. Dissociative Experiences Scale (DES;	

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			training). Slightly over half were currently unmarried (55%) and most (89%) did not have children.	Bernstein & Putnam, 1986). The DES is a reliable 28-item self-report measure of subjective experiences with dissociative states. 6. Suicidal behavior. This information was elicited by the clinician, using the query " Have you ever had a period of time where you felt so bad that you tried to hurt or kill yourself?" 7. Inventory of Interpersonal Problems (IIP; Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988). The IIP is a psychometrically sound 127-item self-report measure which examines difficulties in six dimensions of interpersonal functioning: assertiveness, sociability, intimacy, submissiveness, responsibility and control.	
Cohen, J., & Mannarin	Book: *Treating trauma*	The book provides Trauma-	N/A	N/A	Authors state that trauma effects occur along a continuum, from minimally

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
o, A., & Deblinger, E. (2006).	*and traumatic grief in children and adolescents*	Focused CBT (TF-CBT) as a treatment model for children and adolescents who have experienced sexual trauma.			detectable difficulties to overwhelming problems in multiple areas of functioning (p. 13). Although exposure to past trauma is a risk factor for more severe psychopathology upon retraumatization, many children and adolescents show remarkable resilience even in the face of severe and repeated trauma (p. 13). TF-CBT is an empirically supported treatment model designed to assist children, adolescents and their parents in the aftermath of traumatic experiences (p. 32). Trauma-focused cognitive behavioral therapy (TF-CBT) is linked with decreases of severity and duration of acute psychological disorders; TF-CBT may prevent long-term psychological outcomes in survivors of child sexual abuse.
Collins, M.E. (1998).	Factors influencing sexual victimization and revictimization in a sample of adolescent mothers	To examine factors that influence victimization and revictimization.	Adolescent mother (*n* = 315). The average age at the first survey was 17.64 years, with a range from 13 to 22. The majority of the sample were White (62%). About 14% were Black, 10% were American Indian, 6% were Hispanic, 4% were multiracial, and 3% were	This study used existing data originally collected by Boyer and Fine (1992) in their longitudinal study of pregnant and parenting adolescents. As reported by Boyer and Fine (1992), the data were collected at 35 program sites serving pregnant and parenting teens in nine countries, five representing mostly rural	Three other factors were found to reduce the likelihood of reported sexual victimization: having been victimized more than 1 year prior to the first survey; being pregnant at Time 1; and reporting satisfaction with social relationships.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			Asian/Pacific islander.	areas, in Washington state.	
Collins, R. L., & McNair, L. D. (2003).	Minority women and alcohol use.	To examine the drinking behavior of women from the 4 largest non-European ethnic groups in the U.S.	N/A	N/A	Latina women are more likely to abstain from alcohol; however, one explanation might be the acculturation to drinking in Latinas in the U.S. Asian American women may have acculturated to increased drinking practices in the U.S., although they generally do not have alcohol use challenges Asian women have been found to possess a gene called inactive aldehyde dehydrogenase 2 (ALDH2–2) which creates a "flushing response" when they consume alcohol.
Cuevas, C. A., Sabina, C., & Picard, E. H. (2015).	Posttraumatic stress among victimized Latino women: Evaluating the role of cultural factors.	To expand on victimization and posttraumatic symptomatology among Latinos. Specifically, to evaluate victimization prevalence and test the following hypotheses: (a) that victimization would be associated with higher levels of posttraumatic symptoms, (b) that cultural	752 participants from the Sexual Assault Among Latinas Study Average age of the sample were used. The average age was 44.57 years, with three fourths having a high school education or higher, and two thirds having a household income below $30,000. Of exposure types, adulthood threats were	The Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; American Psychiatric Association, 2000) based PTSD Checklist,	Between 8.8% and 45.5% of individuals met presumed PTSD diagnosis based on various PCL cut scores or algorithm criteria. Regression analyses indicated that the combined different types of adult and childhood victimizations, masculine gender role, and negative religious coping were associated with increased symptoms (βs ranging from .16 to .27).

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		factors that move away from traditional Latino culture would be associated with higher levels of posttraumatic symptomatology, and (c) that cultural factors associated with traditional Latino culture would be related to lower posttraumatic symptomatology.	most likely to result in Criterion A traumatic events (23.4%).		
Dansky, B. S., Brady, K. T., Saladin, M. E., Killeen, T., Becker, S., & Roitzsch, J. (1996).	Victimization and PTSD in individuals with substance use disorders: Gender and racial differences.	A central objective of the present investigation was to assess victimization experiences and CR-PTSD among individuals receiving inpatient treatment for substance use disorders and evaluate	A total of 95 inpatients (34 men and 61 women; 41 African-Americans, 52 Caucasians, and 2 other minorities)	Participants were administered a structured interview to assess substance abuse/dependence, trauma, and PTSD.	Approximately 90% of the participants had a lifetime history of sexual and/or physical assault, and approximately 50% had CR-PTSD. With the exception of rape, no gender differences in assault or CR-PTSD prevalence rates were observed. Women were more likely than men to perceive their life as endangered during a rape. Men were younger than women when they experienced their first (or only) aggravated assault and were more likely to have been assaulted by a family member. No racial differences were detected

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		gender and racial differences in assault characteristics and CR-PTSD prevalence rates.			for assault or PTSD, although African-American patients were significantly more likely to identify cocaine as their primary drug than Caucasian patients. Given the strikingly high rate of comorbid CR-PTSD among substance use disordered patients, exploration of the type and timing of interventions would be of clinical interest.
Elliot, D., Mok, D., & Briere, J. (2004)	Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population	To investigate the differential effects of adult sexual assault (ASA) in men and women.	Among the 941 participants in this sample, 50.2% (*n* = 472) were women. The mean age was 46 years (*SD*= 16.5; range = 18–90 years). Most participants were Caucasian (74.4%, *n* = 700), followed by African American/Black (11.4%, *n* = 107). The modal relationship status was married/cohabitating (55.5%, *n* = 521). The modal family income was under $20,000 (29.4%; *n* = 277), followed by $20,000–29,999 (18.6%;	The Traumatic Events Survey (TES; Elliott, 1992) evaluates a wide range of childhood and adult traumas. 1. The Trauma Symptom Inventory (TSI; Briere, 1995) is a 100-item standardized clinical measure of trauma-elated symptoms, intended for use in the evaluation of acute and chronic psychological trauma in adults.	Among 941 participants, ASA was reported by 22% of women and 3.8% of men. Multivariate risk factors for ASA included a younger age, being female, having been divorced, sexual abuse in childhood, and physical assault in adulthood. Childhood sexual abuse was especially common among sexually assaulted men and women (61 and 59%, respectively). ASA victims were more symptomatic than their nonassaulted cohorts on all scales of the Trauma Symptom Inventory (TSI; J. Briere, 1995), despite an average of 14 years having passed since the assault. Assaulted men reported greater symptomatology than assaulted women, whereas nonassaulted men reported less symptomatology than nonassaulted women

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			n = 174). The modal level of education was trade school/associates degree (32.6%, *n* = 306), followed by a high school education (23.7%, *n* = 223). Most participants were employed (61.7%, *n* = 579) at the time of data collection.		
Ellis, E. M., Atkeson, B. M., & Calhoun, K. S. (1982).	An examination of differences between multiple- and single-incident victims of sexual assault.	Differences between 25 multiple- and 25 single-incident victims of sexual assault were examined.	The participants were part of a large-scale study of female rape victims initially seen at the Grady Memorial Hospital Rape Crisis Center in Atlanta, Georgia, *n* = 117). The mean age of the multiple-incident victim group was 24.2 (*SD* = 4.7), and the mean age of the single-incident group was 28.6 (*SD* = 13.4). Fifty-two percent of the multiple-incident	A 117-item structured interview was used to assess the participants' functioning prior to the current rape.3 Areas assessed included (a) social network, (b) sexual adjustment, (c) history of physical abuse or victimization in violent crime (other than rape), (d) alcohol and drug use, (e) phobias/anxiety attacks and obsessive-compulsive behaviors, (f) paranoia and anger/hostility, (g) depression and history of	Multiple-incident victims were poorer and more transient than were single-incident victims. Multiple-incident victims also had a history of more frequent victimization other than rape and were significantly more dysfunctional in their personal and interpersonal adjustment. Comparisons of events leading up to and surrounding the current rape for these two groups were not significant.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			victims were white and 48% were black. Twenty-eight percent of the single-incident victims were white and 72% were black. Social class was determined through a weighted formula based on education and occupation and yielded rankings from 1 to 5 with 1 representing upper class, and 5 lower class (Myers & Bean, 1968). The mean social class of the multiple-incident victim group was 4.4 (*SD* = .58), and the mean social class of the single-incident victim group was 3.9 (*SD* = .95).	suicidal behavior, and (h) psychiatric treatment history.	
Ellis, E. M (1983).	A review of empirical rape research: victim reactions and response to	To review results of studies on victim reactions following rape and response to treatment.	N/A	N/A	Short-term reactions are described and defined as those occurring during the first 3 months post-assault. During this time, most symptoms return to normal levels in most victims. Intermediate reactions are defined as those occurring 3 month to one year post-assault and include

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	treatmen t.				depression, social adjustment, sexual functioning, and fear and anxiety. At the end of this interval, victims still score significantly higher than nonvictims on measures of fear and anxiety. Long-term reactions, defined as those continuing longer than one year post-assault, are discussed under four headings. No firm conclusions can be drawn as to the long-term symptoms experienced by victims versus nonvictims.
Epstein, J. N., Saunders, B. E., Kilpatric k, D. G., & Resnick, H. S. (1998).	PTSD as a mediato r between childhoo d rape and alcohol use in adult women.	1. To determine whether childhood rape was predicted to demonstrate higher levels of PTSD symptomato logy and alcohol use than women who have no reported history of childhood rape. 2. Present study will test a hypothetical causal model that describes the relationship between childhood rape and subsequent	Of the 2,994 women, 281 reported experiencing some form of childhood rape. 85% Caucasian 11% African-American 1% Asian 2% Native American	The interview included 6 sections: 1. Introductory questions; 2. Depressive disorders screening, 3. Victimization screening; 4. Drug and alcohol screening; 5. PTSD Interview Schedule and 6. Demographics.	Childhood rape victims had significantly more affirmative responses than non-victims on six out of the seven items. A history of childhood rape doubled the number of alcohol abuse symptoms that women experienced in adulthood. PTSD may be a mediating variable that many women raped in childhood experience prior to using alcohol. Childhood rape may alter women’s cognitive and/or emotional view of their social environment so that they perceive their environment as uncontrollable, unpredictable and potentially hostile or dangerous. The study hypothesizes that alcohol use and it’s effects could serve as a means for women to cope with this negative view of life. The present study’s use of PTSD as a mediating variable should be

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		alcohol use.			interpreted as only one of many possible variables that may affect the relationship between childhood rape and subsequent substance use. One third of the sample reported an age of first alcohol abuse symptoms prior to their age of first PTSD symptom.
Escobar, J. I., Rubio-Stipec, M., Canino, G., & Karno, M. (1989).	Somatic Symptom Index (SSI): A new and abridged somatization construct.	To examine the prevalence, risk factors, and predictive value of the SSI.	One thousand and thirteen participants from Puerto Rican, Mexican-American, and non-Hispanic White household respondents (aged 18-64).	An abridged somatization construct (the SSI) derived from the Diagnostic Interview Schedule's somatization disorder items was tested on community epidemiological samples.	Data revealed that the construct had a high prevalence and was related to low socioeconomic status (SES), female gender, older chronological age, and Hispanic ethnic background. The presence of this construct determined preferential use of medical services and predicted high indices of disability.
Fava, M., Hwang, I., Rush, A. J., Sampson, N., Walters, E. E., & Kessler, R. C. (2010).	The importance of irritability as a symptom of depressive disorder: Results from the national comorbidity survey replication.	To investigate the prevalence or correlates of irritability as a symptom of MDD in a general population sample.	The NCS-R Part I includes a sample of 9,282 persons and Part II includes 5,692 men and women over the age of 18-years-old.	The *World Health Organization Composite International Diagnostic Interview (WHO-CIDI)* was used to collect information across various domains. This study examined depression and specifically, the symptom of irritability as a symptom.	Of the 19.2% of NCS-R respondents who met lifetime criteria for MDE, about 13.4% were classified as having either threshold or sub-threshold BP disorder.
Follette, V. M., Polusny, M. A., Bechtle,	Cumulative trauma: The impact	The present study investigated the relationship	The total sample consisted of 210 female subjects. The	All participants were given a description of the study and a packet of	The results of this study indicate not only that victimization and revictimization experiences are frequent, but also that

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
A. E., & Naugle, A. E. (1996).	of child sexual abuse, adult sexual assault and spouse abuse.	between trauma symptoms and a history of child sexual abuse, adult sexual assault, and physical abuse by a partner as an adult.	mean age of the women in the study was 23.5 years (*SD* = 7.3) with a range of 17 to 52. The majority of women were Caucasian (86%). Seven percent were Asian Pacific Islander, 3% were Hispanic Latino, 2% were Native American, and 1% were African American. The majority of the women also indicated at least some college education (67%). Approximately 66% of subjects were single, 20% were married or cohabiting, and 14% were separated or divorced.	materials to complete, including the PDS and the TSC-40. Upon completion, packets were placed in a collection box or mailed to the experimenters. 1. Personal Data Survey. The Personal Data Survey (PDS) is a self-report inventory that was developed by the investigators to assess standard demographic information, such as marital status, ethnicity, socioeconomic status, and use of psychotherapy services. 2. Physical abuse by a past or current partner was assessed using the violence subscale of the Conflict Tactics Scales (CTS; Straus, 1990). 3. Trauma Symptom Checklist-40 (TSC-40). The TSC-40 (Briere & Runtz, 1989) is a 40-item self-report instrument designed to identify the nature and extent of trauma-related	the level of trauma specific symptoms are significantly related to the number of different types of reported victimization experiences.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				symptoms on six subscales (Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index, Sexual Problems, and Sleep Disturbance).	
Frank, E., & Anderson, B. P. (1987).	Psychiatric disorders in rape victims: Past psychiatric history and current symptomatology.	To examine psychiatric disorders in rape victims.	Sixty recent rape victims and 31 nonvictimized controls. Participants were predominantly young (mean age 23.4 years), single, and living with their parents. Most were Caucasian, with Catholics and protestants being about equally represented and thus reflecting the demographic composition of the greater Pittsburgh area. The majority were either still students or employed in clerical/technical/service positions.	Compared systematic psychiatric assessments of recent rape victims with assessments of nonvictimized controls. Participants were administered the Diagnostic Interview Schedule (DIS) and a series of questions to obtain the generalized anxiety disorder (GAD) diagnosis, which was eliminated from the original version of the DIS.	Rape victims and controls did not differ in the number or kind of past diagnoses; however, victims were significantly more likely to meet criteria for major depression, GAD, and drug abuse during the month preceding assessment.
Frank, E., & Stewart,	Depressive sympto	To revisit depressive symptomato	Ninety recent victims of sexual assault	Victims of sexual assault were assessed within 4	The results suggested 43% of the subjects met Research Diagnostic Criteria for

