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Sexual Assault, Perceived Stigma, and Christian Fundamentalism:  
Understanding Support Seeking Among Victims

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A thesis  
presented to  
the faculty of the Department of Psychology  
East Tennessee State University

In partial fulfillment  
of the requirements for the degree  
Master of Arts in Psychology

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by  
Sean Chandler Rife  
May 2009

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Keywords: Sexual Assault, Stigma, Support Seeking, Christian Fundamentalism

## ABSTRACT

Sexual Assault, Perceived Stigma, and Christian Fundamentalism:

Understanding Support Seeking Among Victims

by

Sean Chandler Rife

For women, sexual assault is a widespread problem with numerous psychological consequences, yet many victims do not seek support. The present study investigates this lack of support seeking in the context of stigma. It is hypothesized that sexual assault victims who perceive themselves as stigmatized (due to their status as a sexual assault victim) will be less likely to seek support than those who do not perceive themselves as stigmatized. It is also hypothesized that Christian fundamentalism will play a role in the stigmatization of sexual assault victims, with higher degrees of fundamentalism being associated with greater likelihood of self-perceptions of stigmatization among sexual assault victims. Results indicate that there is a relationship between perceived stigma and certain support sources (clergy, parents, and other relatives), but this relationship is positive. The hypothesized relationship between Christian fundamentalism and perceived stigma was partially supported.

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## DEDICATION

For Sarah Burruss

## ACKNOWLEDGEMENTS

I am indebted to numerous individuals for their counsel, both personal and professional, in the completion of this thesis: my thesis chair, advisor, and mentor, Dr. Stacey Williams, and my committee members, Dr. Peggy Cantrell and Dr. Jon Webb, provided much needed feedback. I also want to express my gratitude to those who inspired me to pursue a career in research, particularly my undergraduate mentor, Dr. Kelly Cate. Finally, I would like to thank my family and friends for their support and encouragement, the importance of which cannot be overstated. Most importantly, I thank my wife, Tiffany, who has continued to indulge my obsession with an advanced education, and whose moral and emotional support kept me going throughout the research and writing process. I love you.

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## CHAPTER 1

### INTRODUCTION

The problem of sexual assault is widespread in terms of incident rates (e.g. Koss, Gidycz & Wisniewski, 1987) and is associated with a multitude of postincident behavior and negative experiences (e.g. Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Ullman & Filipas, 2001). Roughly 20% of female college students report having been forced to engage in sexual activity (Douglas et al., 1997). The psychological consequences of sexual assault can be severe: victims often suffer from depression and anxiety, posttraumatic stress disorder (PTSD), poor sexual functioning, and low self-esteem (Resick, 1993).

Given its prevalence and consequences, it may seem logical that all victims seek assault-related support. However, the relationship between help seeking and sexual assault remains unclear. Not only are there limited studies attempting to understand support seeking among victims, the data that do exist are inconclusive. While some sexual assault victims seek assistance from informal sources (i.e., family and friends), others do not (Ullman, 1999). In addition, formal help providers such as mental health professionals and rape crisis counselors are dramatically underutilized (Golding et al., 1989). It also appears that the majority of aid provided by formal entities is perceived as highly beneficial by victims who do seek it, pointing to the need to understand why more women may not seek out such valuable resources (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Golding et al.; Ullman, 1999). This paucity of meaningful data on victims' support seeking is problematic for mental health professionals and others who deal with sexual assault victims on a regular basis and wish to increase the likelihood that victimized women will seek help.

Thus, it remains unclear to what extent individuals seek support. Further, a sexual assault victim's decision to seek (or not seek) assistance is not well understood. One factor that may come into play to determine support seeking is stigma. Although a number of barriers to and predictors of help seeking (including stigma) exist in general contexts, virtually no research in the sexual assault literature exists on perceived stigma as a barrier to support seeking. Perceived stigma in particular may be relevant for understanding help seeking in the context of sexual assault because of the commonly held beliefs about victims of rape and assault as being responsible and to blame for their fate. Yet, little is known about the likelihood that a female sexual assault victim will perceive herself as stigmatized following the experience as well as any subsequent relationship stigma may have with a victim's inclination to seek help via formal or informal means. The present study investigates sexual assault, perceived assault-related stigma, and support seeking. It is hypothesized that support seeking in the face of sexual assault experiences will be at least partially explained by the stigma that the victim perceives.

Moreover, an additional factor that might play a role in the stigma and support seeking process is religious beliefs. In particular, a female sexual assault victim's self-reported adherence to Christian fundamentalist values and ideology may partly determine her self-perception of stigma following the assault experience, given the traditional views of sexuality (e.g., abstinence prior to marriage) and gender (e.g., subservience) often held by fundamentalist Christians and the sexual nature of the assault experience. At present, no prior studies have examined this connection directly. Self-reported levels of religiosity and their relation to stigma perceptions are therefore explored in the present study.

Thus, the present thesis addresses understudied processes in the area of sexual assault. As a consequence, this research could facilitate a better understanding of sexual assault victims'

view of themselves, and how that perception may serve as a barrier to support seeking from formal and informal networks. Further, findings in this area would be highly relevant for social researchers who wish to better understand the influence of widespread social problems like sexual assault on their victims. Additionally, investigating religious beliefs as a contributor to perceived stigmatization could yield valuable information about the role religious beliefs play in sexual assault victims' view of themselves as well as their interpretation of the assault itself.

It should be noted that the present study addresses these issues as they relate to *female* sexual assault victims only. While male victims may very well undergo experiences similar to those addressed in the present study, much of the literature on the differing experiences of male and female sexual assault victims suggests that such events are perceived differently by male and female victims (e.g. Davies, 2002). Thus, a gender-specific study is justified.

### Sexual Assault

#### *Definitional issues*

To facilitate a comprehensive discussion of coerced sexual activity, it is first necessary to clearly define sexual assault. Although social scientists have been studying sexual assault for some time, the majority of the available literature employs the term *rape* as opposed to the broader label of *sexual assault*. From a legal standpoint, many states characterize *rape* specifically as forced vaginal intercourse, while reserving the terms *sexual assault* or *sexual battery* to refer to other forced or coerced sex acts, often defining the latter as a lower-level felony or misdemeanor (Posner & Silbaugh, 1996). In contrast, the U.S. Department of Justice (2005) applies the term *rape* to virtually all conceivable types of forced penetration, while using the term *sexual assault* to refer to “attacks or attempted attacks generally involving unwanted sexual contact between victim and offender.”

While most articles in psychology and sociology journals use behaviorally based measures to assess whether or not an individual has experienced sexual assault—as opposed to ensuring that experiences meet specific definitions<sup>1</sup>—many fail to include any definition of rape whatsoever, although such a definition may be implied through the instruments used. For example, Koss’s (1982) Sexual Experiences Survey asks about various acts with great specificity, employing the term “rape” only in the final question, presumably allowing participants to respond to most of the questions without being influenced by specific terminology. This is important, as many rape victims do not consider themselves as such (Koss, 1985).

Given the level of ambiguity in definitions, as well as the lack of consistency between them in the present proposal, the term *sexual assault* will be employed to refer to all of the above: any coerced sexual contact. Thus, the contact in question ranges from kissing to sexual intercourse, and the coercion involved may be physical or nonphysical (such as blackmail). The only limiting stipulation is that the attempt must be completed, that is, some degree of sexual contact must occur<sup>2</sup>. This approach seems most appropriate, as the present study is focused on cognitive and behavioral consequences of sexual assault for the victim, regardless of exactly how the assault was perpetrated. However, it is important to note that much of the cited literature will employ the term *rape*. Although the relevance of any differentiation between the various categories of forced sexual activity will be addressed (i.e., the degree to which the details of the coercive experience are relevant when considering the victim’s likelihood of perceiving herself

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<sup>1</sup> Some articles draw vague distinctions between rape and “lesser forms of sexual aggression” in passing (Koss, Gidycz, & Wisniewski, 1987), while others employ unambiguous legal definitions (e.g., Peterson & Muehlenhard, 2004).

<sup>2</sup> The ambiguity in the literature extends to the question of whether or not the assault was completed: not all studies examine attempted rape, and not all research reports specify whether or not victims of attempted rape were included in their sample.

as stigmatized), the two terms should be considered largely interchangeable for the purposes of the present literature review.

### *Prevalence of Sexual Assault*

The exact prevalence of sexual assault in the United States is, in many respects, difficult to determine. Although some studies—most notably, the National Crime Victimization Study (NCVS; Rennison, 2002)—have reported figures below 1%, this appears to be due to the methodology used in such studies. Specifically, the NCVS lacks behaviorally-based measures that describe assault scenarios in detail; that is, measures that apparently elicit responses from sexual assault victims who would not have answered in the affirmative to the question, “have you ever been raped?” By contrast, citing the spurious nature of existing national statistics on sexual victimization—many of which utilized measures of *reported* rape only (e.g., FBI, 2006)—early investigations used college samples and behaviorally based measures to determine that roughly 25% of female college students had experienced some form of completed sexual coercion since age 14 (Koss, 1987). Additionally, it is estimated that between 20%-25% of female college students are sexually assaulted during their college career alone (Fisher, Cullen, & Turner, 2000).