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
B.D. (1984)	ms in rape victims: A revisit.	logy and major depressive disorder among recent victims of sexual assault.	referred to the investigators by the Allegheny County Center for Victims of Violent Crime and Pittsburgh Action Against Rape between April of 1979 and December of 1982. Subjects ranged in age from 14 to 47 years, with a mean age of 22.6 (7.0) years. Eighty-seven percent of the subjects were white and 13% non-white.	weeks of the assault for evidence of depressive symptomatology and major depressive disorder. All subjects were interviewed and assessed by a project counselor and asked t complete the Beck Depression Inventory (BDI) (Beck et al. 1961) as one of a battery of 5 self-report instruments given at the time of their initial meeting with the project counselor.	major depressive disorder, with sleep disturbance and dysphoria being the most frequently endorsed symptoms. Older subjects and subjects who had been sexually victimized prior to the current assault were at significantly higher risk for developing major depressive disorder post-assault. Follow-up assessments revealed a diminution of depressive symptoms by 3 months after initial assessment and a continuing stabilization of mood at 6 and 12 months.
Frank, E., Turner, S., & Duffy, B. (1979).	Depressive symptoms in rape victims	To determine which of 8 common depressive symptoms occur most frequently in rape victims and to examine to what extent recent rape victims meet criteria for a major depressive syndrome.	Thirty-four recent rape victims. Subjects ranged in age from 15 to 52 years, with a mean age of 24 years and a median age of 21. Approximately 80% of the subjects were Caucasian, while 20% were non-white. Sixty-five percent of the subjects were single. Approximately 17% were married, 12%	Subjects were assessed for depressive symptom using a well-validated self-report instrument (the Beck Depression Inventory) in combination with formal psychiatric evaluation.	Fifteen subjects were found to be moderately or severely depressed when measured on the self-report questionnaire. A closer examination of these 15 subjects revealed that 8 were suffering from a major depressive disorder.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			divorced, and 6% separated from their legal spouses.		
Frazier, P. A., & Burnett, J.W. (1994).	Immediate coping strategies among rape victims.	This study provides descriptive information on the coping strategies used by rape victims and assesses the relations between coping strategies and symptoms in the immediate postrape period.	Sixty-seven victims who were part of an ongoing research program at the Sexual Assault Resource service (SSARS) in Minneapolis, MN. Demographics of this sample indicate that they were primarily young (*M* = 27 years of age, *SD* = 13.59), Caucasian (81.%), unmarried (85.%).	Coping strategies were measured in several ways. First victims rated 20 statements describing specific cooping strategies. Second, victims responded to open-ended questions. Two standardized measures and one self-rating were also used to assess postrape symptomatology. Victims completed the Beck Depression Inventory (BDI; Beck, Ward, Mendolsohn, Mock, & Erbaugh, 1961), which is a 21-item self-report measure of depressive symptoms, the Symptom Check List 90-RC (SCL90; Derogatis, 1977), which is a 90-item self-report symptom inventory designed to reflect psychological symptom patterns. Finally, victims indicated	Responses to 20 coping items suggested that taking precautions and thinking positively were among the most frequently endorsed coping strategies. Expressing feelings, seeking social support, counseling, and keeping busy were most often listed as helpful by victims on an open-ended question. Staying home and withdrawing were associated with higher symptom levels keeping busy, thinking positively, and suppressing negative thoughts were associated with lower symptom levels.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				on a t-point scale how well they thought they were coping with the rape.	
Frazier, P.A., Mortensen, H., & Steward, J. (2005).	Coping strategies as mediators of the relations among perceived control and distress in sexual assault survivors.	Two studies assessed whether coping strategies mediate the relations among 2 forms of perceived control (past and present control) and postassault distress among female sexual assault survivors.	In Study 11,518 female sexual assault survivors over the age of 16 were seen in the ER during the data collection period. Thirteen percent (*n* = 203) had at least one counseling session. Of those who received counseling, 69% (*n* = 141) consented to participate in the research project. Thirty clients already engaged in counseling also agreed to participate, for a total N of 171. Participants were between 16 and 52 years old (*M* = 27 years). Seventy seven percent were White, 15% were African American, and 8% were of other ethnicities.	In Study 1, longitudinal data were gathered from 2 weeks to 1 year postassault (*n* = 171). In Study 1 the following measures were used: 1. Perceived control. Two scales from the Rape Attribution Questionnaire (Frazier, 2002) were used to assess the extent to which survivors attributed the assault to their past behaviors (5 items) and felt control over the recovery process (5 items). 2. Coping strategies. The Coping Strategies Inventory (CSI; Tobin, Holroyd, & Reynolds, 1984) was used to assess the coping behaviors used in response to the assault. 3. Distress. Psychological distress was assessed with the Depression (6 items), Anxiety	In Study 1, Past control (behavioral self-blame) was associated with more distress partly because it was associated with greater social withdrawal. Present control (control over the recovery process) was associated with less distress partly because it was associated with less social withdrawal and more cognitive restructuring. In Study 2, Coping strategies again mediated the relations among the measures of past and present control and distress.

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			In Study 2, participants were initially contacted through a random phone survey regarding stressful life events and was completed by 894 women resigning in Hennepin county. 198 reported having been sexually assaulted and 190 agreed to participate in a follow-up study which involved completing a mailed questionnaire. There were 135 completed follow-up questionnaires. Because the researchers were interested in assessing factors associated with linger term recovery, 4 participants who had been assaulted less than 1 year previously were excluded. The remaining 131 participants ranged in age from 18 to 78	(6 items), and Hostility (5 items) subscales of the Brief Symptom Inventory (BSI; Derogatis, 1993). In Study 2, cross-sectional data were gathered from a community sample of non-recent survivors of sexual assault (N = 131). Control. Behavioral self-blame was assessed with the 5-item scale used in Study 1 and control over the recovery process was assessed with a slightly revised 6-item scale. Coping. As in Study 1, coping strategies were assessed using the Cognitive Restructuring, Expressing Emotions, Problem Avoidance and Social Withdrawal subscales of the CSI (Tobin et al., 1984). Neuroticism. Neuroticism was assessed using an 8-item subscale	

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			years (*M* = 39 years). Most (78%) were White, 17% were African Americans, and the remaining 5% represented other ethnicities. The assaults had occurred an average of 17 years previously (*SD* = 12 years; range = 1 to 62 years). The modal education level was “completed some college,” the modal income was $20,000 – $30,000, 58% of the sample was employed full time, and 56% were married or in a long-term relationship.	from Saucier’s (1994) Mini-Markers, a self-report measure based on the Big Five model of personality. Distress. Distress was assessed with the Depression, Anxiety, and Hostility subscales of the BSI, as in Study 1.	
Freedman, S. A., Brandes, D., Peri, T., & Shalev, A. (1999).	Predictors of chronic post-traumatic stress disorder.	This study prospectively evaluated predictors of PTSD at 4 months and 1 year.	Two hundred and thirty six trauma survivors (aged 16–65 years) recruited from admissions to a general hospital's emergency room.	The authors followed participants for 4 months, at which point 41 (17.4%) met diagnostic criteria for PTSD. Twenty-three of these individuals, and 39 individuals without PTSD at four months, were assessed	Depressive symptoms were the best predictors of PTSD at both time points. Intrusive symptoms and peritraumatic dissociation were better at predicting 4-month PTSD than 1-year PTSD. It is concluded that the occurrence of depression during the months that follow a traumatic event is an important mediator of chronicity in PTSD.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				again at one year.	
Garcia, J., & Weisz, J. (2002).	When youth mental health care stops: Therapeutic relationship problems and other relationship problems and other reasons for ending youth outpatient treatment.	1. To examine the reasons for ending youth treatment, sampling the full range of children who had applied and been accepted for treatment. 2. To assess whether specific factors might distinguish between those who ended treatment appropriately and those who terminated prematurely.	The participants included 344 client families; client age range was 7-18 years. 51% Caucasian 16% African American 14% Latino 19% Mixed	Measures included: *Child Behavior Checklist (CBCL)* and *Reasons for Ending Treatment Questionnaire (RETQ)*.	The findings show 6 primary themes in the decision process of continuing therapy: 1. Therapeutic Relationship Problems; 2. Role of Family and Clinic Practical Problems (i.e., sick family member, transportation issues, etc.); 3. Staff and Appointment Problems; 4. Time and Effort Concerns; 5. Treatment Not needed; 6. Money Issues. Findings indicate that dropping out had more to do with concerns about the therapeutic relations and about money than whether the child needed treatment or had improved.
Gibson, L. E., & Leitenberg, H. (2001).	The impact of child sexual abuse and stigma on methods of coping with sexual assault among undergr	The aim of the current study was to determine whether a prior history of child sexual abuse increased the likelihood of using disengagement methods of coping with a	There were 1050 women who participated in the study, with a mean age of 18.40 years (*SD* = 1.02). Ninety-five percent of the sample identified themselves as Caucasian, 2% as “other,” 1% as Asian, 1%	One thousand and fifty women undergraduates from a New England state university completed a survey for research credit. Respondents were asked detailed questions regarding experiences of sexual assault within the past	Sexually assaulted young women with a history of child sexual abuse used more disengagement methods of coping to deal with the adult sexual assault than women without this history. In addition, the relationship between prior sexual abuse and the use of disengagement coping strategies was mediated by feelings of stigma, but not by feelings of betrayal and powerlessness or beliefs in