### *Mental Health Implications of Sexual Assault*

The psychological, psychosocial, and physical consequences of a sexual assault can be numerous and significant. Among the more severe are posttraumatic stress disorder (PTSD), depression and suicidal ideations, substance abuse, eating disorders, self-mutilation, and physical or somatic health problems (Resick, 1993). Other sequelae can include absent sexual desire or sexual aversion, hypersomnia, flat affect, generalized anxiety disorder, and social phobia (Faravelli, Giugni, Salvatori, & Ricca, 2004). Because much of the discussion in the present

study references the psychological outcomes proceeding from sexual assault (i.e., support seeking is thought to mitigate the negative psychological effects of sexual assault), the following is a brief review of some of the pertinent literature addressing those that are more common and most severe.

One of the most oft-cited psychological outcomes related to sexual assault is posttraumatic stress disorder (PTSD); it is estimated that one-third of all rape victims develop PTSD at some point in their lifetime (Resick, 1993). Extrapolated to the entire U.S. population (U.S. Census Bureau, 2006)—taking into account the above-mentioned estimate that at least 20% of American women will experience at least one sexual assault—it can be assumed that as many as 9 million American women will suffer from rape related PTSD during their lifetimes. The high level of comorbidity between PTSD and substance abuse (Jacobsen, Southwick, & Kosten, 2001), particularly among women (Najavits, Weiss, & Shaw, 1997), makes this statistic especially troubling.

Eating disorders are also somewhat common among female victims of sexual assault. In particular, the cognitive distortions associated with anorexia nervosa (seeing oneself as overweight when, in reality, one is—often dangerously—underweight) seem to be more prevalent among sexual assault victims than the general population (Laws & Golding, 1996). This finding is especially pronounced when the assault occurred during the victim's adolescence, suggesting that sexual assault has the potential to disturb normal developmental processes (Ackard & Neumark-Sztainer, 2002).

As mentioned above, one of the most prevalent mental health outcomes of sexual assault is depression, often accompanied by suicide or attempted suicide. For example, Davidson, Hughes, George, and Blazer (1996) found that sexual assault is linked with an increased

likelihood of attempted suicide among women. Suicide is attempted by as many as one in five rape victims, and this finding surpasses boundaries of socioeconomic status, age, and race (Kilpatrick et al., 1985).

Thus, women's experience of sexual assault has been linked with a variety of negative, sometimes severe, outcomes. These mental health consequences of sexual assault highlight the importance of understanding support seeking among sexual assault victims; presumably, support seeking would be beneficial in the context of sexual assault experiences given these mental health consequences. Further, understanding what predicts whether or not victims seek help should be regarded as an important area of research.

#### Support Seeking Among Sexual Assault Victims

Support seeking is defined as the seeking of emotional (e.g., love, caring), instrumental (e.g., money), or informational (e.g., advice) assistance in a straightforward manner (Dunkel-Schetter, Feinstein, & Call, 1986). The literature on support seeking among sexual assault victims typically addresses one of two types: formal and informal. Formal support seeking can be divided into two dimensions: (1) completely voluntary acts of seeking services related primarily to mental health (e.g., visiting a rape crisis center; making an appointment with a mental health professional; calling a crisis hotline), and (2) often involuntary interactions with community organizations that are not intended to impact the victim's psychological well-being (e.g., filing a police report; meeting with a district attorney; being taken to a hospital emergency room for treatment of physical injuries or to attain anti-pregnancy and anti-STD medications). As Campbell and colleagues (2001) point out, this is an important distinction, because the two categories of experience are perceived in entirely different ways by the victim: the former is most often perceived as helpful and is associated with better mental health outcomes (Campbell

et al., 1999; Wasco et al., 2004), while the latter is most often perceived as additional trauma, or what has come to be termed the “second rape,” as official processes force the victim to relive the assault experience (Campbell et al., 2001). As noted above, formal support sources (the first dimension), are generally perceived as helpful when sought out. However, some studies report that they are dramatically underused (for example, mental health professionals are sought out by as few as 16% of all sexual assault victims; see Golding et al., 1989). The present study examines the first dimension of formal support seeking by assessing women’s support seeking from professionals.

The second type of support seeking is informal in nature. The literature in this area typically addresses emotional, informational, and tangible forms of support seeking from informal sources such as friends and family members. Research on this type of support seeking among female victims of sexual assault largely focuses on whether women disclose their assault experiences to others. Studies have consistently indicated that disclosure to informal support sources is fairly common, with most reporting that at least two thirds of all victims disclosed to a close friend or family member (Ahrens et al., 2007; Fisher, Daigle, Cullen, & Turner, 2003; Golding et al., 1989; Ullman & Filipas, 2001; see Ullman, 1999 for a review). However, not all women disclose their experiences. In addition, disclosure does not necessarily imply support seeking *per se*; that is, it is theoretically possible for a sexual assault victim to report what happened to her (for example, in order to explain her recent depressed mood; see Ahrens et al., 2007) without asking for help or support. More research is needed on the support seeking behaviors of sexual assault victims.

The precise manner in which disclosure and support seeking benefit sexual assault victims is not well understood. While some (e.g., Davis, Brickman, & Baker, 1991) have

suggested that even when met with positive reactions, disclosure does not result in measurable psychological benefits, the abundance of literature speaking to the considerable benefits of social support in general (see Cohen & Wills, 1985; Wethington & Kessler, 1986) suggests otherwise. Additionally, when support providers respond appropriately (i.e., refrain from placing blame, minimizing the problem, becoming enraged, etc., and actually provide a sympathetic ear to the victim), social support appears to be associated with better long-term outcomes for sexual assault victims; specifically, those who received emotional support following a sexual assault appear to be less likely to develop psychological symptoms such as depression and anxiety (Burgess & Holmstrom, 1978; Kaniasty & Norris, 1992). Because of the potential benefit of support seeking from close others, the present study focuses on understanding support seeking from informal sources.

Thus, while some degree of consensus may have been reached with respect to what proportion of sexual assault victims disclose to informal support providers, little is known regarding potential reasons why roughly a third of all victims do *not* disclose, to say nothing of support seeking itself. The present study examines the extent to which women seek informal as well as formal support. Further, it is hypothesized that a sexual assault victim's perception of herself as stigmatized contributes to the extent that women disclose and/or seek support.

### Perceived Stigma as a Predictor of Support

#### Seeking Among Sexual Assault Victims

To identify the impact perceived stigma may have on a sexual assault victim's decision to seek assistance, perceived stigma must first be defined. This is a somewhat complicated task, as definitions of perceived stigma can vary. The first widely recognized definition of stigma was provided by Goffman (1963), who characterized it as “an attribute which is deeply discrediting”

(p. 3). More recently, Crocker, Major, and Steele (1998) have expounded on this notion by defining stigma as a personal characteristic or behavior that is devalued by society as a whole (that is, the characteristic or behavior itself is a stigma, rather than social perceptions of it). This concept has been expanded upon by scholars from various disciplines, such as psychology (including evolutionary psychology), sociology, criminology, and epidemiology. For example, Link (2001) has argued that in order to precisely define stigmatization, the power exercised by social, economic, and political forces upon a stigmatized individual must be considered, and in doing so has focused attention on the resultant negative impact on stigmatized individuals. In contrast, Kurzban and Leary (2001) have examined stigma as a functional aspect of human evolution, allowing primitive social groups to discriminate against individuals carrying pathogens, while identifying healthy individuals with whom friendly relations should be established for the purposes of cooperation and trade. Other elements of stigmatization have been described from a social psychological perspective (see Major & O'Brien, 2005, for an overview of the literature in this area), focusing on the devaluation of stigmatized individuals by others and the resultant effects on identity, health, and other factors.

However, with respect to support seeking among sexual assault victims, it is important to delineate between stigma *per se* and *perceived* stigma. By itself, stigma (as described above), denotes a social phenomenon that can—at least in theory—be measured objectively as emanating from a particular society or social group. In this way, much of the literature has focused on stereotyping by nonstigmatized individuals and their prejudice and discrimination against the stigmatized. However, perceived stigma involves stigmatized individuals' *perception* of their own stigmatizing identity, manifest in feelings of embarrassment and devaluation, as well as perceived exclusion from society as a whole (Mickelson, 2001). Presumably, those perceptions

are in part a result of the realization of the negative stereotypes and treatment of individuals with similar stigmatizing experiences or identities. Perceptions held by stigmatized individuals themselves have only recently been investigated, and the relative dearth of research on self-perceptions among the stigmatized is surprising given it may help to explain their psychosocial outcomes. In the present study, perceived stigma directly related to sexual assault experiences is examined. As so applied, such perceptions relate to a sexual assault victim's perception of herself as deviant and separated from the rest of society as a result of her status as a victim.