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	aduate women.	sexual assault that had occurred within the past year. Once this was established, a mediational model was tested in which it was hypothesized that specific traumagenic dynamics and changed world views would mediate the association between child and/or adolescent sexual abuse and increased use of disengagement coping methods in response to a recent sexual assault.	as Latina, and less than 1% Native American or African-American. Although this ethnic homogeneity is clearly not representative of the United States population as a whole, these data are consistent with the racial composition of this university and its surrounding community (United States Bureau of the Census, 1992). The mean socioeconomic status rating of their parents as measured by the Hollingshead Four Factor Index of Social Status (1975) was 47.54 (*SD* = 10.57), indicating that, on average, participants' parents worked as medium-sized business owners, minor professionals, and technical workers.	year, histories of child and/or adolescent sexual abuse, traumagenic dynamics, and world assumptions. Analyses were based on 106 participants who had experienced a sexual assault within the past year.	the meaningfulness and benevolence of the world.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Gidycz, C. A., Hanson, K., & Layman, M. B. (1995).	A prospective analysis of the relationships among sexual assault experiences: An extension of previous findings.	The purpose of this study was to extend the findings of Gidycz et al. (1993) in examining the link among sexual victimization experiences.	Participants were female introductory psychology students enrolled at a large, Midwestern university. The majority of the 178 women were Caucasian (92.1%), and the remaining women were Black (3.4%), Hispanic (1.7), Asian (2.2%), or Native American (.6%) Most of the women indicated that their religion was Catholic (35.4%), Protestant (25.8%), or other (25.3%); a small percentage of women reported that their religion was Jewish (3.4%) or none (10.1%). Many of the women reported that their family incomes were either over $50,000 (39.3%) or between $35,001 and $50,000 (28.7%). An additional	College women were evaluated for child and adolescent sexual victimization, family adjustment, alcohol use, psychological adjustment, interpersonal functioning, and sexual behavior. Women were re-evaluated at 3,5-6, and 9 months for adult victimization, psychological adjustment, interpersonal functioning, and sexual behavior.	Loglinear analysis indicated that chances of being victimized in one time period increased with greater severity of victimization in the preceding time period. The path analysis assessing the mediating effects of these variables on victimization experiences was partially supported.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			18.0% of the women reported family incomes between $25,001 and $35,000, 9.6% reported family incomes between $15,001 and 25,000, and 4.5% reported family incomes of less then $15,000. The majority of the participants were either 18 (58.4%) or 19 (26.4%) years old, and the remaining women were 20 (9.0%), 21 (3.4%), or 22 and over (2.8%).		
Gidycz, C. A., McNamara, J. R., & Edwards, K. M. (2006).	Women's perception and sexual victimization: A review of the literature.	Meta-analysis of empirical and theoretical studies examining the relationship between risk perception and sexual victimization in women.	N/A	N/A	The literature suggests that women exhibit an optimistic bias whereby they believe that they are less likely than their peers to encounter sexual aggression. Women believe that they are better able than others to handle risky situations. Victims of sexual assault try to distance themselves from the prototypical victim and may hold erroneous beliefs about the "typical victim." The optimistic bias is reduced when the target is individualized and close contact is established.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Gladstone, G., Parker, G., Wilhelm, K., Mitchell, P., & Austin, M. P. (1999).	Characteristics of depressed patients who report childhood sexual abuse	To determine differences in severity of depressed mood, lifetime histories of anxiety and depression, childhood environment and disordered personality functioning in depressed patients with and without histories of childhood sexual abuse.	A sample of 269 inpatients and outpatients with major depression (171 women and 98 men) were assessed in the study.	Areas of childhood environment, personality functioning, and diagnosis were assessed.	Patients with history of abuse did not differ from those without a history, but they did have higher self-report depression scores. They also showed more self-destructive behavior, personality dysfunction and overall adversity in their childhood environment. Childhood sexual abuse appears to be associated with greater chance of having experienced a broadly dysfunctional childhood home environment.
Gladstone, G. L., Parker, G. B., Mitchell, P. B., Malhi, G. S., Wilhelm, K., & Austin, M.-P. (2004).	Implications of childhood trauma for depressed women: an analysis of pathways from childhood sexual abuse to deliberate self-harm and revictimization	To examine clinical features that distinguished depressed women with and without a history of childhood sexual abuse.	A sample of 125 women with depressive disorders was interviewed and completed self-report questionnaires.	Subjects completed a general questionnaire that consisted of sociodemographic questions, stressful life events, and physical/sexual assault. The *Measure of Parental Style* and *NEO-PI* were administered.	Childhood sexual abuse is an important risk factor to identify in women with depression. Depressed women with a childhood sexual abuse history create a subgroup of patients who may need interventions to combat both depression recurrence and harmful coping strategies.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Grauerholz, L. (2000).	An ecological approach to understanding sexual revictimization: Linking personal, interpersonal, and sociocultural factors and processes.	This article applies an ecological model to the problem of sexual revictimization to advance the understanding of how personal, interpersonal, and sociocultural factors contribute to child sexual abuse victims' increased risk of being sexually victimized later in life.	N/A	N/A	This ecological model explores how sexual revictimization is multiply determined by factors related to the victim's personal history (e.g., traumatic sexualization), the relationship in which revictimization occurs (e.g., decreased ability to resist unwanted sexual advances), the community (e.g., blaming the victim attitudes).
Greene, D. M., & Navarro, R. L. (1998).	Situation-specific assertiveness in the epidemiology of sexual victimization among university women.	Examined protective and risk factors for sexual victimization.	Two hundred and seventy four undergraduate women. The ethnic composition of the sample is as follows: Caucasian (95.6%), Asian American (2.2%), Hispanic (1.5%), African American (.4%), and American Indian (.4%). Levels of family income included 39.8% of the	Hypothesized protective and risk factors were assessed in a pretest at Time 1 (beginning of academic year). Time 2 assessed for sexual victimization during the fall semester (3 months after Time 1), whereas Time 3 assessed for victimization during the spring semester (8 months after Time 1). Prior victimization was assessed at Time 1 for childhood and	Assertiveness specific to situations with the opposite gender was protective at all three assessment times. Prior victimization, alcohol use, poor adjustment (as indicated by depression an anxiety), multiple sexual partners, and insecurity about relationships with the opposite gender were significant risk factors.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			participants reporting $50,000 or more, 31.4% reporting $35,000 to $50,000, 15.7%reporting $25,000 to $35,000, 9.5% reporting $15,000 to $25,000, and 3.6% reporting $15,000 or less.	adolescent/young adult victimization, and at Time 2, and Time 3 for victimization while in college. Victimization, adjustment (lower depression/anxiety), alcohol use, and number of sexual partners were assessed in all three surveys. Attitudes towards sexual pleasure and insecurity about relations with the opposite gender were assessed only at Time 1 and Time 2, being deleted at Time 3 to shorten the survey in order to increase response rate.	
Grice, D. E., Brady, K. T., Dustan, L. R., Malcolm, M., & Kilpatrick, D. G. (1995).	Sexual and physical assault history and posttraumatic stress disorder in substance dependent individuals.	To explore the relationship between sexual and physical assault and PTSD in individuals seeking treatment for substance use disorders.	One hundred substance dependent inpatients (50 men, 50 women)	A structured interview on traumatic life events and lifetime histories of sexual and physical assault.	Sixty-six percent of individuals had a history of sexual or physical assault. Half of the assault victims met DSM-III-R criteria for PTSD. Type of assault and specific characteristics of victims were significantly associated with psychiatric disorders. Women had higher rates of sexual assault history, serial assault, and familial assault than men. Individuals who had experienced childhood assault had earlier age at onset of substance dependence than those who had not experienced childhood assault.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Gutner, C. A., Rizvi, S. L., Monson, C. M., & Resick, P.A. (2006).	Changes in coping strategies, relationship to perpetrator, and posttraumatic distress in female crime victims.	This study examined the relationship between changes in coping and posttraumatic stress disorder (PTSD) symptomatology among recent female rape and physical assault victims as a function of assault type and perpetrator status.	The mean age of the sample was 31.6 years (*SD* = 8.50; range = 18–55 years). Average education level was 12.4 years (*SD* = 2.50; range = 2–20). The racial composition of the sample was 69.5% African American, 27.5% White, and 3.3% of other ethnicity. At the time of the first assessment, 55.1% were single, 16.9% were married or living with someone, and the remainder were separated, divorced or widowed. Sixty-six percent of the sample had a personal income of less than $10,000 in the past year.	Participants were assessed within 1 month after trauma and again at 3 months after trauma. A large battery of interviews and self-report questionnaires were given to participants to assess various aspects of the trauma as well as current psychological functioning. The subset of measures used in the current investigation listed below, except for the Trauma Interview, were administered at both Time 1 and Time 2. 1. Coping Strategies Inventory. The Coping Strategies Inventory (CSI; Tobin, Holroyd, & Reynolds, 1984) is a 72-item self-report questionnaire that assesses methods of coping via thoughts and behaviors in response to a specific stressor. 2. Clinician-Administered PTSD Scale. The Clinician-	Results indicate that changes in coping strategies over time are associated with the severity of the PTSD symptoms. Assault type was not a significant factor in the association between changes in coping and PTSD, but perpetrator status was. Victims with known perpetrators, who coped more by social withdrawal, had more severe PTSD symptoms over time.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				Administered PTSD Scale (CAPS; Blake et al., 1995) is a widely used interview-based diagnostic instrument for PTSD. 3. Trauma Interview. The Trauma Interview (Resick, 1982; Resick, Jordan, Girelli, Hutter, & Marhoefer-Dvorack, 1988) is a structured interview used to gather characteristics about the participants, as well as information about their traumatic experiences.	
Harvey, M. R. (2007).	Towards an ecological understanding of resilience in trauma survivors: Implications for theory, research and practice.	Meta-analysis on the ecological view of trauma, recovery, and resilience were examined.	N/A	N/A	An ecological perspective holds the belief that culture is essential and that attentiveness to nuances of culture, race, and ethnicity is necessary when designing health-promoting interventions. One intervention is the Victims of Violence (VOV) program that attempts to intervene at the community level and help the process of trauma recovery.
Ireland, T., & Widom,	Childhood victimiz	Examines he relationship	Among the abused and neglected	Complete official criminal histories were compared	Analyses indicate that childhood maltreatment is a significant predictor of

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
C.S. (1994).	ation and risk for alcohol and drug arrests.	between early childhood victimizatio n and subsequent arrest for alcohol and/or drug related offenses.	group, there are about equal numbers of males and females (49 versus 51%) and more Whites than Blacks (67 versus 31%). The majority of the sample are currently between the ages of 20 and 30 (85%), with about 10% under age 20 (the youngest is 16) and 5% older than 30 (the oldest is 32). There are also equal number of males and females in the control group, and approximately the same percentage of White (65%) and Blacks (35%). The mean age for the control group is 25.76 (SD=3.53). As with the abuse and neglect group, most of the controls are between the ages of 20 and 30, with the youngest being 16 and the oldest 33.	for cases of childhood physical and sexual abuse and neglect (n = 908) and a control sample (n = 667).	adult, but not juvenile, arrests for alcohol and/or drug related offenses.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Iwata, N., Turner, R. J., & Lloyd, D. A. (2002).	Race/ethnicity and depressive symptoms in community-dwelling young adults: A differential item functioning analysis.	To examine variations in the manifestation of depressive symptomatology across racial/ethnic groups.	The subjects are 1803 young men and women selected randomly from a previously studied representative study cohort drawn from the Miami-Dade County Public School system (Vega and Gil, 1998). At the time of interview, 93% of participants were between 19 and 21 years of age. Because the original study included only a relatively small sample of girls, additional females, drawn from the same 6th and 7th grade class rosters as the original male sample, were added to ensure roughly equal sex representation in the present sample (952 men, 851 women). Racial/ethnic identification by subject's report was categorized into five	Analyses of differential item functioning (DIF) on the Center for Epidemiologic Studies Depression Scale (CES-D) were separately conducted for representative samples. The CES-D is a 20-item self-administered questionnaire that assesses the frequency of depressive symptoms during the past week (Radloff, 1977).	DIF analyses indicated that: (1) about half of the CES-D items functioned differently among non-Hispanic whites compared to each of the other racial/ethnic groups; (2) the manifestation of symptoms seemed to be similar for both Hispanic groups, except for low positive affect; (3) African-Americans tended to favor somatic symptoms over affective (depressive) symptoms; (4) Immigrant Hispanics appeared to inhibit the expression of positive affect, and thus more high scorers on the total CES-D were observed within this subgroup. In contrast, no differences were observed when only negative items were considered.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			groups: non-Hispanic Whites (Whites: *n* = 463), African-Americans (*n* = 434), Hispanics born in the US (US-born Hispanics: *n* = 493), Hispanics born outside the US (Immigrant-Hispanics: *n* = 395), and others.		
Kalaydjian, A., Swendsen, J., Chiu, W-T., Dierker, L., Degenhardt, L., Glantz, M., Merikangas, K. R., Sampson, N., & Kessler, R. (2009).	Sociodemographic predictors of transition across stages of alcohol use, disorders, and remission in the national comorbidity survey replication	To examine the socio-demographic predictors of transitions across 6 stages of alcohol use in the National Comorbidity Survey Replication (NCS-R).	The NCS-R Part I includes a sample of 9,282 persons and Part II includes 5,692 men and women over the age of 18-years-old.	The *World Health Organization Composite International Diagnostic Interview (WHO-CIDI)* was used to collect information across various domains. This study used sociodemographic variables including age, sex, race/ ethnicity, education and marital status as well as age of onset for alcohol use and dependence.	The lifetime prevalence estimates include 91.7% lifetime alcohol use, 72.9% regular use, 13.2% for abuse, 5.4% for dependence with abuse. The transition from use to regular use to abuse was linked with the male sex, young age, non-Hispanic white race/ethnicity, low education, student status, and never being married.
Kessler, R. C., Berglund, P., Chiu, W. T.,	The U.S. national comorbidity survey	To describe the main features of the NCS-R design and field	N/A	N/A	Provides information about how surveys were completed with initial non-respondents.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Demler, O., Heeringa, S., Hiripi, E., Jin, R., Pennell, B-E., Walters, E. E., Zaslavsky, A., & Zheng, H. (2004).	replication (NCS-R): Design and field procedures.	procedures.			
Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., Wittchen, H. U., & Kendler, K. S. (1994).	Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the national comorbidity survey	To examine the lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the NCS-R.	Part I of the NCS-R was used with 9,282 men and women.	*International Diagnostic Interview (WHO-CIDI)* was used to collect information across various domains. This study used lifetime DSM-IV anxiety, mood, impulse control and substance use disorders	The lifetime prevalence estimates include 28.8% anxiety, 20.8% mood disorders, 24.8% impulse-control, and 14.6% substance use disorders. The median age of onset for substance use is 20-years-old.
Kessler, R. C., & Merikangas, K. R. (2004).	The national comorbidity survey replication (NCS-R): Background and aims.	To provide background and aim information about the NCS-R.	N/A	N/A	NCS-R was created to investigate time trends and their correlates over the decade of the 1990s and to expand the assessment of the prevalence and correlates of mental disorders beyond the assessment in the baseline NCS in order to address a number of important substantive and methodological issues that were raised by the NCS.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Kessler, R. C., Sonnega, A., Bromet, E., Huges, M., & Nelson, C. B. (1995).	Posttraumatic stress disorder in the national comorbidity survey	To gather data on the general population epidemiology of DSM-III-R posttraumatic stress disorder (PTSD).	The sample included 5,877 persons aged 15 to 24-years-old in the National Comorbidity Survey	Modified versions of the DSM-III-R PTSD module from the Diagnostic Interview Schedule and Composite International Diagnostic Interview were used.	Results showed that prevalence is elevated among women and the previously married. Traumas that were most commonly associated with PTSD were combat exposure and witness among men and rape and sexual molestation among women.
Kessler, R. C., & Ustun, T. B. (2004).	The World Mental Health (WMH) survey initiative version of the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI).	To provide an overview of the World Mental Health (WMH) Survey Initiative version of the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI) and a discussion of the methodological research on which the development was based on.	N/A	N/A	The WMH-CIDI includes a screening module and 40 sections that focus on diagnoses (22 sections), functioning (four sections), treatment (two sections), risk factors (four sections), socio-demographic correlates (seven sections), and methodological factors (two sections).
Kilpatrick, D. G., Acierno, R., Resnick, H. S., Saunders,	A 2-year longitudinal analysis of the relations	To examine directionality of the relationship between physical and sexual	A national probability sample of 3006 women. The mean age of participants was 35.9 years	The National Women's Study (NWS; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993), described	Use of drugs, but not abuse of alcohol, increased odds of revictimization. Reciprocally, after revictimization, odds of both alcohol abuse and drug use were significantly increased.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
B. E., & Best, C. L. (1997).	hip between violent assault and substance use in women	assault	(*SD* = 14.5). Eighty-two percent were White;8.2% were African American; 5.8% were Hispanic; 2.2% were Native American; and 1.8% were members of other racial groups. With respect to highest educational achievement, 3.5% did not graduate from high school, 75% were high school graduates, and 21.5% were college graduates.	in considerable detail elsewhere (Resnick et al., 1993). The highly structured telephone interview was designed to collect information about several topics, including demographic characteristics, alcohol and drug use and abuse patterns, and history of rape and physical assault.	For illicit drug use, findings support a vicious cycle relationship in which substance use increases risk of revictimization and revictimization increases risk of subsequent substance use.
Kilpatrick, D. G., Saunders, B. E., Veronen, L. J., Best, C. L., & Von, J. M. (1987)	Criminal victimization: Lifetime prevalence, reporting to police, and psychological impact	To determine lifetime prevalence, crime reporting, and psychological impact of criminal victimization experiences.	Three hundred and ninety one adult females.	Participants were interviewed about lifetime criminal victimization experiences, crime reporting, and psychological impact.	In total, 75% of the sample (*n* = 295) had been victimized by crime, and 41.4% of all crimes were reported to the police. Reporting rates differed by crime type. Burglary had the highest reporting rate (82.4%); and sexual assault the lowest (7.1%). Of all crime victims, 27.8% subsequently developed posttraumatic stress disorder (PTSD).
Kilpatrick, D. G., Veronen, L. J., & Best, C. L. (1985)	Factors predicting psychological distress	To determine what factors best predict rape-induced	One hundred and twenty five female, recent rape victims, age 16 or older.	Information obtained at six to 21 days post-rape was compared across the four distress groups to	Initial distress was a better predictor of subsequent psychological functioning than other variables.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	among rape victims	psychological distress at three-months post-rape.		evaluate if demographic characteristics, previous history, assault characteristics, or initial distress levels were related to thee-month post-rape distress.	
Kilpatrick, D. G., Veronen, L. J., & Resick, P.A. (1981).	Effects of a rape experience: A longitudinal study	To investigate the effects of rape overtime.	Participants were 20 female rape victims and 20 nonvictims age 16 and older.	Adult victims (*n* = 20) were assessed at 1 month, 6 months, and 1 year postrape, and a group of matched nonvictims (*n* = 20) were assessed at similar intervals. The assessment battery consisted of the following measures: 1) The Derogatis Symptom Checklist (SCL-90-R, Derogatis, 1977); 2) the Veronen-Kilpatrick Modified Fear Survey (MFS, Veronen & Kilpatrick, 1980), 3) the Profile of Mood States (POMS, Mc-Nair, Lorr & Droppleman, 1971); and 4) the State-Trait Anxiety Inventory (STAI, Spielberger, Gorsuch &	Findings were that victims were significantly more anxious, fearful, suspicious, and confused than nonvictims for at least a year after their assaults. However, there was significant improvement on those as well as other measures of personality and mood state over time, particularly between 1 and 6 months.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				Lushene, 1970).	
Kimerling, R. (2004).	An investigation of sex differences in nonpsychiatric morbidity associated with posttraumatic stress disorder.	The objectives of the current study are to delineate nonpsychiatric illness associated with posttraumatic stress disorder (PTSD) in order to inform services and interventions for traumatized patients in medical and public health settings. The current report examines sex differences in nonpsychiatric illnesses associated with PTSD in a nationally representative sample. Analyses account for the roles of poverty and major depression, 2 factors strongly linked to	Two thousand eight hundred and thirty five men and 3042 women from the National Comorbidity Survey	Data were analyzed to obtain adjusted odds ratios for the risk of medical conditions and the types of medical conditions associated with PTSD for men and women.	Women and men with PTSD were more than twice as likely to experience at least 1 current nonpsychiatric medical condition as were women and men without PTSD, even when age, socioeconomic status, and major depression were adjusted for. Depression and income below the poverty level were associated with additional risk of nonpsychiatric conditions among women, but not among men.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		both health status and PTSD.			
Koss, M. P., & Dinero, T. E. (1989).	Stranger and acquaintance rape: Are there differences in the victim's experience?	To determine difference between stranger and acquaintance rape.	Four hundred and eighty nine rape victims among a national sample of 3,187 female college students. The 3,187 female participants were characterized as follows: Mean age = 21.4 years, 85% single, 11% married, and 4% divorced, 86% White, 7% Black, 3% Hispanic, 3% Asian, and 1% Native American, and 39% Catholic, 38% Protestant, 4% Jewish, and 20% other or no religion.	First, the experiences reported by victims of stranger rape (*n* = 52) were compared with those of victims of acquaintance rape (*n* = 416). Then, the experiences of women assaulted by different types acquaintances were compared including nonromantic acquaintances (*n* = 122), casual dates (*n* = 103), steady dates (*n* = 147), and spouses or other family members (*n* = 44).	Rapes by acquaintances, compared with strangers, were more likely to involve a single offender and multiple episodes, were less likely to be seen as rape or to be revealed to anyone, and were similar in terms of the victim's resistance. In general, acquaintance rapes were rated as less violent than stranger rapes. The exception was rapes by husbands or other family members, which were rated equally violent to stranger rapes but were much less likely to occur in a context of drinking or other drug use. In spite of these different crime characteristics, virtually no differences were found among any of the groups in their levels of psychological symptoms.
Koverola, C., Proulx, J., Battle, P., & Hanna, C. (1996).	Family functioning as predictors of distress in revictimized sexual abuse	To examine the relationship between family functioning and distress in revictimized sexual abuse survivors.	Subjects were 833 female introductory psychology students. All subjects were between the ages of 17 and 24 years. The average age of the subjects was 19 years.	The present study examines the distress symptomatology and family functioning in female undergraduate students who had been sexually victimized in childhood and	Findings indicated that the revictimized group reported the most severe forms of sexual assault relative to other victimized groups. The victimized groups were all significantly more distressed than the nonabused control group with the revictimized group reporting significantly more PTSD symptomatology than other