### *Conditions of Stigma Among Sexual Assault Victims*

A number of issues arise as to what conditions must be met on the part of the sexual assault victim if she is to view herself as stigmatized. For example, it is possible that in order to perceive herself as stigmatized, a sexual assault victim must first label the experience in question as sexual assault. This is a significant hurdle, as it has been shown that as much as 64% of women who have an experience or experiences that meet the (usually legal) definition of sexual assault do not always identify them as such, although why this is the case is unclear (Bondurant, 2001; Harned, 2004; Kahn, Jackson, Kully, Badger, & Halvorsen, 2003; Koss, 1985; McMullin & White, 2006; Pitts & Schwartz, 1997). Although there is no study directly examining the importance of labeling sexual assault as such with regard to stigmatization, Harned (2004) examined unwanted sexual experiences as they relate to psychological distress, body image, substance abuse, and academic performance. In this case, the data indicate that there is, in fact, no link between labeling a sexual assault as such and negative psychological and behavioral consequences. Rather, results showed a direct significant relationship between reported behavior and the aforementioned outcomes regardless of participants' labeling the experiences as unwanted. Although perceived stigma is a different construct than those examined by Harned,

the negative and maladaptive nature of both outcomes allows for speculation that label plays a limited role in perceived stigmatization of sexual assault victims.

Additionally, it may be assumed that in order to see herself as stigmatized, a sexual assault victim must receive negative treatment from others. While it is true that such discrimination exists, for the purposes of the present study, it is important to remember that from the victim's standpoint, the most important variable is her *perception* rather than the objective existence of stigmatizing behavior from others (Major & O'Brien, 2005). Presumably, a sexual assault victim need only assume feelings and cognitions associated with stigma (i.e., anticipate rejection but not necessarily encounter it directly) in order for a relevant set of psychological circumstances to exist.

The degree to which a sexual assault victim's status as such is noticeable to the outside world (or widely known within a specific community) may be another consideration that seemingly determines stigma. Goffman (1963) termed this variable *visibility*; that is, "how well or how badly the stigma is adapted to provide means of communicating that the individual possesses it" (p. 48). It may be assumed that in order to feel stigmatized, a sexual assault victim must make her victimization information available to at least one other individual. That is, if perceived stigma is a function of the victim's perception of the opinions of her as held by others—much resembling Cooley's (1902) *Looking-Glass Self*, in which people's self-concept is constructed largely by how they think others view them.<sup>3</sup>—it could be argued that visibility is necessary in order for the victim to perceive herself as stigmatized. Similarly, when invisible to others (i.e., the victim has not disclosed to anyone), the victim may have no reason to assume that others view her in a specific way and therefore to perceive herself as stigmatized.

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<sup>3</sup> See Cioffi (2000) for an analysis of Cooley's metaphor as it relates to social psychology and perceived stigmatization.

While this line of reasoning seems logical, it appears that the nature of perceived stigma is much more complex. For example, Santuzzi and Ruscher (2002) found that while the salience of numerous, internal, maladaptive factors (“self-conscious concern,” “negative attitudinal metaperceptions,” etc.) was highest when female participants disclosed their homosexual orientation during a short social interaction, these negative factors were also present when the participants’ stigmas remained concealed. Moreover, Smart and Wegner (1999) experimentally studied stigma associated with eating disorders using a role-playing design and a Stroop task and found that in the process of trying to keep their condition a secret, those who perceive themselves as stigmatized were “preoccupied” (p. 474) with their situation. Thus, if a woman who has been sexually assaulted perceives herself as stigmatized and tries to conceal her situation, she may make her status as a sexual assault victim cognitively salient in the process. Consistent with this interpretation is work by Frable, Platt, and Hoey (1998) that has shown that individuals with concealable stigmas are more likely to suffer from low self-esteem and negative affect compared to their counterparts with visible stigmas. Frable et al. suggest that a stigma’s visibility allows the stigmatized to be aware of “similar others”, and that this awareness is psychologically beneficial: it facilitates interactions with individuals who share one’s stigma, and in doing so decreases a stigmatized individual’s sense of isolation. Overall, it seems that concealable stigmas such as sexual assault may often lead to more negative outcomes than stigmas that are highly visible. It also seems theoretically possible that the conservative sexual norms associated with Christian fundamentalism could exacerbate such negative outcomes for fundamentalist women who are sexually assaulted.

Another dimension of perceived stigma potentially relevant to the present study relates to a similar interplay between the individual’s perception of herself as stigmatized and her

perception of views held by others, even when the stigmatizing element may be invisible to the public. In one particularly telling study, Mickelson and Williams (2008) explored the notion of *personal* stigma, which relates to the stigmatized viewing themselves in a negative manner, and *projected* stigma, which relates to the stigmatized view of how others treat them (these concepts parallel similar models by Jacoby, 1994, Stuber & Schlesinger, 2006, and Watson & River, 2005). Their findings indicate that while both personal and projected stigma predicted rejection fears, anxiety, and depression, personal stigma was the stronger of the two. It appears that from a mental health perspective, the most important element of any stigma equation is the degree to which it affects an individual's view of herself, with the attitudes and actions of others being of secondary—although significant—importance.

#### *Rape Myths and Perceived Stigma*

With the above in mind, it is assumed that all that is necessary for a sexual assault victim to view her ordeal as stigmatizing is her possession of negative views of sexual assault victims or the knowledge that society in general—including those individuals with whom she has regular interactions—do. Given this framework, the avenue of research most relevant to the present thesis is the concept of *rape myths*. As proposed by Burt (1980), rape myths are “prejudicial, stereotyped or false beliefs about rape, rape victims, and rapists” that result in “a climate hostile to rape victims.” Many of these myths have been well-integrated into western society; examples include the notion that a rape victim is necessarily responsible for her fate to some degree, that there exists among all women a latent desire to be raped, or that any woman who is raped could have fought off her attacker if she was sufficiently motivated (Burt, 1980).

With respect to stigmatization, a sexual assault victim—aware of the fairly widespread acceptance of such viewpoints—could internalize specific, negative beliefs about herself and project or

anticipate negative reactions from her family and friends should she choose to confide in them. This possibility is particularly acute with respect to the myth that any woman who is sexually assaulted was “asking for it” to some degree and is therefore at least somewhat sexually promiscuous. In the only published attempt to directly examine sexual assault as a stigma (not perceived stigma), Weidner and Griffitt (1983) studied perceptions of fictional rapists and rape victims by unaffiliated observers. Rape myth acceptance was found to be correlated with stigmatization of the rape victim (as measured by observers’ self-reported impression of the victim and their desire to interact with her). Additionally, it was found that the participants’ perception of the victim’s behavior—specifically, how responsible she was for the attack—was also related to negative assessments of the victim. Although this study did not examine *perceived* stigma specifically, it strongly suggests that rape victims are often viewed negatively and in an accusing manner that would, in turn, likely lend credence to rape victims’ internalization of the negative characteristics and assumed treatment of sexual assault victims. Identifying a direct relationship between sexual assault and perceived stigmatization might further suggest this to be the case.

### *Perceived Stigma and Support Seeking*

Much of the published research on sexual assault and seeking help or support seems to imply or assume that concepts much akin to perceived stigma—shame, embarrassment, etc.—are operating and have a great deal of influence on a victim’s decision not to report the incident and seek assistance (e.g., Sable, Danis, Mauzy, & Gallagher, 2006). That is, if a sexual assault victim feels embarrassed about her experience, she may feel devalued by society as a whole and thus perceive herself as stigmatized. Yet, the notion that reluctance to report sexual assault or seek support is related to perceived stigma has not received any direct attention in the psychological

literature. Thus, the next section focuses on literature on help seeking and perceived stigma more generally to establish a basis from which help seeking among sexual assault victims can be examined.

The relationship between perceived stigma and help or support seeking is made clear by a number of different studies examining a variety of stigmatizing conditions, such as poverty, intimate partner violence (IPV), disability, HIV/AIDS, and mental illness. For instance, a study of women living in poverty by Williams and Mickelson (2008) found that the perception of stigma related to both poverty and intimate violence was related to less direct support seeking (i.e., self-disclosure or other direct requests for help) and a higher incidence of indirect support seeking measures (i.e., those that do not involve disclosure, but instead involve the help seeker hinting that something is wrong), from friends and family due to fear of rejection. Moreover, while many women who experience IPV and feel stigmatized are more likely to seek support indirectly, it is direct support seeking that is most likely to elicit a supportive response. Fear of rejection is thought to be the primary reason those who perceive themselves as stigmatized do not self-disclose and seek direct support in the context of stigma.