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	survivors.		Subjects reported their average family income to be $35,000 to $55,000. The ethnic background of the subjects was as follows: 78% Caucasian, 12% Asian, 1% native, and 7% unspecified.	revictimized in adulthood. This group was contracted with a child sexual abuse group, peer sexual abuse group, and a no sexual trauma group.	victimization groups. The victimization groups differed significantly from the nonabused group on dimensions of family functioning, but they did not differ significantly from each other. Multiple stepwise regression analysis indicated that conflict and control were significant predictors of distress in the victimization group. Cohesion was a significant predictor of distress in the nonabused group.
Krahe, B., Scheinberger-Olwig, R., Waizenhofer, E., & Kolpin, S. (1999).	Childhood sexual abuse and revictimization in adolescence.	The aim of this study was to examine the link between childhood experiences of sexual abuse and subsequent revictimization in adolescence.	A sample of 281 female adolescents between 17–20 years of age.	Participants completed a prevalence survey of unwanted sexual contacts, completed the Sexual Experiences Survey as a measure of unwanted sexual contacts in adolescence and indicated whether or not they had experienced childhood sexual abuse.	Childhood experiences of sexual abuse were reported by 8.9% of the respondents, a further 8.5% indicated they were not sure if they had been sexually abused as children. Both abused women and women uncertain about their victimization status were significantly more likely to report unwanted sexual contacts as adolescents than women who did not state abuse. The link between childhood abuse and subsequent victimization was mediated by a higher level of sexual activity among the abuse victims.
Levitan, R. D., Parikh, S. V., Lesage, A. D., Hegadoren, K. M., Adams, M., &	Major depression in individuals with a history of childhood physical	To examine whether a history of physical or sexual abuse in childhood was associated with particular	Eight thousand one hundred and sixteen individuals aged 15-64 years were assessed for early physical and sexual abuse	*The Mental Health Supplement questionnaire* was used as a diagnostic instrument. Childhood abuse was assessed with the use of a self-	A history of physical or sexual abuse in childhood was associated with major depression with reversed neurovegetative features, whether or not manic subjects were included in the analysis. A strong relationship between mania and childhood physical

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Kennedy, S. H. (1998).	or sexual abuse: Relation ship to neurove getative features, mania, and gender	neurovegeta tive symptom clusters of depression, with mania, or with both.	experiences. 653 cases of major depression were identified.	report questionnaire developed specifically for the Mental Health Supplement.	abuse was found. A significant main effect of female gender on risk of early sexual abuse, however, none of the group-by-gender interactions predicted early abuse. Both men and women having a childhood history of either physical or sexual abuse was associated with a higher risk of depressive episodes with reversed neurovegetative features whether or not individuals with mania were considered.
Lewis, S. F., Resnick, H. S., Ruggiero , K. J., Smith, D. W., Kilpatric k, D. G., Best, C. L., & Saunders, B. E. (2005).	Assault, psychiat ric diagnos es, and sociode mograp hic variable s in relation to help-seeking behavior in a national sample of women	To investigate if assault history and mental health variables would be associated with an increased likelihood of past-year help seeking.	A national probability household sample of 4,008 women.	A highly structured telephone interview was administered by trained and experienced female interviewers to collect information a bout victim status, psychiatric diagnoses, demographic information, and help seeking behaviors.	The overall prevalence of past-year help seeking was low, however, rates were consistent with those found in previous research. When considering help-seeking behavior among individuals with psychiatric disorders, the current prevalence's are similar to other findings. In the study, 42% of women with past-year PTSD and 28% of women with past-year MDE reported seeking formal services during the preceding year. African American status and Hispanic ethnicity were associated with a lower likelihood of formal help-seeking behavior. White and non-Hispanic women were more than 2x likely than African American women and nearly 2x as likely as Hispanic women to report contact with formal service providers.
Livingsto	Qualitati	1. To gain	Fifty-nine	Women were	Women in the three groups

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
n, J. A., & Testa, M. (2000).	ve analysis of women's perceived vulnerability to sexual aggression in a hypothetical dating context.	insight into women's interpretation of ambiguous risk cues and subsequent decision making presented with a hypothetical social situation. 2. To examine the influence of alcohol consumption on women's responses to the situation.	community women, aged from 21-29, with a mean age of 23-years-old.	randomly assigned to receive either a dose of alcohol sufficient to raise blood alcohol to .08, a placebo, or no alcohol. They then read a vignette depicting a high-conflict social situation and wrote an ending to the story.	detected risk equally well; women willing to accept these risks due to feelings of control and potential social opportunities. No alcohol effects were found for thematic content or total number of expressed themes.
Lowe, W., Packov, T. W., Casanova, G.M., Wetchler, J. L. (2005).	Do American ethnic cultures differ in their definitions of child sexual abuse?	To investigate whether White Americans, African Americans and Hispanic Americans have different definitions of CSA as well as differences in reporting.	N/A	N/A	No significant differences between recognition of and willingness to report.
McFarlane, A. C. (1998).	Epidemiological evidence about the	To examine the nature of the relationship between	N/A	This article uses the Bradford Hill criteria for assessing causal associations to	A series of studies are presented which examine the relationship between PTSD and alcohol abuse. A cross-sectional study of

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	relationship between PTSD and alcohol abuse: The nature of the association.	PTSD and alcohol abuse.		examine the nature of the relationship between PTSD and alcohol abuse.	2,501 subjects in a community sample examined the relationship between at-risk drinking and 11 types of traumatic events. The traumatic events associated with at-risk drinking were involvement in life threatening accidents, witnessing severe injury, rape, being the victim of serious physical assault using the CIDI. In a longitudinal study of 469 firefighters exposed to a natural disaster, PTSD was associated with both an increase and decrease in alcohol consumption and PTSD rather than exposure accounted for the changes in drinking behavior. In three other populations, psychiatric inpatients, motor accident victims and female prisoners, the association between PTSD and alcohol abuse emphasized the clinical and public health importance of this relationship. The available evidence does nevertheless support the causal nature of this relationship. Other risk factors are necessary to predict alcohol abuse following exposure to traumatic events, although exposure to traumatic events can be caused by alcohol abuse.
McFarlane, J., Malecha, A., Watson, K., Gist, J.,	Intimate partner sexual assault against women: Frequen	To describe the characteristics and consequences of sexual assault	One hundred and forty eight African-American, Hispanic, and white English- and Spanish-	A personal interview survey which covered the extent of sexual assault, prevalence of rape-related	Sixty-eight percent of the physically abused women reported sexual assault. Fifteen percent of the women attributed 1 or more sexually-transmitted diseases to sexual assault,

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Batten, E., & Hall, I. (2005).	cy, health consequences, and treatment outcomes.	within intimate relationships specific to racial or ethnic group, compare the findings to a similar group of physically assaulted-only women, and measure the risk of re-assault after victim contact with justice and health services.	speaking abused women seeking a protection order.	sexually transmitted diseases and pregnancy, symptoms of posttraumatic stress disorder (PTSD) and depression, and risk of re-assault after treatment.	and 20% of the women experienced a rape-related pregnancy. Sexually assaulted women reported significantly (p = .02) more PTSD symptoms compared with nonsexually assaulted women. One significant (p = .003) difference occurred between ethnic groups and PTSD scores. Regardless of sexual assault or no assault, Hispanic women reported significantly higher mean PTSD scores compared with African-American women (p = .005) and White women (p = .012). The risk of sexual re-assault was decreased by 59% and 70% for women who contacted the police, or applied for a protection order, after the first sexual assault. Receiving medical care decreased the woman's risk of further sexual assault by 32%.
McPherson, P., Scribano, P., & Stevens, J. (2012).	Barriers to successful treatment completion in child sexual abuse survivors.	To evaluate the link and completion of trauma treatment goals to CSA victims between the ages of 3 and 16-years who present for medical evaluation at a child advocacy center.	From the 1,370 patients of the Child Assessment Center, 490 children (74% female) from the ages of 3 to 16-years-old were included in the study with at least one episode of CSA. 59% Caucasian	Eligible patients were referred to the Family Support Program (FSP) for trauma-focused counseling services. Data from the CAC electronic medical record were used as data for this study.	No significant difference was seen between ethnicity, abuse variables, SES, and placement in foster care, as influencing the utilization of mental health services. Patients who participated in counseling services were more likely to successfully complete the recommended therapy.
Merrill, L. L.,	Childhood	To examine effects of	The 1,093 women in the	Demographic Questionnaire.	Controlling for CPA, rape was significantly (4.8 times)

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Newell, C. E., Thomsen, C. J., Gold, S. R., Milner, J. S., Koss, M. P., et al. (1999).	abuse and sexual revictimization in a female navy recruit sample.	childhood abuse on adult rape.	final study sample ranged in age from 17 to 34, with a mean age of 20.57 years (*SD* = 2.92). Nearly two thirds (63%) of the women were White (non-Hispanic), 22% were Black, 8% were Hispanic, 3% were Asian, 2% were Native American, and 3% were members of other ethnic groups. The majority of the women (83.7%) were single; 10% were married, 1.6% were cohabiting, 5% were separated or divorced and 0.1% were widowed. In terms of education, 5% had less than a high school education; 53% had completed high school; 3% had earned General Education Development (GED) diplomas, and 40% had attended	This questionnaire contained items related to the respondent's age, ethnicity, marital status, educational level, family (parents') income during the previous year, and the number of different men with whom the respondent had sexual intercourse. 1. Conflict Tactics Scales (CTS), Parent-Child (PC) Version. A modified CTS Form R (Straus, 1990, p. 33) was used to measure participants' recall of the techniques used by their parents to resolve parent-child conflicts. 2. Michigan Alcoholism Screening Test (MAST) was used to assess problems with alcohol. 3. Sexual Events Questionnaire (SEQ). A modified version of the SEQ (Finkelhor, 1979) was used to assess childhood sexual experiences. 4. Sexual	more likely among women who had experienced CSA than among women who had not. In contrast, CPA (controlling for CSA) was unrelated to likelihood of adult rape. Alcohol problems and number of sex partners were examined as mediators. Although both variables predicted rape, their effects were independent of the effects of CSA. Finally, despite ethnic group differences in the prevalence of victimization, the predictors of rape did not differ significantly across ethnic groups.

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			college. Finally, 47% of the women reported family incomes of $25,000 or less; 41% reported incomes between $25,001 and $50,000, and 13% reported incomes greater than $50,000.	Experiences Survey (SES). Sexual assault victimization was assessed using five items from the SES. Participants responded "yes" or "no" to two items that asked whether they had experienced attempted rape and three items that asked whether they had experienced rape since their 14th birthday (Koss, Koss, & Woodruff, 1991).	
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.	Reviews the role of childhood sexual abuse in the sexual revictimization of women.	N/A	N/A	There is now widespread empirical evidence that child sexual abuse (CSA) survivors are at greater risk for sexual revictimization in adulthood, but less is known of the mechanisms underlying this relationship. Despite the lack of a conceptual framework to guide research, there has been a recent influx of studies examining explanatory variables, with most focusing on the psychological sequelae of CSA: alcohol and drug use, sexual behavior, dissociation, posttraumatic symptomatology, poor risk recognition, and interpersonal difficulties. With the exception of sexual behavior, the studies reviewed here provide limited or mixed support for the role of intrapersonal

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					factors in revictimization. Future research may benefit from a focus on the function of psychological distress that is expressed as psychological vulnerability, as opposed to individual forms of psychopathology or maladaptive behavior. An ecological framework may be useful as a guide to future investigations, as this model focuses on factors outside of the victim, including childhood factors such as family environment, contextual factors including the behavior of the perpetrator, and societal and cultural factors that impact revictimization. Future investigations should focus on the interaction between victim vulnerability and perpetrator behavior. Implications for prevention programming, clinical intervention, and future research are discussed.
Meyer, C. B., & Taylor, S. E. (1986).	Adjustment to rape.	Rape victims' reactions, causal attributions for the rape, coping behaviors after the rape, and psychological adjustment to the rape were examined.	Subjects were 58 women, all of whom had been raped within the past 2 years: median time since the rape was 16 weeks. All respondents had contacted a rape crisis center for counseling, usually shortly after the rape. All but one of	Subjects were asked to complete a questionnaire concerning their attributions for the rape, how they had coped with the rape, their current level of rape-related symptoms, characteristics of the assault, and demographic variables.	As in previous research, high levels of behavioral and characterological self-blame for rape were found. Contrary to prior hypotheses, behavioral self-blame was not associated with good adjustment. Rather, both behavioral and characterological self-blame were associated with poor adjustment. Societal blame was the only causal attribution for rape that was unassociated with adjustment. Remaining at home and withdrawing from others were both associated

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			the respondents ranged in age from 16 to 42: one woman was 76 years old. Average educational attainment was 2 years of college; 6 women were still completing their schooling. The average occupational rating of the 41 working women was a 6 on the Hollingshead (1975) scale; employment was largely in technical or secretarial jobs. Four women were homemakers and 7 more were unemployed, disabled, or retired. At the time of the assault. 77°<> of the sample was single and dating, 14°t> was married, and 9% was neither married nor dating.		with poor adjustment, and the use of stress reduction techniques was associated with good adjustment.
Miner, M. H., Flitter, J. M. K., &	Associat ion of sexual revictim	This study explores the associations of sexual	Participants included 230 of the 239 African	The 2-hour structured interview of 409 questions	Data indicate that women who experience sexual revictimization are more at risk for emotional stress and

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Robinson, B. E. (2006).	ization with sexuality and psychological function.	revictimization (experiencing sexual abuse in childhood and adulthood) in a sample of 230 African American women who are low-income.	American women recruited from the metropolitan area of a large Midwestern city—Minneapolis–St. Paul, Minnesota—to participate in an evaluation of a seminar-based HIV prevention program focused more broadly on sexual health (Robinson, Uhl, et al., 2002).	included mostly fixed choice and/or Likert-type scales, with a limited number of open-ended questions. The interview included short scales obtained from standardized instruments or from other studies of similar populations and contained a number of items that measured the sexual behavior of the participant and the characteristics of her sexual partners during a 3-month and 1-year period.	psychological pathology than women with no history of abuse. In addition, women who are revictimized appear to be at greater risk for emotional problems than women sexually abused only as a child or sexually assaulted only as adults. Revictimization also appears to be associated with an increased probability of engaging in prostitution, even higher than women with childhood- or adult only victimization, who showed increased probability when compared to women never abused. Finally, women who are revictimized showed increased HIV risk, in that they were 4 times less likely than other women to consistently use condoms, but no more likely to be in monogamous relationships or less likely to have multiple partners.
Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001).	Child sexual abuse and subsequent psychopathology: Results from the national comorbidity survey.	To examine the relationship between CSA and subsequent onset of psychiatric disorders accounting for other childhood adversities, CSA types, and chronicity of the abuse.	Part II of the NCS study including 5,877 participants.	*International Diagnostic Interview (WHO-CIDI)* was used to collect information across various domains. This study used the PTSD portion to gain information about child sexual abuse.	CSA usually occurs as a part of the larger syndrome of childhood adversities. In a subsample of respondents, odds of depression and substance problems associated with CSA were higher. Among women, rape (vs. molestation), knowing the perpetrator (vs. strangers), and chronicity of CSA (vs. isolated incidents) were associated with higher odds of some disorders.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
Moncrieff, J., & Farmer, R. (1998).	Sexual abuse and the subsequent development of alcohol problems.	The literature on sexual abuse and alcohol problems has been reviewed.	N/A	N/A	Various methodological issues are relevant in determining whether there is merely an association or also a causal relationship. These include the definition of sexual abuse, the degree and timing of abuse, the methods of data collection, sample selection, the presence or absence of control groups, possible recall bias, difficulties with prospective studies for this subject, and the definition of alcohol misuse or dependence. Results with community and victim samples are conflicting, but studies on samples of problem drinkers suggest an association between severe alcohol problems and previous sexual abuse, at least in women. The association may be especially strong for earlier and more severe forms of sexual abuse. Possible mechanisms for an association were examined and are: (1) sexual abuse as a cause of alcohol misuse; (2) alcohol misuse predisposing people to sexual assault; (3) sexual assault and alcohol misuse both resulting from another factor; (4) sexual abuse predisposing to other conditions associated with alcohol misuse. Regardless of the role of sexual abuse in causing alcohol problems, the available evidence suggests that victims of sexual abuse may present to services with more problematical patterns of drinking and more concurrent psychiatric

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					disorder.
Munzer, A., Feger, J. M., Ganser, H. G., Loos, S., Witt, A., & Goldbeck. (2016).	Please tell! Barriers to disclosing sexual victimization and subsequent social support perceived by children and adolescents.	To examine barriers of disclosing sexual victimization and perceived social support after disclosure.	Participants included 42 adolescents and children (ages 6-17 years old).	Semi-structured interviews about their history of sexual victimization, delay of disclosure, barriers to disclosure, informal and formal recipients of disclosure and perceived social support were collected.	Victimization disclosure was found to be approximately 17 months with a range of immediate reporting to 10 years later. Participants endorsed that they delayed disclosure due to feelings of shame and threats by the perpetrator.
Nadelson, C., Notman, M., & Zackson, H. (1982).	A follow-up study of rape victims.	Follow up study of rape victims.	Participants included 41 out of 130 women seen in the emergency room after rape.	Interview of participants 1-2.5 years after the rape occurrence.	Half of the participants reported fear of being alone; 75% were still suspicious of others. Many endorsed feeling restricted in their daily lives and self-reported episodes of depression and sexual problems. None reported emotional or mental health issues.
Nishith, H. A., Mechanic, M. B., & Resick, P. A. (2000).	Prior interpersonal trauma: The contribution to current PTSD symptoms in female rape victims.	To understand the relationship of CSA and childhood physical abuse from prior adult sexual and physical victimization in predicting current	Participants included 117 adult rape victims.	Participants were assessed for history of CSA, child physical abuse other adult sexual physical victimization and current PTSD symptoms.	A history of CSA seems to increase vulnerability for adult sexual and physical victimization and appears to contribute to current PTSD symptoms.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		PTSD symptoms in rape survivors.			
Noll, J. G., Horowitz, L. A., Bonanno, G. A., Trickett, P. K., & Putnam, F. W. (2003).	Revictimization and self-harm in females who experienced childhood sexual abuse: Results from a prospective study.	Lifetime trauma histories were ascertained for females with confirmed histories of childhood sexual abuse and comparison females participating in a longitudinal, prospective study.	The final sample for analysis consisted of 70 participants with reported histories of childhood sexual abuse and 70 comparison participants (*n* = 140). The sample was 50.01% minority (abused = 45.71%, comparison = 54.29%), reported an average Hollingshead (1975) score of 36.79 (*SD* = 12.35; abused = 38.06, SD = 13.30; comparison = 37.11, *SD* = 10.59) and ranged in age from 14.63 to 25.91 with a mean age of 18.81 (*SD* = 3.01; abused = 18.99, SD = 3.11, comparison = 18.61, *SD* = 2.93).	The following measures were used: 1. Comprehensive Trauma Interview (CTI). The CTI is a semistructured interview developed by Horowitz (1998) that seeks to elicit factual information concerning traumatic or upsetting life events as well as subjective responses to those events. 2. Rape or sexual assault. Information concerning sexual assault or rape was obtained from participants at Time 4 using information gleaned from the CTI. 3. Physical revictimization. Questions concerning physical revictimization were asked during the CTI. 4. Self-harm. Questions concerning self-injury or self-harm were	Abused participants reported twice as many subsequent rapes or sexual assaults (p = .07), 1.6 times as many physical affronts including domestic violence (p = .01), almost four times as many incidences of self-inflicted harm (p = .002), and more than 20% more subsequent, significant lifetime traumas (p = .04) than did comparison participants. Sexual revictimization was positively correlated with posttraumatic stress disorder symptoms (PTSD), peritraumatic dissociation, and sexual preoccupation. Physical revictimization was positively correlated with PTSD symptoms, pathological dissociation, and sexually permissive attitudes. Self harm was positively correlated with both peritraumatic and pathological dissociation

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				contained in the CTI. Participants were asked if they had ever tried to hurt themselves in any way with follow-up questions to determine the nature and severity of the self-injury. 5. Sexual Activities and Attitudes Questionnaire (SAAQ). This computeradministered measure of sexual attitudes and voluntary sexual activity was developed by Noll, Trickett, and Putnam (2000, 2003) and includes several items from the Sex Activity Questionnaire for Girls and Boys (Udry, 1988) and the Fear of Sex subscale from the Children's Impact of Traumatic Events Scale (Wolfe, Gentile, Michienzi, Sas, &Wolfe, 1991). 6. Dissociation. The Adolescent Dissociative Experiences (ADES) (Armstrong, Putnam, Carlson, Libero, & Smith, 1997) assesses the self-reported	

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				general dissociative experiences of adolescents (e.g., experiences of amnesia, perplexing forgetfulness, absorption and enthrallment, depersonalization and derealization, and passive influence phenomena) while not under the influence of alcohol (alpha = .89). 7. Peritraumatic dissociation. Retrospective reports of peritraumatic dissociation were obtained utilizing the 10-item Peritraumatic Dissociative Experiences Questionnaire (PDEQ) (Marmar et al., 1997). 8. PTSD symptoms. The PTSD Symptoms Scale was derived from Davidson,Kudler, and Smith (1989) but was modified to be DSM-IV compliant (alpha = .88).	
Owen, J., Tao, K. W., Imel, Z. E. &	Address ing racial and	To gather information about whether	Racial and ethnic minority participants (*n* = 120).	Client's experience of therapy was collected.	Approximately 53% of clients reported microaggression experiences from their therapist and

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
(2014).	ethnic microaggressions in therapy.	microaggressions are addressed in therapy and of this impacts the therapeutic relationship.			these were negatively associated to the working alliance.
Parker, G. B., & Graham, R. K. (2015).	Anxious, irritable, and hostile depression re-Appraised.	To examine a spectrum model linking personality with phenotypic depressive features including "irritable," "hostile," and "anxious" depression.	Patients clinically diagnosed with unipolar melancholic and non-melancholic depressive conditions.	Pearson correlations were performed for Temperament and Personality (T&P) scales and state depressive patterns (irritable, hostile, and anxious).	Irritable depression was strongly correlated with T&P irritably.
Peterlin, B. L., Rosso, A. L., Sheftell, F. D., Libon, D. J., Mossey, J. M., & Merikangas, K. R. (2011).	Post-traumatic stress disorder, drug abuse and migraine: New findings from the national comorbidity survey replication (NCS-R).	To evaluate the association of PTSD with episodic migraine and chronic daily headache from the NCS-R.	The NCS-R sample of 5,692 men and women from Part II were used.	The NCS-R measures of Demographics, mental disorders, PTSD, and Headache diagnoses were used.	Lifetime prevalence rates of PTSD were greater in those with EM compared to those without headache.
Phillips-Sanders, K., Moisan,	Ethnic differences in psychol	The primary goal of this study was to assess	Black and Latino sexually abused girls 8 to 13 years in	Psychological and developmental assessments were	Latino girls received significantly higher scores for depression than Black girls. These differences in

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
P. A., Wadlington, S., Morgan, S., & English, K. (1995).	ogical functioning among Black and Latino sexually abused girls.	whether ethnicity was independently related to psychological functioning, irrespective of the impact of other factors.	age.	conducted. 1. Children's Depression Inventory (Saylor, Finch, Spirito, & Bennett, 1984). This 27-item self report measure is a downward extension of the Beck Depression Inventory; is suitable for use with children aged 8 to 17 years; and has been frequently used with sexually abused children (Waterman & Lusk, 1993). 2. Nowicki-Strickland Children's Locus of Control Scale (Nowicki & Strickland, 1973). The test is appropriate for children aged 9 through 18 and measures perceived locus of control (LOC) of life events and perceptions of relationships between personal actions and consequences. 3. Shortened Children's Health Locus of Control Scale (Bush, Parcel, & Davidson, 1982). This scale for children aged 5-	depression appeared to be related to ethnic differences in the circumstances of the abuse. Latino girls were abused at a younger age; more likely to be abused by a relative; and more likely to have had a sibling abused. Latino were also more likely to report high levels of family conflict and somewhat lower levels of maternal support. Ethnicity was also found to be related to psychological functioning independently of the impact of other factors such as the circumstances of the abuse.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				12 measures locus of control for health related behaviors. 4. The Piers-Harris Self-Concept Scale (Piers & Harris, 1964). This scale measures self-concept in children aged 8 and above. 5. Body Cathexis Scale (Secord & Jourard, 1953; Tucker, 1985). This scale measures children's perceptions, distortions and degree of satisfaction with body image, parts and functions of their bodies. 6. Questions based on Myers (unpublished data) on stress among urban children in Los Angeles aged 6-12 were developed to evaluate environmental, community, and family stress. 7. The Wechsler Intelligence Scale for Children (WISC-R) (Wechsler, 1974) and Bender Visual Motor Gestalt Test (Bender, 1938) were	