In a study of AIDS patients, Derlega, Winstead, Greene, Serovich, and Elwood (2004) found that many individuals who perceive themselves as stigmatized will avoid disclosing in an effort to avoid rejection. As such, nondisclosure may constitute an effort to avoid negative reactions, which are seen as the most likely response. This interpretation is bolstered by the fact that AIDS patients will often “test” the response of others to their self disclosure by disclosing to an intimate partner prior to disclosing to other individuals within their social network (e.g., family, friends, etc.). These findings for HIV/AIDS may be particularly applicable to the present study as they are at least somewhat sexual in nature. For example, it may be assumed by the

general public (or an individual perceiving themselves as stigmatized may themselves assume) that individuals infected with HIV are sexually promiscuous. This mirrors the assumption that sexual assault victims must be at least partially at fault for their fate by deliberately putting themselves in a vulnerable position, or even wanting to be raped on some level. The connection is strengthened by the application of the “just world” hypothesis to both those with AIDS and sexual assault victims (Greene, Frey, & Derlega, 2002).

Research on help seeking among individuals suffering from mental illness has shown that other numerous, specific dimensions of perceived stigmatization can have dramatic effects on the decision to seek assistance. In a survey of mentally ill individuals, Link and colleagues (1991) have shown that identifying oneself as stigmatized inhibits help-seeking behavior. Further, common coping strategies among the mentally ill were secrecy and avoidance-withdrawal. These means of dealing with stigmatization are not only ineffective but possibly harmful.

Along the same lines, research on mental health care seeking has provided some insight into other barriers to seeking assistance among those who perceive themselves as stigmatized. As Corrigan (2004) points out, the effect of stigma on help seeking among the mentally ill is twofold. First, “self-stigma”—that is, perceived stigma that involves cognitions on the part of the stigmatized individual—operates by negatively impacting one’s self-esteem and providing impetus for the beliefs that any help will be ineffective or wasted. Second, “public stigma”—that is, the enacted results of society’s perception of the mentally ill, such as prejudice and discrimination—imparts certain beliefs about mental illness on the mentally ill themselves, and in doing so encourages them to avoid recognition of their condition altogether. These phenomena have been borne out in research on the prevalence of support seeking among the mentally ill: At

least half of mentally ill individuals who could potentially benefit from treatment fail to seek it (Kessler et al., 2001).

The evidence cited above demonstrates a clear relationship between perceived stigma and support seeking in a variety of contexts. That is, individuals who perceive themselves as stigmatized are less likely to seek help, particularly in a direct manner. No prior work has examined perceived stigma as an explanation for support seeking (or lack thereof) among sexual assault victims. However, given that sexual assault victims likely perceived stigma following the assault experience, this variable presumably can facilitate a better understanding of support seeking behavior following a sexual assault.

#### Christian Fundamentalism: A Contributor to Perceived Stigma?

While perceived stigmatization and help seeking among sexual assault victims are primary considerations, a secondary focus is whether a sexual assault victim's religious beliefs may impact the degree to which she will perceive herself as stigmatized. Highly religious or fundamentalist Christian individuals may be especially vulnerable to perceptions of stigmatization given the conservative beliefs held by these groups. Christian fundamentalism can be broadly defined as a rejection of "higher criticism" or interpretation of the Christian canon, in favor of a strict, literalist reading (Torrey & Dixon, 1909). As we shall see, this hardening of Christian orthodoxy has led many researchers to conclude that fundamentalist beliefs hinder social progress with respect to gender, and it is this link between Christian fundamentalism and gender roles that provides the context for the present study's investigation of the role of religion in perceived stigmatization among sexual assault victims. Christian fundamentalism was chosen as a contributing variable because little is known about the role of religious beliefs among female sexual assault victims who perceive themselves as stigmatized (in fact, the role

religious beliefs play in the overall psychological well-being of sexual assault victims remains largely uninvestigated), and data that are available point to the possible relevance of Christian fundamentalism in stigma following sexual assault (e.g., Carr, 2006).

Highly religious individuals may be more likely to believe myths about rape victims such as that they are to blame for the rape. For example, Freymeyer (1997) found that although religiosity is not related directly to stigmatizing beliefs (i.e., myths) about rape victims, when gender is taken into consideration, the data reveal that highly religious *men* are more likely to place blame on a female rape victim than men with lower religiosity scores. Thus, it appears that gender is an important variable when considering stigmatization of sexual assault victims. It is important to note, however, that the subjects in Freymeyer's study were all from a Presbyterian (USA) college, and it is therefore possible that they were more likely to have some kind of Christian religious affiliation than the general population. Gathering the same data from a sample more representative of the general population—such as a college without any religious affiliation—might yield different (and more generalizable) results.

There also appears to be a distinction in beliefs about victims between more general measures of religiosity and particular religious beliefs. In a study of 330 college students from a public university, Mulliken (2005) found that while higher levels of religiosity (based on questions related to a wide variety of religions or denominations) were not correlated with greater rape myth acceptance, higher levels of religious fundamentalism were. Unlike the results from Freymeyer's study, this effect was found for both men and women. In a similar study, Carr (2006) did not find any direct relationship between Christian fundamentalism and rape myths but did discover a correlation between Christian fundamentalism and traditional sex roles that are associated with greater rape myth acceptance and less favorable attitudes toward rape victims

(Acock & Ireland, 1983; Anderson & Cummings, 1993). As discussed above, rape myth acceptance is, in many respects, analogous to stigmatizing beliefs about sexual assault victims. If sexual assault victims internalize beliefs about rape myths, it is logical to assume that they will be more likely to perceive themselves as stigmatized.

### *Religious Beliefs and Sexual Assault*

While some evidence suggests that religious beliefs can be a catalyst for recovery following a sexual assault in some cases, it is difficult to generalize these findings to numerous populations. For example, it has been shown that men who are victims of sexual assault are aided by their religious beliefs—showing significantly higher levels of mental health and showing fewer signs of depression (Chang, Skinner, Zhou, & Kazis 2003), but it is unclear whether or not this finding can be generalized to include *female* victims of sexual assault. As noted above, gender is a central concept in the potential relationship between perceived stigmatization among sexual assault victims and religious beliefs. Because the norms related to gender that are commonly reinforced by fundamentalist Christianity are almost exclusively patriarchal in nature, their interpretation of their religious beliefs as they relate to sexual assault may be very different from those of female sexual assault victims.

With respect to Christian fundamentalism and perceived stigmatization, certain concerns particular to female sexual assault victims arise for two reasons. First, as noted earlier, strict doctrines demanding chastity that are promoted by more conservative religious movements have the potential to increase the likelihood that female victims of sexual assault—especially those whose first sexual experience was coerced—will interpret their victimization in terms of inappropriate sexual behavior rather than an event over which they had no control. This notion is supported by the tendency of female sexual assault victims to take on a certain amount of self-

blame for the attack (i.e. “I shouldn’t have been dressed that way” or “I shouldn’t have been in that part of town at night;” see the discussion of rape myths above), (Burt, 1980). It is unclear whether or not these views are more prevalent among fundamentalist Christian women. Second, a feeling of guilt has been found to be associated with numerous dimensions of religiosity (Hills, Francis, Argyle, & Jackson, 2004) that may increase the likelihood that a sexual assault victim will internalize some level of shame as a result of her experience. In addition to the apparent relationship between religiosity—particularly fundamentalism—and rape myth acceptance (and therefore, presumably, perceived stigma), specific religious teachings regarding sexual activity and what they may imply for sexual assault victims can also be examined. As Rostosky, Wilcox, Weight, and Randall (2004) have pointed out, there exists a strong relationship between religiosity and delayed first intercourse among adolescent females. Given the ambiguous definitions of virginity loss (there appears to be no consensus as to whether or not a woman can lose her virginity as a result of sexual assault; see Carpenter, 2001), it seems quite possible that a young woman would be forced to redefine her virginal status if her first sexual experience was coerced. Due to the importance more conservative religions and denominations place on a young woman’s virginal status prior to marriage (see Brothers, 1984 for an example of this type of injunction), this self-labeling as a *nonvirgin* may have a stigmatizing effect on sexual assault victims—especially those who are highly religious. Further research is required to address this question more completely. Working in tandem, these two tendencies may or may not override whatever beneficial aspects of a sexual assault victim’s religious beliefs may exist.