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				administered to determine whether the groups differed in cognitive or perceptual skills that might have affected responses to the psychological and emotional measures. 8. Demographic data regarding the family and data specific to the abuse incident(s) were recorded by one female social worker who completed a report after interviews with both the child and caretaker.	
Pillay, A. L., & Schoubben-Hesk, S. (2001).	Depression, anxiety, and hopelessness in sexually abused adolescent girls.	To examine depression, anxiety and hopelessness in a sample of sexually abused adolescent girls.	A sample of 50 sexually abuse girls were examined against 50 nonabused controls, ages 13 to 18-years-old.	Participants were given the *Beck Depression Inventory (BDI).*	Those 31 participants who were repeatedly abused showed higher distress than the 19 abused ones. Depression is commonly manifested by adolescents who have been sexually abused. Those participants who had been repeatedly abused showed more severe depressive symptoms, anxiety, and hopelessness than those experiencing a single-episode abused. This may reflect constant fear and threat of further attack under which the repeatedly abused child lives.
Resick, P. A., Calhoun,	Social adjustment in	To investigate the social	Sample included 93 rape victims	Participants were given the *Social Adjustment Scale*	Victims exhibited disruption in overall social adjustment and most of the subscale

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
K. S., Atkeson, B. M., & Ellis, E. M. (1981).	victims of sexual assault	adjustment of rape victims for 1 year following their assaults.	who were seen for 2 weeks after the assault at 1, 2, 4, 8, and 12 months postrape, ages 15 to 71-years-old. 63% African American 37% White	*Self-Report (SAS-SR)* for work, economics, social and leisure, marital, parental and family unit, and extended family.	roles for the first few months following the assaults. At 4 months following the rape, most of the subscales had stabilized at levels similar to the nonvictims. Work adjustment continued to be affected at 8 months.
Rich, C. L., Combs-Lane, A. M., Resnick, H. S., & Kilpatrick, D. G. (2004).	Child sexual abuse and adult sexual revictimization.	To explore the relationship between child sexual abuse and adult sexual revictimization	N/A	N/A	Research indicates that a range of factors are associated with an increased risk for adult sexual assault (ASA) among women, including alcohol use, illicit drug use, psychological distress related to past exposure to traumatic events, sexual behavior, and impaired risk recognition. However, a history of child sexual abuse (CSA), which has been associated with these potential mediating risk factors, has been identified as the strongest predictor of ASA.
Santello, M.D., & Leitenberg, H. (1993).	Sexual aggression by an acquaintance: Methods of coping and later psychological adjustment.	The main purpose of the present study was to determine if methods of coping with sexual aggression by acquaintances were associated with psychological	Four hundred and one undergraduate women respondents (mean age = 19), 106 or 26% had been victims of sexual aggression by an acquaintance since the age of 16. Demographic	1. The Sexual Experiences Survey (SES) (Koss & Oros, 1982) was used to assess whether women had experienced any of four types of non-consenting sexual contact: fondling, kissing, or petting; attempted intercourse; vaginal	Two years on average after the assault, these women reported more psychological problems on the Brief Symptom Inventory (Derogatis & Spencer, 1982) than a comparison group who had not been assaulted since age 16. Respondents who had survived sexual aggression were asked to indicate on the Coping Strategies Inventory the methods they had used to cope with this experience and the methods they had

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		adjustment beyond what could be predicted by characteristics of the attack itself and beyond what could be predicted by methods of coping used to deal with other stressors.	data on the sample indicates that it is quite homogeneous, consisting primarily of white females from middle to upper-middle class homes.	intercourse; and either oral penetration, anal penetration, or penetration by any other objects. 2. The Brief Symptom Inventory (BSI, Derogatis & Spencer, 1982) was used to measure current psychological maladjustment or distress. In order to assess levels of PTSD symptomatology in the sexually victimized group, a checklist of the PTSD symptoms listed in DSM-HI-R (American Psychiatric Association, 1987) was used. 3. To measure methods of coping used by the victims of sexual aggression, we employed the Coping Strategies Inventory (CSI, Tobin, Holroyd, & Reynolds, 1984; Tobin, Holroyd, Reynolds, & Wigal, 1989).	used to cope with a separate nonsexual stressful event, which also had occurred since age 16. Multiple regression analyses indicated that disengagement methods of coping with sexual aggression per se accounted for unique variance in general psychological distress as measured by the Global Severity Index of the Brief Symptom Inventory and in posttraumatic stress disorder symptoms as measured by a DSM-III-R derived checklist.
Santiago, J. M., McCall-Perez, F., Gorcey, M., &	Long-term psychological effects of rape	The purpose of this study was to investigate whether the long-term	Thirty-five subjects were included in the group of rape victims. Most of the rape	Thirty-five rape victims who had been assaulted from 2 to 46 years earlier were interviewed to	Rape victims were found to be significantly more depressed, generally anxious, and fearful than control subjects. Only one rape situation variable, the

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Beigel, A. (1985)	in 35 rape victims	effects of sexual assault reported by Kilpatrick and Veronen would be present for periods longer than he 2 years they studied in their subjects and the role, if any, placed by factors characterizing the assault.	victims were single or divorced and were well educated. Rape victims had a mean age of 32 ±9.1 years (range =20-60 years), and control subjects had a mean age of 34±10.8 years (range = 18-66years).	determine the long-term effects of sexual assault. Victims were compared to 110 nonabused matched control subjects on their scores on the State-Trait Anxiety Inventory, and the modified Fear Survey Interview. An analysis was also conducted to determine which of the factors characterizing the rape situation had an influence on the victims' scores.	survivor having been a prior victim of sexual assault, was found to be related to a higher degree of depression and anxiety.
Santos-Iglesias, P., & Sierra, J. C. (2012).	Sexual victimization among Spanish college women and risk factors for sexual revictimization.	Sexual revictimization is frequent among victims of child sexual abuse. Several variables, such as sexual experience, substance abuse, and sexual assertiveness, have been proposed to explain the link between child sexual abuse and adolescent	The sample was composed of 402 women recruited in 13 different schools of a major Spanish university. The age of participants ranged from 18 to 24 years old (*M* = 20.82; *SD* = 1.60). Among participants, 73.3% were Catholic (*n* = 293), 24.8% (*n* = 99) reported no religious beliefs, and 2.2% (*n* = 8) reported other	Four hundred and two women were interviewed. 1. Sexual assertiveness. The study used the Refusal subscale of the Spanish validation of Morokoff's Sexual Assertiveness Scale (Sierra, Vallejo-Medina, & Santos-Iglesias, 2011). 2. Sexual experience. Two questions were used to assess sexual experience. The first one assessed the age of onset of consensual sexual	Results showed that 30.4% of them engaged in undesired sexual contact while almost 4% were victims of rape. The most frequent perpetrators were partners or ex-partners, acquaintances, or dating partners, but not strangers. Finally, the relationship between child sexual abuse and adolescent and adult sexual victimization was mediated by number of consensual sexual partners and sexual assertiveness. Results reflect some cultural differences from previous research.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		and adult sexual victimization, although they have typically been tested separately. The main objective of this study was to analyze which of these variables better explains the revictimization phenomenon using a multiple mediation analysis. The study also tested the frequency of sexual victimization experiences in a Spanish sample of college women.	religions. A total of 62% of participants were currently involved in a romantic relationship; 94.3% were heterosexual, 2% were homosexual, and 3.7% were bisexual.	intercourse (anal or vaginal) ("At what age did you have sexual intercourse for the first time?"). The second one assessed the number of consensual sexual partners since that age of onset ("With how many different consensual partners have you engaged in sexual intercourse?"). 3. Substance use prior to sex. Frequency of substance use prior to sex was assessed through one question: "In general, when you engage in sexual intercourse (anal or vaginal) how often do you use any kind of drug or substance before having sex?" Participants responded using a 5-point Likert-type scale from 1 (never) to 5 (always). 4. Child sexual abuse (CSA). The Sexual victimization subscale of the Spanish translation (Pereda, Gallardo-Pujol, & Forero, 2008) of the Juvenile	

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				Victimization Questionnaire (JVQ; Hamby, Finkelhor, Ormrod, & Turner, 2005) was used. 5. Adolescent and adult sexual victimization (AASV). The Sexual Experiences Survey (SES; Koss & Oros, 1982) was used.	
Seedat, S., & Stein, D. J. (2000).	Trauma and post-traumatic stress disorder in women: A review.	Reviews gender differences in exposure to trauma and subsequent posttraumatic stress disorder (PTSD), emphasizing those features that characterize trauma and PTSD in women.	N/A	N/A	It is noted that in the aftermath of traumas such as combat or sexual assault, both men and women may experience similar symptoms, including PTSD. However, epidemiological studies have yielded higher rates of PTSD in women than in men in general populations, and there are also a number of gender differences in clinical presentation after trauma. Thus, in a study by the authors of patients presenting with physical trauma after interpersonal violence, women were more likely than men to have been previously assaulted, or to have sustained injury by a relative or someone known to them, but less likely to have used substances at the time of the assault or to require emergency surgery. A better understanding of the particular factors that contribute to higher rates of PTSD in women may ultimately shed light on the pathogenesis of this

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
					complex disorder
Shalev, A. Y., & Sahar, T. (1998).	Neurobiology of the posttraumatic stress disorder as cited in: *New frontiers in stress research: Modulation of brain function*	Book on brain function.	N/A	N/A	Comorbid PTSD and MDD is of particular concern since comorbidity may increase symptom severity and lower global functioning of the affected individual.
Shepperd, J. A., Carroll, P., Grace, J., & Terry, M. (2002).	Exploring the causes of comparative optimism.	This meta-analysis reviews explanations by researchers for optimism in comparative risk-judgments or the belief that one is at lower risk than other people for negative events.	N/A	N/A	Discussing whether comparative optimism reflects a distortion in personal risk judgments or judgments of the average person's risk, by addressing the interplay of the various accounts of comparative optimism.
Shim, R.S., Compon, M.T., Rust, G., Druss, B.G., & Kaslow, N.J. (2009).	Race-ethnicity as a predictor of attitudes toward mental health treatmen	To examine the attitudes and beliefs about mental health treatment to determine whether they	Data from the NCS-R was collected from White, African American, and Latino individuals.	NCS-R data was analyzed.	African Americans endorsed a significant greater predictor of reported willingness to seek treatment. Latino individuals also endorsed a greater willingness to seek treatment.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	t seeking.	contribute to access to mental health care.			
Stewart, S. H., & Israeli, A. L. (2002).	Substance abuse and co-occurring psychiatric disorders in victims of intimate violence.	Explores the possible roles that a variety of psychological disorders might play in the well-documented relation between violence exposure and substance disorders in victims of familial violence. Three specific disorders are focused upon: depression, posttraumatic stress disorder, and sexual dysfunction.	N/A	N/A	The authors first examine the mental health correlates of exposure to familial childhood physical and sexual abuse, including both psychiatric disorders and substance-related disorders. Included are studies with adults using long-term retrospective methodologies, studies with adolescents conducted closer in time to the childhood violence exposure, and a few prospective, longitudinal studies. Studies concerning the mental health correlates of partner-to-partner violence ("spousal battery"), including both psychiatric and chemical use disorders, are reviewed next. The authors explore specific mechanisms that may explain the higher rates of both certain psychiatric disorders and of substance-related disorders among victims of domestic violence, and review evidence regarding comorbidity and potential function relations. Finally, a methodological critique of studies is provided and suggestions are proposed for future research.
Testa, M., Livingston, J. A., & Collins,	The role of women's alcohol consum	To examine the impact of alcohol consumption on women's	Fifty-nine community women with a mean age of 23-years-old.	The measure used was the Cognitive Appraisal of Risky Events Questionnaire. Women were	Women in the alcohol and placebo condition viewed the man more positively and perceived greater benefits and fewer negative consequences than women

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
R. L. (2000).	ption in evaluation of vulnerability to sexual aggression	risk perceptions and intended behaviors in a hypothetical situation in which the potential for establishing a relationship with an attractive man was coupled with potential sexual aggression.	88% Caucasian	randomly assigned to the alcohol, no alcohol or placebo conditions and were asked to write an ending to the scenario.	in the no alcohol condition; women in the alcohol and placebo condition anticipated greater likelihood of engaging in risky behaviors described.
Testa, M., VanZile-Tamsen, C., Livingston, J. A., & Buddie, A. M. (2006).	The role of women's alcohol consumption in managing sexual intimacy and sexual safety motives.	To examine the impact of women's alcohol consumption on risk perception; it was predicted that in a high-conflict social situation, alcohol would make it more difficult to recognize sexual assault risk, lowering intentions to resist sexual advances.	Study 1 included 51 women. Study 2 included 101 women. 96% Caucasian	Study 1 recruited in bars and classified as having a high (.06) or low breath alcohol concentration; they were asked to project themselves in a hypothetical scenario that portrayed interest in a relationship. Study 2 randomly assigned to an alcohol, no alcohol or placebo group and responded at two time points.	In study 1, women with a higher breath alcohol concentration perceived less risk in the scenario and anticipated less resistance than women with low concentration. In study 2, similar results were found only following a serious aggression.
Tilman,	Shatteri	1. Literature	N/A	N/A	Barriers to disclosure were