Among sexual assault victims, the effect of religious beliefs on perceived stigma and support seeking may also manifest itself in the frequency with which religious leaders are approached for help, as well as the efficacy of whatever assistance clergy provide. This is

particularly important when one considers the above discussion of support seeking; if sexual assault victims exhibiting high levels of religious fundamentalism are most likely to seek formal support from clergy, the potentially stigmatizing views of the help provider may hinder their ability to provide support to sexual assault victims. There is a large body of evidence that suggests clergy are seldom approached by victims for assistance, and that religious leaders are not always perceived as helpful (Bowker, 1983; Golding et al., 1989). Additionally, it has been shown that clergy are more likely to hold “old-fashioned” views of sexual assault (as defined by Swim, Aikin, Hall, & Hunter, 1995, as cited in Sheldon & Parent, 2002); for example, it has been shown that clergy often place a certain amount of blame on a sexual assault victim for her fate and apply patriarchal views to their analysis of the situation (Sheldon & Parent, 2002). Clergy are also likely to view marital rape as quantitatively different (and place less blame on the rapist) from date, acquaintance, or stranger rape, invoking specific interpretations of Biblical passages related to wifely submission in order to justify their position (Sheldon & Parent, 2002).<sup>4</sup> If these views are widely held by clergy, it seems quite possible that they are being imparted to the members of said clergy’s respective congregations. However, it is unknown whether or not female adherents to more traditional religious orders are likely to adopt the beliefs discussed above, thereby increasing their likelihood of perceiving themselves as stigmatized should they ever become a victim of sexual assault.

The present study examines the three variables discussed above—perceived stigma, support seeking, and Christian fundamentalism—among sexual assault victims. Specifically, it is hypothesized that sexual assault victims who perceive themselves as stigmatized will be less

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<sup>4</sup> Because Sheldon and Parent (2002) used simple surveys and a sample of clergy (with no control group) to obtain their data, there is no basis for a comparison of their findings to the general population. Thus, the attitudes of clergy to which they refer may simply represent the views of society as a whole rather than religious leaders in particular. Comparative research in this area may be warranted.

likely to seek support (H1), and that those sexual assault victims who endorse views of gender and sexuality consistent with fundamentalist Christianity will be more likely to perceive themselves as stigmatized (H2). The present study also examines support seeking in relation to a variety of formal (e.g., professionals) and informal (e.g., friends, family) support sources and test for differences between support types (e.g., emotional, informational). The present study uses data from an existing dataset that contains information on the variables discussed above: perceived stigmatization of sexual assault victims, support seeking behaviors by sexual assault victims, and religious fundamentalism.

## CHAPTER 2

### METHODS

#### Participants

Data for the present study were drawn from a large, existing online survey that assessed the prevalence of various types of violence, including sexual experiences, abuse, and psychosocial outcomes, including support seeking and perceptions of stigma. Participants in this study were undergraduate students at East Tennessee State University who were 18 years of age or older (N=730). Ages ranged from 18 to 50, with a mean of 23.4 (SD=8.0). A large majority of participants were single (74.3%), the remainder indicating that they were married (10%), separated or divorced (10%), or cohabitating (5.7%). Course credit was awarded to participants (and counted toward departmental research participation requirements for undergraduates). As this study was part of a larger project on abuse among college students, both males and females were allowed to participate; however, only data from female participants (N=445) were used for the present thesis. Further, only women who had experienced sexual assault (criteria are discussed below) are used to test study hypotheses (N=70).

#### Instruments

##### *Demographics*

A brief demographics questionnaire (adapted from Finkelhor, 1979) was administered to assess gender, age, and religious affiliation. See Appendix for all study instruments.

##### *Sexual Assault*

Responses to a modified version of Koss's (1982) Sexual Experience Survey (SES) were used to assess whether or not participants were victims of sexual assault. Modifications had been made to accommodate male participants and to expand the working definition of rape or sexual

assault: specifically, consistent with the definitions discussed above, references to sexual intercourse were replaced with the term “sexual contact.” Although there are 12 items on this version of the SES, only four items will be used to determine whether or not a participant meets the present study’s criteria for sexual assault (See #9, 10, 11, and 12, of the SES in the Appendix). Specifically, in line with the conceptual framework discussed above, these four items tap into completed acts of coerced sexual activity. Sample items include “As an adult, have you ever had sexual contact with a man when you didn’t want to because he used some degree of physical force (twisting your arm, holding you down, etc.)?” and “As an adult, have you ever had sexual contact with a man when you didn’t want to because he coerced you without using violence (i.e., threatened to fire you, blackmailed you, etc.)” Previous studies (i.e., Koss & Gidycz, 1985; Testa, VanZile-Tamsen, Livingston, & Koss, 2004) have found the SES to be a highly reliable measure. Because participants in the present study were limited to women, and woman-on-woman sexual assault is addressed as a topic separate from the rest of the sexual assault literature, victims of homosexual sexual assault were not included in the present study.

### *Perceived Stigma*

This construct was measured using items reflecting women’s perceptions of stigma associated with their experience(s) of sexual assault (adapted from Mickelson, 2001; adapted to connect perceptions of stigma to previously-referenced sexual assault experiences). Eight statements relating to emotions and perceptions of deviance were presented, and participants rated their level of agreement with each statement on a 5-point Likert scale ranging from 1 (definitely disagree) to 5 (definitely agree). Analysis of participants’ responses to these items tap participants’ perception of both *personal* (i.e., “There have been times when I have felt ashamed because I have had the experiences I described above”) and *projected* (i.e., “I feel others have

looked down on me because I have had the experiences I described above”) stigma. Although these are technically two different types of stigma, they both tap the larger construct of perceived stigma (Williams & Mickelson, 2008); as such, a score for perceived stigma was calculated by averaging individual participants’ responses together. Williams and Mickelson (2008) report that these items exhibit good reliability ( $\alpha=.76, .86$ ). Prior to calculation of a mean score of perceived stigma, a reliability analysis was conducted. This analysis indicated that four of the eight items originally in the scale should be dropped in order to attain an optimal reliability ( $\alpha=.83$ )<sup>5</sup>. A mean score was calculated on remaining items, with higher scores indicating greater perceived stigma.

### *Support Seeking*

Eight items assessed direct support seeking (adapted from Dunkel-Schetter, Feinstein, & Call, 1986) from a variety of sources (e.g., spouse or partner, friends, relatives, professionals). Participants were asked about their willingness to seek (4 items) and their actual seeking (4 items) of emotional support (i.e., caring, reassurance, etc.), and informational support (i.e., information and advice) in relation to their sexual assault experience. Responses range from zero (not at all likely) to four (very likely). Two separate scores—one for willingness to seek support, one for actual support seeking—for support seeking were calculated by averaging together individuals’ responses across support source and type. Numerous reports using modified version of this scale (Mickelson, 2001; Williams & Mickelson, 2008) indicate that this it is a reliable measure. Additionally, support-seeking mean scores, separately for the individual support sources, were calculated. Reliability analyses were conducted, indicating a high amount of reliability across support type for both willingness to seek support ( $\alpha>.87$  for all support

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<sup>5</sup> Alpha was calculated for the remaining four items to determine whether or not they could be used as a separate scale. Results ( $\alpha = .39$ ) indicated that this was not possible.

providers) and actual support seeking ( $\alpha > .86$  for all support providers). Reliability for overall support seeking (both the willingness and actual support seeking scale, across all types of support and support providers) was high ( $\alpha = .95$ ). Please see Table 3 for reliability alphas of all support seeking measurements for the current study.

### *Religious Beliefs*

Christian fundamentalism and religious beliefs as they relate to gender and sexuality were assessed with four separate scales. Postovoi's (1990) Attitudes Toward Christian Women Scale (ACWS) was used to determine the degree to which participants' religious beliefs can be considered patriarchal in nature, conforming to specific, conservative Judeo-Christian views of morality and gender relations. Sample questions include "when sexual passion gets 'out of hand,' it's usually the woman's fault" and "a Christian marriage should be based on equality between the husband and wife" (a reverse-scored item). Responses are in the form of a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Stellway's (1973) Christian Conservatism Scale more directly addresses participants' level of religious conservatism, which may be related to social conservatism and more traditional views of gender roles (see Burn & Busso, 2005 and Glick, Lameiras, & Castro, 2002). Sample questions include "all Biblical miracles happened just as the Bible says they did" and "Religious truth is higher than any other form of truth." Responses are on a 5-point Likert scale, ranging from "strongly disagree" to "strongly agree." The Attitudes toward Christian Women scale was broken down into three subscales: Female Physical and Emotional Independence, Female Submissiveness and Guilt, and Female Efficacy, and mean scores for each subscale were calculated for each participant. A mean score from the Christian Conservatism Scale also was calculated for each participant. All participants, regardless of religious affiliation, responded to these questions. Thus, if participants

do not identify as Christian, they will have a score (presumably low) on these scales. Please see Table 5 for reliability alphas for the fundamentalism variables for the current study. Note that the alpha for female physical and emotional independence was extremely low. The analysis indicated that dropping individual items would not increase alphas. As such, this subscale has been dropped from the analysis.

### Procedure

Participants were recruited through an online participant management system that was available to all undergraduates enrolled in courses that offer credit for study participation (i.e., SONA). Participants were made aware of the general nature of the study prior to signing up. The survey was administered online, through an electronic survey system provided by the university (Ultimate Survey v7.0) from September, 2007 to April, 2008. It took an average of 1 hour, 14 minutes for a single participant to complete the entire online survey. As all data were collected over the Internet, participants remained completely anonymous.

### Analysis

First, descriptive analyses including standard deviations, were conducted. A main focus of this descriptive analysis is to provide baseline data on perceived stigma among sexual assault victims. Second, prior to conducting main study analyses, preliminary multiple regression analyses were conducted to determine if the demographic variables of age and self-identified religious affiliation are related to the main study variables and therefore should be used as statistical controls. Finally, main study analyses were conducted, including a series of regression analyses. Specifically, in line with H1, support seeking (first overall support seeking, then specific sources) was regressed on perceived stigma; in line with H2, and perceived stigma was regressed on Christian fundamentalism.

A power analysis for the present thesis indicated that a minimum of 55 females who had experienced sexual assault was required to meet adequate power (.80). This power analysis was based on an alpha of .05 and an expected medium effect size. The dataset in use contains 70 female sexual assault victims, thus, the minimum number of participants was met.

## CHAPTER 3

### RESULTS

Descriptive statistics were conducted on sexual assault. As defined by an affirmative response to any one of four questions (see Table 1), results indicated that of the total sample, 70 women (16%) could be identified as sexual assault victims. Nearly 10% percent of all female participants stated that they had been raped, constituting 62.9% of all sexual assault victims. For the remainder of this section, information on only the subsample of women who reported sexual assault is discussed.

Table 1

*Sexual Assault Experiences*

<i>Sexual Assault Item</i>	<i>% of all Women (N=445)</i>	<i>% of all Victims (N=70)</i>
1. Had sexual contact with a man when you didn't want to because he threatened to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate?	5.5	35.5
2. Had sexual contact with a man when you didn't want to because he used some degree of physical force (twisting your arm, holding you down, etc.)?	8.2	53.2
3. Had sexual contact with a man when you didn't want to because he coerced you without using violence (i.e., threatened to fire you, blackmailed you, etc.)?	6.6	41.9
4. Have you ever been raped?	9.8	62.9

Descriptive statistics were conducted on perceived stigma items (see Table 2).

Considering the overall mean level of perceived stigma sexual assault victims, on average, perceived a moderate amount of stigma ( $M=2.31$ ,  $SD=1.08$ , range=1-4.75). Descriptives also were calculated on individual items given that this study represents the first examination of perceived stigma of sexual assault.

Table 2

*Perceived Stigma Resulting from Sexual Assault*

<i>Perceived Stigma Item (agreement, rated 1-5)</i>	<i>M</i>	<i>SD</i>
People have treated me different because I have had the experiences I described above.	2.07	1.15
I feel others have looked down on me because I have had the experiences I described above.	2.54	1.37
I have found that people say negative or unkind things about me behind my back because I have had the experiences I described above.	2.47	1.38
I have been excluded from work, school, and/or family functions because I have had the experiences I described above.	1.95	1.26

Descriptive statistics were calculated on support-seeking outcome variables (see Table 3). As indicated by the mean falling below the midpoint of their respective scales, a majority of women indicated that they were unwilling to seek support ( $M=1.29$ ,  $SD=.92$ , range=0-4) and they had not actually sought support during the past 6 months. ( $M=1.02$ ,  $SD=.92$ , range=0-4).

Due to the positive skew of the distribution, support seeking variables were transformed using a square root. The transformed variables were used in all subsequent analyses.

Table 3

*Descriptive Statistics for Support Seeking Variables*

<i>Variable</i>	<i>M</i>	<i>SD</i>
Willingness to seek support from parents ( $\alpha=.90$ )	1.54	1.41
Willingness to seek support from friends ( $\alpha=.88$ )	2.36	1.17
Willingness to seek support from clergy ( $\alpha=.89$ )	.43	.73
Willingness to seek support from co-workers or classmates ( $\alpha=.87$ )	.80	.98
Willingness to seek support from other relatives ( $\alpha=.92$ )	.99	1.17
Willingness to seek support from professionals ( $\alpha=.94$ )	.99	1.36
Actual support seeking from parents during the past 6 months ( $\alpha=.89$ )	1.29	1.32
Actual support seeking from friends during the past 6 months ( $\alpha=.93$ )	1.84	1.45
Actual support seeking from clergy during the past 6 months ( $\alpha=.87$ )	.28	.58
Actual support seeking from co-workers or classmates during the past 6 months ( $\alpha=.95$ )	.80	1.15
Actual support seeking from other relatives during the past 6 months ( $\alpha=.92$ )	.84	1.13
Actual support seeking from professionals during the past 6 months ( $\alpha=.96$ )	.59	1.19

Descriptive statistics also were calculated on the religious demographic variable and all fundamentalism study variables. In determining self-identified religious categories, women's raw responses were coded into categories. Specifically, the raw responses revealed that the most

frequently reported religious affiliation was Baptist, which constituted 38.6% of the sample (see Table 4), followed by nondenominational Christian. Results were then coded to indicate whether the participant was Christian, a practitioner of another (non-Christian—i.e., Pagan, Hindu, etc.) faith, or not religious at all. Descriptive results show that the vast majority of women identified themselves as Christians (see Table 4).

Table 4

*Religious Affiliations of Participants*

<i>Religious Affiliation</i>	<i>% of Victims</i>	<i>Group</i>
Baptist	38.6	Christian (73.0%)
Methodist	5.7	“”
Roman Catholic	4.4	“”
Other Christian	24.3	“”
Other (non-Christian)	14.3	Other Religious
Nonreligious	10.0	Nonreligious

*Note: Percentages do not total to 100 due to nonresponses in the dataset.*

Table 5 includes the descriptive statistics for fundamentalism study variables. As shown, mean scores fall roughly on the midpoint of each scale or subscale. Note also that the ACWS Subscale 1 (Female Physical and Emotional Independence) is included in the descriptive table below, but not in regression analyses, due to its low alpha.

Table 5

*Fundamentalism Descriptive Statistics*

<i>Scale or Subscale</i>	<i>M</i>	<i>SD</i>
ACWS Subscale 1 (Female Physical and Emotional Independence) ( $\alpha=.34$ )	3.00	.71
ACWS Subscale 2 (Female Submissiveness and Guilt) ( $\alpha=.78$ )	1.72	.84
ACWS Subscale 3 (Female Efficacy) ( $\alpha=.73$ )	3.51	.78
Christian Conservatism Scale ( $\alpha=.90$ )	3.74	1.10

Perceived Stigma and Support Seeking

Prior to conducting main study analyses to test hypotheses, multiple regression analyses were conducted to determine if religious affiliation, age, and marital status were needed as a statistical control in subsequent analyses. Specifically, dummy variables were created for each of the three religious categories and used as predictors in regression analyses (with Christian as reference group) with the main study variables as dependent variables. Regression analyses indicated no significant relationship between particular religious categories and perceived stigma or between religious categories and support seeking. Additional, similar analyses indicated no significant relationship between age, perceived stigma, and support seeking, as well as marital status, perceived stigma, and support seeking. Thus, religious affiliation, age, and marital status were not included as statistical controls in subsequent analyses.

In order to test Hypothesis 1, that perceived stigma would be negatively related to support seeking among sexual assault victims, a series of simple regression analyses was conducted. Specifically, whether or not perceived stigma predicted overall support seeking

(collapsed across support source) was tested, as well as support seeking from individual support sources (parents, friends, clergy, coworkers or classmates, relatives other than parents, and professionals). These analyses were conducted twice; once for women’s willingness to seek support, and once for their actual support seeking behaviors. Results are presented in Table 6. As shown, results for willingness to seek support revealed that perceptions of stigma were significantly and positively related to willingness to seek support from clergy only. That is, participants who perceived themselves as stigmatized as a result of experiencing sexual assault were more willing to seek support from clergy.

Table 6

*Perceived Stigma Predicting Willingness to Seek Support*

	<i>B</i>	<i>SE</i>	$\beta$	$R^2$
Overall willingness to seek support	-.01	.05	-.02	.00
Willingness to seek support from parents	-.04	.09	-.06	.00
Willingness to seek support from friends	-.04	.06	-.09	.01
Willingness to seek support from clergy	.14*	.07	.27	.07
Willingness to seek support from coworkers or classmates	.06	.08	.10	.01
Willingness to seek support from other relatives	.09	.08	.14	.01
Willingness to seek support from professionals	.04	.09	.06	.00

\*  $p < .05$

Results for actual support seeking revealed that participants who perceived themselves as stigmatized were more likely to have actually sought support from clergy, parents, and relatives other than their parents (see Table 7). No significant relationships between perceived stigma and

support seeking from other providers (e.g., friends, professionals, etc.), nor overall support seeking, were found.