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
S., Bryant-Davis, T., Smith, K., & Marks, A. (2010).	ng silence: Exploring barriers to disclosure for African American sexual assault survivors	review to explore the intrapsychic barriers to disclosing sexual assault among women across cultures. 2. Systemic barriers women may encounter following sexual assault are discussed. 3. Culture-specific barriers to disclosure of sexual victimization among African American women are discussed. 4. Recommendations for service providers are given.			seen as inappropriate or inadequate sexuality socialization but early on may have prevented African American women's ability to recognize sexual assault as a form of abuse. Self-blame, stereotypical images of African American female sexuality, and a cultural mandate to protect male perpetrators from actual and perceived unfair treatment in the criminal justice system are additional potential barriers to help seeking behaviors for victims of sexual assault.
Tingus, K. D., Heger, A. H., Foy, D. W., & Leskin, G. A. (1996).	Factors associated with entry into therapy in children evaluated for sexual abuse	To evaluate a variety of factors that may impact entry into therapy following victimization including age, gender, ethnicity, relationship of the	From the Los Angeles County-University of Southern California Suspected Child Abuse and Neglect Team (SCAN Team), 511 of the 972 children	Study looked at data on telephone follow-up interviews conducted with social workers, law enforcement officials, parents/guardians, at the 2-week 6-week, 3-month, and 6-month intervals.	From the sample of 511 children, 76.1% disclosed sexual abuse, with 35.8% reporting that the perpetrator was intra-familial. Of the sample, 69.3% entered therapy within 6 months of their evaluation with a significant group difference of Caucasian children receiving more therapy than Hispanic or African American children.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		perpetrator to the child, placement of child following disclosure, severity and frequency of abuse, and system intervention by DCS.	(82.2% female) seen were included in this study. 70.5% Hispanic 15.8% Caucasian 10.4% Black		Children from 7 to 13-years-old were significantly more likely to receive therapy than children below 4 to 6-years of age. Frequency and the severity of the abuse were also positively associated with whether a child received treatment, with more abuse leading to more therapy. When both law enforcement and DCS were involved in the case, the child was significantly more likely to receive therapy than if they were not involved. Children who were placed out of the home by DCS were more likely entered into therapy than those who were not. SES did not yield significant differences in this study.
Turner, H. A., & Muller, P. A. (2004).	Long-term effects of child corporal punishment on depressive symptoms in young adults: Potential moderators and mediators	To examine long-term effects of childhood corporal punishment on symptoms of depression and considered factors that may moderate or mediate the association.	Sample of 649 students (men and women) from 3 New England colleges, ages 18-29-years-old. 13% Hispanic Whites 8% Hispanic Blacks 28% African Americans 17% Asians 38% Other	Corporal punishment was measured by asking participants to recall the number of times they were disciplined by a parent; depressive symptomatology was measured by the *Center for Epidemiologic Studies Depression Scale (CES-D).* Other discipline, child abuse, monitoring, normativeness, parental anger, master, self-esteem, and sociodemographi	Approximately 40% of the sample reported experiencing some level of corporal punishment when they were 13-years-old. Findings may be related to depressive symptoms, independent of any history of abuse and the frequency of other forms of punishment.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				cs were also measured.	
Ulibarri, M. D., Ulloa, E. C., & Salazar, M. (2015).	Associations between mental health, substance use, and sexual abuse experiences among Latinas	To examine self-reported sexually abusive experiences in childhood and adulthood as correlates of current drug use, alcohol abuse, and depression and posttraumatic stress disorder (PTSD) symptoms.	Participants were 204 Latina women 18–34 years old.	Self-reported experiences in childhood and adulthood.	Results indicated significant relationships between history of sexual abuse (regardless of age of occurrence), depression symptoms, PTSD symptoms, alcohol abuse, and drug use. When examined separately, childhood sexual abuse was associated with symptoms of depression, PTSD, and substance use but not alcohol abuse behaviors. Experiencing sexual abuse in adulthood was associated with symptoms of depression, alcohol abuse behaviors, and substance use but not PTSD symptoms.
Ullman, S. E., & Brecklin, L. R. (2002).	Sexual assault history, PTSD, and mental health service seeking in a national sample of women.	This study examined correlates of posttraumatic stress disorder (PTSD) and mental health service seeking for women sexually assaulted in childhood and or adulthood.	Female victims (n = 619) identified from the National Comorbidity Survey (1990–1992). The average age of the sample was 34.04 (SD = 10.85, range: 15–54). The median years of education completed by the victims was (12 range 6–17 or more). Almost half (48.9%) of respondents were married at the time of the survey. The majority of	Participants completed measures that captures demographic information, time since sexual assault, victim-offender relationship, duration of sexual abuse, number of traumatic life events, number of stressful life events, and number of alcohol dependence symptoms.	Factors related to correlates of PTSD and mental health service seeking varied according to sexual assault history. Ethnic minority women with less formal education, more traumatic and stressful life events, and longer duration of sexual abuse had greater odds of PTSD within certain sexual assault history subgroups. Mental health service seeking was predicted by demographics (e.g., more education, Caucasian race), as well as other psychosocial factors (e.g., life events, social support), and medical insurance status, especially for adult sexual assault victims.

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			victims were Caucasian (74.5%), whereas one-quarter were ethnic minorities (10.7% African American; 1.0% American Indian; 0.2% Asian; 9.7% Hispanic; 3.5% mixed races; and 0.4% other). Two-thirds of women were currently employed (66%).		
Ullman, S. E. (2003).	A critical review of field studies on the link of alcohol and adult sexual assault in women.	This article reviews field studies examining two central questions regarding the link between alcohol and sexual assault.	N/A	N/A	First, evidence is reviewed to evaluate whether there is a distal relationship between alcohol and risk of sexual assault victimization. Specifically, studies are examined to determine whether drinking may affect the risk of being victimized and how victimization may contribute to subsequent drinking. Second, evidence for a proximal role of drinking prior to a sexual assault victimization incident (by either victim and/or offender) is examined to determine alcohol's role in rape and injury outcomes to victims. Critical theoretical and methodological issues in these two types of studies are discussed with regard to the extant literature. Paralleling the two areas of

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
					research reviewed, two theoretical models are proposed to guide future research on (1) the global associations of drinking and sexual assault risk across the life span (macrolevel model) and (2) the role of drinking in the outcomes of actual sexual assault incidents (microlevel model). Suggestions are made for future research and intervention in this area.
Ullman, S. E. (2007).	A 10-year update on "review and critique of empirical studies of rape avoidance."	To provide an update over the past 10 years of research on empirical studies of rape resistance.	N/A	N/A	Fighting, feeling and screaming/yelling are all associated with decreased odds of completed rape. Researchers have identified different types of rapists that differ according to various psychological and behavioral characteristics.
Ullman, S. E. (2016).	Sexual revictimization, PTSD, and problem drinking in sexual assault survivors.	To determine whether victimization mediates risk of symptoms over time between PTSD and problem drinking in female survivors of sexual assault.	Data from a large ethnically diverse sample of women (*n* = 1012) was examined at the 1- and 2-year follow-ups.	Structural equation modeling was used to analyze the data.	CSA was associated with greater symptoms of PTSD and problem drinking at the 1- and 2- year follow-ups. PTSD was not directly found to influence problem drinking over time.
Ullman, S.E., Filipas,	Trauma exposure,	Sexual assault history is	The mean age (*SD*) of the sample was	Data from self report questionnaires	These analyses suggested that trauma exposure, drinking to cope with

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H.H., Townsend, S.M., & Starzynski, L.L. (2005).	posttraumatic stress disorder and problem drinking in sexual assault survivors.	associated with higher risk of problem drinking in women, yet little is known about mechanisms linking trauma histories to women's problem drinking. This study examined how trauma histories, alcohol-related cognitive mediators and posttraumatic stress disorder (PTSD) relate to past-year problem drinking in adult female sexual assault survivors.	31.5 (10.3) years (range: 18-71) with a median age of 29 years. Slightly more than half of the women (60%) self-identified as ethnic minority. The largest group consisted of black women (42.2%), followed by white (40%), multiracial (7%), Latina (7%), Asian (3%) and fewer than 1% Pacific Islander/Native Hawaiian, American Indian or women of other ethnic backgrounds. The majority of the women identified themselves as straight/heterosexual (77.5%), followed by women who identified as bisexual (11.8%), lesbian (5.6%) or unsure (5.1%). The majority of women were single and not living	completed by a large, diverse sample (n = 865) of community-residing women who had experienced adult sexual assault were analyzed. Structural equation modeling was used to test a theoretical model examining the relationship between trauma exposure, alcohol-related cognitive mediators, PTSD symptoms and past-year problem drinking.	distress and tension-reduction expectancies are the most consistent factors associated with problem drinking, whereas PTSD symptoms are not. Drinking to cope and tension-reduction expectancies were both related to greater PTSD symptoms, consistent with self-medication theory. Conclusions: These results suggest that trauma histories, drinking to cope and tension reduction may be important risk factors distinguishing sexually assaulted women who develop problem drinking from those who do not. Screening women for trauma histories even within samples of victims and assessment of women's ways of coping and beliefs about alcohol's effects may help to identify those at greater risk for problem drinking.

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			with a partner (59.7%), followed by cohabitating (16.2%), divorced (12.1%), married (10.6%) and widowed (1.4%). Slightly more than one third (40%) of the sample had at least one child. The sample was well educated, with 32.9% having a college degree or higher, 41.2% having some college education and 26% having a high school education or less. Almost one third (30.7%) of the women were enrolled in school at the time of the survey. More than half of the sample (50.5%) was currently employed, although the income levels were relatively low with 73.6% of the sample having household		

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			incomes of less than $30,000.		
Ullman, S.E., Filipas, H.H., Townsend, S.M., & Starzynski, L.L. (2006).	Correlates of comorbid PTSD and drinking problems among sexual assault survivors.	To examine what differentiates survivors with PTSD only from those with comorbid PTSD and drinking problems.	A sample of women age 18 or older was recruited from the community for a mail survey about unwanted sexual experiences since age 14 (*n* = 1084, 90% response rate) (see Ullman et al., in press for details). Women were 18–68 years old (*M* = 30.1, *SD* = 10.1), mostly African-American (40.9%) or White (39.7%), multiracial (7%), Latina (7.6%), Asian (2.4%), and 9% other ethnicities. Most women (60.2%) were single, with some college education (43.9%), 55.7% were currently employed, and 72.9% had household incomes under $30,000.	A large, diverse sample of community residing women who had experienced adult sexual assault was surveyed. Logistic regression analyses were conducted to identify pre-assault, assault, and post-assault factors differentiating survivors with PTSD only from those with PTSD and drinking problems. Measures included adult sexual assault assessed by the modified Sexual Experiences Survey (SES; Koss & Gidycz, 1985), details of their most serious sexual assault, and CSA severity computed from the SES assessing experiences before age 14. Other measures were number of nonsexual lifetime traumatic events (SLESQ, Goodman, Corcoran, Turner, Yuan, & Green, 1998), social	Results showed that survivors with less education, histories of other traumas, who blamed their character more for the assault, believed drinking could reduce distress, drank to cope with the assault's effects, and received negative social reactions were more likely to have comorbid PTSD and drinking problems than those with PTSD only.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				support (frequency of past month informal and formal social contacts), average frequency of receiving positive and negative social reactions to assault disclosures (SRQ; Ullman, 2000), characterological self-blame (RAQ, Frazier, 2003), past-month avoidance coping (Brief COPE, Carver, Scheier, & Weintraub, 1989), and current PTSD symptoms (PDS, Foa, 1995). Symptom severity scores ranged from mild (6.3%), moderate (33.1%), between moderate and severe (46.3%), to severe PTSD (14.3%). Drinking measures included a 5-item tension reduction subscale (AEFQ; Rohsenow, 1983), drinking to cope with negative affect 5-item scale (Cooper, Frone, Russell, & Mudar, 1995), and past year drinking problems (MAST, Selzer,	

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				1971), indicated by endorsement of 5 or more items contrasted with no drinking problem.	
Ullman S. E., Najdowski C. J., & Filipas H. H. (2009).	Child sexual abuse, post-traumatic stress disorder, and substance use: Predictors of revictimization in adult sexual assault survivors.	This study examined the unique effects of child sexual abuse simultaneously with post-traumatic stress disorder symptom clusters, problem drinking, and illicit drug use in relation to sexual revictimization in a community sample of female adult sexual assault victims.	Five hundred and fifty five women who reported an ASA experience (rape, attempted rape, sexual coercion, or sexual contact since the age of 14), 38% were white, 45% black, 6% Hispanic/Latina, 2% Asian, 6% mixed, and 1% other.	The Time 1 survey included questions about demographic background, history of sexual victimization, ASA characteristics, PTSD symptoms, problem drinking, and illicit drug use. The Time 2 survey asked about any new sexual victimization that may have occurred since Time 1.	Child sexual abuse predicted more post-traumatic stress disorder symptoms in adult sexual assault victims. Posttraumatic stress disorder numbing symptoms directly predicted revictimization, whereas other post-traumatic stress disorder symptoms (re-experiencing, avoidance, and arousal) were related to problem drinking, which in turn predicted revictimization. Thus, numbing symptoms and problem drinking may be independent risk factors for sexual revictimization in adult sexual assault victims, particularly for women with a history of childhood sexual abuse.
Ullman, S. E., & Peter-Hagene, P. L. (2014).	Social reactions to sexual assault disclosure, coping, perceived control, and PTSD	To determine whether the social reactions that sexual assault victims face when they disclose their assault is related to PTSD.	A large sample of 1,863 sexual assault survivors was used in this sample.	Participants were tested for perceived control, maladaptive coping, social and individual adaptive coping strategies.	Positive social reactions to assault disclosure greater perceived control over recovery, which in turn was related to less PTSD symptoms. Positive social reactions to assault disclosure were also associated with more adaptive social and individual coping; however, only adaptive social coping predicted PTSD symptoms.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	symptoms in sexual assault victims.				Negative social reactions to assault disclosure were related to greater PTSD symptoms both directly and indirectly through maladaptive coping and marginally through lower perceived control over recovery.
Ullman, S. E., Townsend, S. M., Filipas, H. H., & Starzynski, L. L. (2007).	Structural models of the relations of assault severity, social support, avoidance coping, self-blame, and PTSD among sexual assault survivors	To examine the relationships between assault severity, global support, negative social reactions, avoidance coping, self-blame, traumatic life experiences, and PTSD symptoms.	A sample of community-residing women (*n* = 636). The age of the sample ranged from 18 to 71 years (*M* = 32.3 years, *SD* = 10.8 years). Assaults occurred an average of 12.67 years prior to the survey (*SD* = 10.36 years). Slightly more than half of the women self-identified as ethnic minority (58%), although the largest ethnic group consisted of White women (42%), followed by African American (40%), multiracial (8%), Latina (6%), Asian (3%), and less than 1% of American	A modified version of the widely used Sexual Experiences Survey (SES; Koss, Gidycz, & Wisniewski, 1987) was used to identify completed rape and attempted rape victims, as well as women who experienced unwanted sexual contact and sexual coercion. Respondents were also asked for details about their assault experiences using questions developed from past research studies (Ullman, 1996, 2000). 1. The latent variable of global support was based on three constructs measured by the Social Activities Questionnaire of the Rand Health Insurance Experiment	The results suggest that negative social reactions and avoidance coping are the strongest correlates of PTSD symptoms and that the association typically observed between victim self-blame and PTSD symptoms may be partially due to the effect of negative social reactions from others. These reactions may contribute to both self-blame and PTSD.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			Indian women or women of other ethnic backgrounds. The majority of women identified as straight/heterosexual (75%). The majority of women (58%) were single and not living with a partner. Slightly more than one third (40%) of the sample had at least one child. The sample was well educated with 39% having a college degree or higher and 34% having some college education. Half of the sample (50%) was currently employed, although the income levels were relatively low, with 72% of the sample having household incomes of less than $30,000.	(Donald & Ware, 1984): number of confidantes, how well one is getting along with others, and frequency of contact with social network members. 2. The latent variable of negative social reactions was constructed from three subscales of the Social Reactions Questionnaire (SRQ; Ullman, 2000), which was administered to victims who had disclosed their assaults to others. The latent variable of self-blame was created using three measures. First, Frazier's (2003) Rape Attribution Questionnaire was used to measure attributions made by sexual assault victims in the past 30 days about why the assault occurred. Second, the Brief Coping Orientations to Problems Experienced Scale (COPE; Carver, Scheier, & Weintraub,	

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				1989) was used as an independent measure of general self-blame as a method of coping in the past 30 days to deal with the assault. 3. The latent variable of avoidance coping was constructed from three subscales of the Brief COPE (Carver et al., 1989), with each subscale tapping into a different indicator of avoidance coping used in the past 30 days. 4. Lifetime histories of traumatic events were assessed with Goodman, Corcoran, Turner, Yuan, and Green's (1998) Stressful Life Events Screening Questionnaire (SLESQ), a brief self-report measure of 10 behaviorally specific screening items that assess a variety of traumatic events of an interpersonal nature. 5. The latent variable of PTSD	

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				symptoms was constructed using responses to symptom items from the Posttraumatic Stress Diagnostic Scale (PDS; Foa,1995).	
Urquiza, A. J., & Goodlin-Jones, B. L (1994).	Child sexual abuse and adult revictimization with women of color.	To examine rates of sexual revictimization among ethnic minorities.	A multiethnic sample of 243 women randomly selected from the volunteer pool of community college students. The ethnic composition was 56.4% white, 11.9% African-American, 16.% Latina (Latinas were 69.2% Mexican American, 7.7% South American, and 23.1% unspecified), and 15.6% Asian American. Asian Americans include 23.7% Chinese Americans, 13.2% Japanese American, 10.5% Korean Americans, 21% Cambodian/La	Sexual Experiences Survey (SES). The Sexual Experiences Survey was developed by Koss and colleagues (Koss & Gidycz, 1985; Koss & Oros, 1982) in a national survey of sexual victimization by acquaintances. 1. Wyatt Sexual History Questionnaire-Revised (WSHQ-R). Wyatt (1992) described the Wyatt Sexual History Questionnaire as "a structured interview, developed and administered to assess retrospective and current consensual and abusive sexual experiences from childhood to adulthood and to assess the lasting effects of these experiences"	Significant differences (i.e., higher rates of rape associated with a prior history of child sexual abuse) were found for white women, African-American women, and Latinas, but not for Asian-American women.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			otian/Vietnamese American, 28.9% Pacific islander, and 2.6% unspecified. The mean age of the sample was 22.5 years (*SD* = 55, range+18 to 40 years) and the majority (80.7%) were single and not living with a boyfriend. The average socioeconomic level was 31.1 (*SD* = 11.2) on the Hollingshead index of social strata, which corresponds to Class II.	(p168).	
Walsh, K., Resnick, H., Danielson, C., McCauley, J., Saunders, B., & Kilpatrick, D. (2014).	Patterns of drug and alcohol use associated with lifetime sexual revictimization and current posttraumatic stress disorder among three national samples of	To establish the prevalence of a range of substance use issues as a function of sexual victimization history and PTSD status.	Participants included 1,763 adolescent females, 2,000 college females, and 3,001 household residing women.	Participants were assessed in the following areas: rape history, PTSD, use of alcohol, marijuana, other illicit drugs, and non-medical prescription drug use.	Revictimized adolescents and household-residing women reported more other illicit and non-medical prescription drug use; revictimized college women reported more other illicit drug use. Past 6-month PTSD was associated with increased odds of drug use for adolescents, non-medical prescription drug use for college women, and all substance use for household-residing women. Revictimization and PTSD were associated with more deviant substance use patterns across samples, which may reflect self-medication with substances.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	adolescent, college, and household-residing women.				
Wang, Y.-W., & Heppner, P. P. (2011).	A qualitative study of childhood sexual abuse survivors in Taiwan: Toward a transactional and ecological model of coping.	To explore the experiences of Taiwanese CSA survivors.	Ten female Taiwanese CSA survivors (ages 20-39 years old).	Qualitative research method.	The transactional and ecological model of coping that emerged from the data describes the dynamic interplay among (a) intrapersonal, interpersonal, and sociocultural factors and (b) the coping process and outcomes of CSA survivors.
Warner, L. A., Alegria, M., & Canino, G. (2012).	Childhood maltreatment among Hispanic women in the United States: An examination of subgroup differences and impact on psychiat	To investigate Prevalence rates of childhood maltreatment among Hispanic women in the United States which are presented separately for nativity status and ethnic origin subgroups, and the associations between	1,427 Hispanic women who participated in the National Latino and Asian American Survey.	Self-report from the National Latino and Asian American Survey.	Foreign-born Hispanic women compared to U.S.-born Hispanic women reported significantly lower rates of sexual assault and witnessing interpersonal violence, and a significantly higher rate of being beaten. Ethnic subgroups reported similar rates of maltreatment, with the exception of rape.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
	ric disorder.	different types of maltreatment and the development of anxiety and depressive disorders.			
Weiss, N. H., Tull, M. T., Lavender, J., & Gratz, K. L. (2013).	Role of emotion dysregulation in the relationship between childhood abuse and probable PTSD in a sample of substance abusers	To examine the role of emotion dysregulation in the relation between child abuse (sexual, physical and emotional) and probable PTSD status within an ethnically diverse mixed-gender sample of substance use disorder (SUD) patients.	Participants included 93 SUD patients (76.3% male) in a residential substance abuse treatment facility, ranged from 19 to 61-years-old. 60.2% African American 37.6% Caucasian 2.2% Hispanic/Latino	Measures used: *The Childhood Trauma Questionnaire-Short Form (CTQ), Difficulties in Emotion Regulation Scale (DERS), The Life Events Checklist (LEC), PTSD Checklist-Civilian Version (PCL-C), Depression Anxiety Scales-21 (DASS-21),* and Demographic information.	Results demonstrated an association between child abuse and probable PTSD, with SUD patients with (vs. without) probably PTSD reporting significantly more severe experiences of childhood sexual abuse, physical abuse and emotional abuse. Findings indicate significantly higher levels of both overall emotion dysregulation and the specific dimensions of difficulties engaging in goal directed behaviors when distressed, difficulties controlling impulsive behaviors when distressed, and limited access to effective emotion regulation strategies.
West, C. M. (2002).	Battered, black and blue.	To review the forms of violence in the lives of African American women, the psychological sequelae associated in victimization and healing	N/A	N/A	Types of violence include CSA, dating violence, IPV, sexual assault, and sexual harassment. Psychological sequelae include substance abuse, depression, suicide attempts, and physical health complications.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
		practices.			
Wilson, A. E., Calhoun, K. S., & Bernat, J. A. (1999).	Risk recognition and trauma related symptoms among sexually revictimized women.	This study used experimental methodology to investigate the differential impact of various levels of sexual victimization on women's perceptions of risk and evaluative judgments of sexual assault within a dating interaction.	Participants were 330 undergraduate women enrolled in introductory psychology classes at a large Southeastern university. Ages of participants ranged from 15 to 27 years, with a mean age of 19.48 (*SD* = 1.27). Of the participants under the age of 18 (*M* = 6), 2 were excluded because they did not meet group criteria and 4 were included in the no-victimization (NV) group. Participants were predominantly White (85%), with African Americans (11%), Asian Americans (2%), Hispanics (1%), and those of other race/ethnicity (2%) composing the remainder	Participants were asked to listen to an audiotape of a dating situation involving sexual interaction between two college students, make decisions about it, answer questions about it, and complete a series of questionnaires about their own sexual experiences listed below. 1. Decision latency. Decision latency was operationalized as the length of time needed by participants to indicate when the man depicted in the audiotape had "gone too far," implying that the woman was in danger of being sexually coerced or assaulted. This primary dependent measure was developed by Marx and Gross (1995). 2. Child sexual abuse prior to age 14. The definition of child sexual abuse used in this study was consistent with	Results supported the hypothesis that revictimized women would exhibit longer latencies than either single incident victims or non-victims in signaling that an audiotaped date rape should be halted. Revictimized women with greater posttraumatic stress disorder (PTSD) symptoms, arousal symptoms in particular, exhibited latencies similar to those of non-victims, whereas re-victimized women with lower levels of PTSD symptoms had significantly longer latencies. Dissociative symptoms were not related to latency. These findings suggest that PTSD-related arousal symptoms may serve a buffering effect, increasing sensitivity to threat cues that portend a sexually coercive interaction.

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
			of the sample. Approximately 93% reported being single; 2% were married, 0.3% were divorced, and 4% were cohabiting.	that used by Finkelhor (1979). The Child Sexual Abuse Questionnaire is an abbreviated version of the Life Experiences Questionnaire (Messner et al., 1988), a self-report instrument that assesses history of childhood sexual abuse. 3. Adolescent/ adult sexual victimization since age 14. The Sexual Experiences Survey (Koss & Gidycz, 1985; Koss et al., 1987) is a 10-item self-report measure developed to reflect increasing degrees of sexual victimization occurring from age 14 to the present. 4. Trauma-related symptomology:. Dissociative symptomology was assessed using the Dissociative Experience Scale (DES; Bernstein & Putnam, 1986). The DES is a 28-item self-report measure of dissociative states, defined as "a lack of the	

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
				normal integration of thoughts, feelings, and experiences into the normal stream of consciousness and memory" (Bernstein & Putnam, 1986, p. 727). 5. The Modified PTSD Symptom Scale—Self-Report (MPSS-SR; Falsetti, Resnick, Resick, & Kilpatrick, 1993) was used to assess rates of PTSD within victimization groups. The MPSS-SR is a 17-item measure of the frequency and severity of PTSD symptoms following a traumatic event.	
Wilsnack, S. C., Wilsnack, R. W., Kristjanson, A. F., Vogeltanz-Holm, N. D., & Harris, T. R. (2004).	Child sexual abuse and alcohol use among women: Setting the stage for risky sexual behavior.	To explore the relationship between child sexual abuse and alcohol use among women.	N/A	N/A	Child sexual abuse (CSA) has been associated with increased risk for a variety of negative sexual and reproductive health outcomes, among them high-risk sexual behavior and its sequelae. Although many studies show that CSA is associated with risky sexual behavior in adulthood, it is still unclear how CSA is connected with risky sex. Various biological, psychological, and social processes have been identified that may lead from CSA to unsafe sexual behavior. The hypothetical

Study Authors & Year	Title	Research Objectives	Sample (N) and Demographics	Measurement(s)/ Methods	Major Findings
					process discussed in this chapter is that the experience of CSA may lead women to use alcohol in ways that make them more likely to engage in risky sexual behavior or that make them more vulnerable to the imposition of risky sex. This chapter focuses on women because (1) the large majority of research on CSA has included only female participants and (2) the national survey whose data are used to evaluate connections among CSA, alcohol use, and sex later in this chapter sampled only women.
Wyatt, G.E. (1992).	The sociocultural context of African American and white American women's rape.	Examines historical factors related to African American women's rape and their disclosure patterns.	A community sample of 55 African American and White women, age 18-36 years of age in Los Angeles County with various levels of education, marital status, and numbers of children.	Compares similarities and differences in incidents of attempted or completed rape.	The possibility that African American women may not perceive themselves as rape victims or their experiences as meeting the criteria of "real rape" has implications or the disclosure of incidents, as well as the initial and lasting effects of sexual victimization. Researchers are urged to include ethnicity as a factor contributing to women's self-perceptions as rape survivors.

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APPENDIX B

IRB Certification for Protecting Human Research Participants

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Annie Varvaryan** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 02/16/2015

Certification Number: 1698471

APPENDIX C

IRB Provisional Approval Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

February 26, 2015

Annie Varvaryan

Protocol #: P0215D06
Project Title: Understanding the Buffers and Risk Factors Among Ethnically Diverse Female Survivors of Sexual Victimization

Dear Ms. Varvaryan:

Thank you for submitting your application, *Understanding the Buffers and Risk Factors Among Ethnically Diverse Female Survivors of Sexual Victimization*, for exempt review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your faculty advisor, Dr. Bryant-Davis, have done on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. I am pleased to inform you that your application has been granted **Provisional Approval.**

You will be granted official IRB approval once you have provided the GPS IRB a **"site approval letter"** stating that you have been given permission to conduct research at the aforementioned site(s) referenced in your application.

Please note, you cannot begin to recruit participants for your study until you address these issues and receive final exemption for your study.

Once you have obtained site approval, please revise your application and resubmit it to the following email address: gpsirb@pepperdine.edu. Furthermore, please refer to the protocol number denoted above in all further communication or correspondence related to this letter. Should you have additional questions, please contact the GPS IRB office at gpsirb@pepperdine.edu or 310-568-5753.

Sincerely,

Thema Bryant-Davis, Ph.D.
Chair, Graduate and Professional Schools IRB
Pepperdine University

APPENDIX D

IRB Approval Notice 1

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

April 17, 2015

Annie Varvaryan

Protocol #:P0215D03
Project Title: Understanding the Buffers and Risk Factors Among Ethnically Diverse Female Survivors of Sexual Victimization

Dear Ms. Varvaryan:

Thank you for submitting your application, *Understanding the Buffers and Risk Factors Among Ethnically Diverse Female Survivors of Sexual Victimization*, for exempt review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your faculty advisor, Dr. Bryant Davis, have done on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations (45 CFR 46 - http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html) that govern the protections of human subjects. Specifically, section 45 CFR 46.101(b)(4) states:

> (b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:
>
> **Category 4:** Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit a **Request for Modification Form** to the GPS IRB. Because your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the GPS IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at http://www.pepperdine.edu/irb/graduate/).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact Kevin Collins, Manager of the Institutional Review Board (IRB) at gpsirb@peppderdine.edu. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,

Thema Bryant-Davis, Ph.D.
Chair, Graduate and Professional Schools IRB

APPENDIX E

IRB Approval Notice 2

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

June 3, 2015

Annie Varvaryan

Protocol #:P0215D03-AM1
Project Title: Understanding the Buffers and Risk Factors Among Ethnically Diverse Female Survivors of Sexual Victimization

Dear Ms. Varvaryan:

Thank you for submitting your amended exempt application, *Understanding the Buffers and Risk Factors Among Ethnically Diverse Female Survivors of Sexual Victimization* to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your faculty advisor, Dr. Bryant Davis, have done on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations (45 CFR 46 - http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html) that govern the protections of human subjects. Specifically, section 45 CFR 46.101(b)(4) states:

> (b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:
>
> **Category 4:** Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit a **Request for Modification Form** to the GPS IRB. Because your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the GPS IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at http://www.pepperdine.edu/irb/graduate/).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact Kevin Collins, Manager of the Institutional Review Board (IRB) at gpsirb@peppderdine.edu. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,

Thema Bryant-Davis, Ph.D.
Chair, Graduate and Professional Schools IRB