Table 7

*Perceived Stigma Predicting Actual Support Seeking Behavior Within the Past 6 Months*

	<i>B</i>	<i>SE</i>	$\beta$	$R^2$
Overall actual support seeking	.08	.06	.17	.03
Actual support seeking from parents	.16*	.08	.25	.06
Actual support seeking from friends	.03	.08	.04	.00
Actual support seeking from clergy	.13*	.05	.30	.09
Actual support seeking from coworkers or classmates	.10	.08	.16	.03
Actual support seeking from other relatives	.23**	.07	.36	.13
Actual support seeking from professionals	.06	.08	.09	.01

\*  $p < .05$

\*\*  $p < .01$

Christian Fundamentalism and Perceived Stigma

In order to test Hypothesis 2, that sexual assault victims who endorse views of gender and sexuality consistent with fundamentalist Christianity will be more likely to perceive themselves as stigmatized, a series of four independent simple regression analyses was conducted.

Specifically, tests were run to determine whether the two subscales of Attitudes toward Christian Women predicted perceived stigma, and whether Christian conservatism predicted perceived stigma. Results revealed that only Female Submissiveness and Guilt was significantly and positively related to perceived stigma. Thus, those more likely to endorse beliefs consistent with female submissiveness and guilt perceived greater stigma of sexual assault (see Table 8).

Table 8

*Christian fundamentalism Predicting Perceived Stigma*

	<i>B</i>	<i>SE</i>	$\beta$	$R^2$
ACWS Subscale 2 (Female Submissiveness and Guilt)	.44**	.15	.34	.12
ACWS Subscale 3 (Female Efficacy)	.07	.18	.05	.00
Christian Conservatism Scale	.11	.13	.12	.01

\*\*  $p < .01$

## CHAPTER 4

### DISCUSSION

#### Summary of Study Rationale

Previous research (e.g., Burt, 1980) has examined widespread beliefs about sexual assault victims, and provided a context for further investigation into the relationship between these beliefs and sexual assault victims' perceptions of themselves. However, sexual assault has rarely been studied as a stigma, and the relationship between perceived stigma resulting from sexual assault and support seeking had yet to be studied. Moreover, the role religious beliefs—specifically, Christian fundamentalism—plays in a sexual assault victim's perception of her experience and subsequent interactions with others appears to have gone unexamined. The present thesis extended prior research by directly examining stigma perceptions among sexual assault victims, the relation of such perceptions with support seeking behavior, and the role fundamentalist Christian beliefs may play in perceived stigma. Given the potentially stigmatizing nature of beliefs about sexual assault and sexual assault victims, it seems likely that experiencing a sexual assault would result in the victim perceiving herself as stigmatized. As discussed above, perceptions of stigma may lead to reduced support seeking. Additionally, the norms supported by fundamentalist Christian beliefs (such as a strong emphasis on sexual conservatism and unmarital chastity), if held by a victim of sexual assault, could facilitate negative beliefs about sexual assault victims, increasing the likelihood that she would perceive herself as stigmatized. As such, it was hypothesized that sexual assault victims who perceived themselves as stigmatized would be less likely to seek support (H1), and that such perceived stigma would be found more often among individuals who hold views consistent with Christian fundamentalism (H2). Results did not support the former hypothesis, but did partially support the latter.

### Summary of Findings

Considering descriptive results, of the total sample, 70 women (16%) were identified as sexual assault victims. Although direct comparisons with other sexual assault studies are not possible due to varying definitions of what constitutes sexual assault, this finding is roughly comparable to other, similar studies of the prevalence of sexual assault among female college undergraduates (e.g., Koss, Gidycz, & Wisniewski, 1987, which found a 16% prevalence of rape since age 14). On average, these women perceived a moderate amount of stigma resulting from sexual assault ( $M=2.31$ ,  $SD=1.08$ ,  $range=1-5$ ). In addition to verifying the presence of a necessary precursor to the hypothesized relationship between perceived stigma and support seeking (i.e., if sexual assault victims do not perceive themselves as stigmatized, no relationship between perceived stigma and support seeking can exist), this finding represents the first known empirical confirmation of the existence of perceived stigma among sexual assault victims. Additionally, many women indicated some degree of reluctance to seek support ( $M=1.28$ ,  $SD=.92$ ,  $range=0-1$ )—a finding consistent with previous studies (e.g., Ullman, 1999).

Overall main study results did not support the first hypothesis; specifically, the hypothesized (H1) negative relationship between perceived stigma and support seeking in general or by support source was not supported. Regression analyses indicated a significant relationship between perceived stigma and both willingness and actual support seeking for clergy. But, in fact, participants who perceived themselves as stigmatized are *more* willing to seek support from clergy, and more likely to have actually done so in the past 6 months. Additionally, actual support seeking from parents and relatives other than one's parents was more common among sexual assault victims who perceived themselves as stigmatized. Although this study was the first to investigate perceived sexual assault stigma and support seeking, these

findings that perceived stigma does not result in reduced support seeking do not stand alone. In a study of intimate partner violence, Williams and Mickelson (2008) found that perceived stigma did not predict reduced support seeking when individuals used direct strategies (i.e., asking for support or advice)—like the ones used in the present study—to seek support.

The findings with respect to Christian fundamentalism were partially consistent with the hypothesis stated above (H2); that is, individuals who hold such views are more likely to report higher levels of perceived stigma. The specific subscale that was related to higher levels of perceived stigma—Female Submissiveness and Guilt—tapped dimensions of highly conservative Christianity that relate strongly to restrictive gender norms (e.g., “God calls women to be more humble and submissive to their husbands than their husbands to them”). The fact that the relationship between perceived stigma and this particular subscale was significant makes sense conceptually, as guilt is closely associated with perceptions of stigma among sexual assault victims (Peretti & Cozzens, 1983).

#### Explanations for Findings

Given the above findings, largely inconsistent with study hypotheses, a main question that arises is if sexual assault victims who hold fundamentalist views are more likely to perceive themselves as stigmatized, why would they choose to seek support from clergy, who would presumably be more likely to make cognitively salient the stigmatizing factors related to religious prescriptions regarding sexuality? That support seeking from clergy was positively correlated with perceptions of stigma may indicate an underlying comfort with and proclivity toward religious coping. While the present paper has addressed potential negative consequences of religious beliefs among sexual assault victims, it is possible that such disadvantageous aspects are overridden by the beneficial nature of religious coping for sexual assault victims. This

supposition is consistent with previous findings by Chang, Skinner, Zhou, and Kazis, (2003), who found that religious coping was an efficacious way of dealing with the trauma associated with sexual assault among men. Presumably, if a woman who has been sexually assaulted is particularly religious and religious coping is productive, seeking support from clergy is a logical step. Given that the clear majority of the sample identified as religious, this explanation may hold. While these significant findings may be due to the nature of the sample, which was drawn from a relatively conservative, highly religious population in East Tennessee (such a cultural emphasis on religion may result in sexual assault victims feeling compelled to seek support from clergy over other potential support sources), they present an encouraging picture of women's likelihood of seeking support<sup>6</sup> and hopefully coping with their experiences.

Another possible explanation for why perceived stigma is related to greater support seeking from clergy despite stigma's association with religious beliefs is that while the effect of religiously-inspired submissiveness and guilt on a sexual assault victim's interpretation of her experience may be large, the degree of awareness of this impact may be small. If a victim of sexual assault who holds these views were to become aware that her belief system was negatively affecting her psychological health, cognitive dissonance might result. As such, it is possible that individuals in this situation are simply unaware of the deeper implications of their belief system. If this is the case, the effects of these views (regarding submissiveness and guilt) may be too complex to be detected by the instruments used in the present study. It may also be the case that the decision to seek support in this manner stems from the rapport and trust built with an individual clergyperson, and has little to do with or simply overrides inculcated doctrine. In fact, seeking such a relationship might actually be appealing to a sexual assault victim *because*

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<sup>6</sup> In addition to those who perceived themselves as stigmatized seeking support from clergy, 90% of all participants indicated that they had sought support in some form during the past 6 months.

of the guilt associated with sexual assault. This tendency may be strengthened by cultural issues: individuals from southern Appalachia may be more inclined to seek support from clergy due to a religious coping norm not present at this level in other populations.

If the above is true—that participants in the present study are unaware of how their belief system affects their perception of themselves—it may be useful to conceptually divest participants’ religious beliefs from their support sources; that is, Christian fundamentalist beliefs may increase the likelihood of perceived stigma, yet support sought from clergy may still be seen as helpful. Sexual assault victims who perceive themselves as stigmatized may value the support of clergy not because they assume clergy to be particularly knowledgeable about their experiences, but because the nature of the relationship emphasizes confidentiality—a highly relevant factor, given the sensitive and personal nature of sexual assault—and affirmation. Because sexual assault stigma lacks visibility, confidentiality—which is an inherent component of most clergy-parishioner relationships<sup>7</sup>—may be an important factor when a victim chooses a support source. This could explain why perceived stigma was related to greater support seeking from clergy in particular as opposed to other potential sources of support. A detailed examination of actual support seeking by type revealed that perceptions of stigma were related to emotional support only—that is, expressing one’s feelings ( $b=.27$ ,  $se=.09$ ,  $p=.04$ ) and seeking reassurance, understanding, etc. ( $b=.30$ ,  $se=.09$ ,  $p=.09$ ) from clergy—as opposed to seeking information or advice. Although previous studies (Bowker, 1983; Golding et al., 1989) indicated that sexual assault victims are reluctant to approach clergy for support, and that clergy are often perceived as unhelpful when approached by sexual assault victims for support, this literature is somewhat dated. Present-day society may simply hold more progressive views toward sexual assault

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<sup>7</sup> This fact is perhaps best evidenced by legal protections of priest-penitent disclosures in the United States, which protect clergy from being compelled to reveal facts divulged in the process of seeking religious counsel.

victims, with clergy being no exception. The current data may represent a dynamic between clergy and sexually assaulted women that is quite different from that reflected by the preexisting literature.

One caveat to the findings for clergy to consider might be that whether women label their sexual assault experiences as such could differentiate support seeking. As noted above, an affirmative response to any of four behaviorally-based questions was used to classify a participant as a sexual assault victim; as such, a subset of individuals who had experiences that meet the present paper's definition of sexual assault did not identify themselves as victims. The distinction between these two groups of women has been outlined in prior research; specifically, Koss (1985) has identified women who have had experiences that meet common legal definitions of rape but do not label the experience as such as "hidden" rape victims. As noted in the Introduction, it is not necessarily the case that sexual assault victims must identify themselves as such in order for them to perceive stigma. However, this does not mean that every dimension of a sexual assault victim's feelings and behaviors (such as which support sources she chooses to use) are completely uninfluenced by this variable. This appears to be the case for a portion of the participants in the present study. A post hoc analysis showed that labeling oneself as a rape victim was negatively related to actual support seeking from clergy<sup>8</sup> ( $b=-.31$ ,  $se=.14$ ,  $p=.01$ )—a finding that contrasts sharply to the fact that individuals who perceived themselves as stigmatized were *more* likely to seek support from clergy. However, consistent with the previously mentioned work by Harned (2004), there was no significant relationship between identification as a rape victim and perceived stigma ( $b=-.10$ ,  $se=.27$ ,  $p=.45$ ), nor did including identification as a rape victim as a statistical control variable in a regression of perceived stigma

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<sup>8</sup> In a related finding, identification as a rape victim was also negatively correlated with willingness to seek support from clergy, but this relationship was only marginally significant.

on willingness to seek support from clergy create a significant negative relation, although the direction of effect did change from positive to negative ( $b=-.20$ ,  $se=.19$ ,  $p=.12$ ).

While the above might elucidate the increased support seeking from clergy, the fact that greater stigma did not predict reduced support seeking from other support sources is less clear. It is possible that this finding simply reflects the fact that unlike other stigmatizing conditions such as mental illness that *do* predict reduced support seeking in many instances (Link, Mirotznik, & Cullen, 1991), perceived stigma resulting from sexual assault does not reflect a component of a victim's character or personality—it is simply a significant event in that person's life; as such, sexual assault victims who perceive themselves as stigmatized feel more comfortable approaching others for support. It was also found that perceived stigma was related to more actual support seeking from relatives other than parents. One potential explanation of this finding is that the “other relatives” category includes female siblings. While not all siblings are close and likely to confide in one-another, previous research has indicated that individuals often define their sibling relationships as ones that can be counted on for support (Floyd, 1995). It seems likely that the fear of rejection associated with perceived stigma resulted in a greater likelihood of seeking support from this presumably easily accessible, often emotionally close category of potential support providers.

It also should be noted that there is a discrepancy between perceptions of stigma correlated with willingness to seek support vs. actual support seeking; that is, participants who perceived themselves as stigmatized indicated higher levels of actual support seeking from parents and other relatives but not a higher level of willingness to do so. It is possible that the actual support sought resulted in a negative interaction, thereby making them less willing to seek support in the future.

## Limitations and Conclusions

A number of limitations should be taken into consideration when evaluating the present study. First, the area in which the data were collected resulted in a demographically homogeneous sample with respect to religion. As noted above, a large majority of participants (73%) identified themselves as belonging to a Christian religious order; of them, 59% were Baptists. Given the highly conservative nature of Baptist congregations in the American Southeast, it is possible that the link between perceived stigma and support seeking from clergy would not be found in more diverse populations where nonreligious individuals, secularists and practitioners of more liberal faiths or Christian sects may be greater in number. Although preliminary analyses did not suggest that religion should be included as a statistical control, given our very specific sample of people who were highly religious, future research might benefit from examining this potential link.

Second, the use of a preexisting dataset limited the degree to which specific questions could be included. The instruments used in the present dataset may be improved on. Specifically, Koss et al. (2007) have produced a modified version of Koss and Oros' (1982) original Sexual Experiences Survey that is much more comprehensive and precise in its assessment of a wide range of sexual experiences (i.e., it delineates between the different dimensions of sexual assault, specific acts involved, severity of the assault, and assess all of them separately). The use of this improved measure would allow these various aspects of sexual assault to be studied with greater specificity, as well as provide figures that would make rates of sexual assault directly comparable. Additionally, future studies should collect data regarding the relationship between a victim and her assailant, as this variable may impact the type of support sought and the source

from whom it is sought. It is possible that such nuances of the assault experience could differentiate perceived stigma and support seeking.

Third, it is possible that the present study did not define and measure Christian fundamentalism appropriately. There exists considerable ambiguity in both present scientific, scholarly, and historical research regarding an operational definition of fundamentalism in general, as it appears that no consensus has emerged regarding such a definition. Because no overtly clear definition of religious fundamentalism exists, the measures chosen to assess the impact of Christian fundamentalism on perceived stigma and support seeking may have tapped other aspects of a sexual assault victim's belief, religious doctrine, and perceptions of her experience. The single significant finding in this area, a correlation between perceived stigma and female submissiveness and guilt, may be best viewed as separate from Christian fundamentalism altogether (although possibly still related to participants' religious beliefs).

It is also possible that the instruments used did not tap the type of support seeking likely affected by perceptions of stigma. The present thesis examined direct seeking only, which may be a limited way in which to define support seeking. It is interesting to note that perceived stigma did predict greater *indirect* support seeking behavior (i.e., exhibiting behavior indicative of support seeking without requesting it in a straightforward manner—for example, coming across as sad but not stating exactly why) when there is a high cost (e.g., stigma) associated with direct support seeking. As the present study was part of a larger study on a variety of life events and support seeking strategies, data on direct and indirect seeking were available. A post-hoc regression analysis revealed that participants who indicated higher levels of perceived stigma were more likely to seek support indirectly. Specifically, women who perceived themselves as stigmatized were more likely to answer affirmatively to two questions: “[With your friends and

family, how often have you] talked about other things or hung out just to get your mind off of your problems?” ( $b=.37$ ,  $se=.11$ ,  $p<.01$ ) and “[With your friends and family, how often have you] acted noticeably irritated about something or distracted when with them but didn’t tell them why?” ( $b=.31$ ,  $se=.10$ ,  $p<.01$ ). Although these represent a more popular support seeking strategy among those who perceive themselves as stigmatized, Williams and Mickelson (2008) note that this practice of indirect support seeking is less likely to elicit supportive responses—and more likely to elicit unsupportive responses—from potential support providers. Thus, such alternative means of support seeking may be more fruitful in future research on understanding support seeking and support networks of victims.

Additionally, because the measures used in the creation of the present dataset assessed only current willingness to seek support and actual support seeking within the past 6 months, support seeking behavior immediately following an assault that took place more than 6 months ago remained uninvestigated. It is also possible that the recency of a sexual assault experience may affect a victim’s perception of stigmatization, assuming that the effects of a sexual assault experience may be less salient with the passage of time. As such, women who had experienced sexual assault many years ago might indicate less willingness to seek support or actual support seeking simply because they did not feel they were in need of support. Future research might benefit from including questions that ask participants about the recency of the assault as well as from assessing support seeking behavior for specific time frames following a sexual assault (for example, immediately following the assault, within a month of the assault, within 6 months of the assault, etc.). If such measures are employed in a future, similar study, they may reveal the hypothesized reduced support seeking among sexual assault victims who perceive themselves as stigmatized.

Another limitation of the present study is its correlational nature, which prevents informed speculation regarding causality. For example, as noted above, it could be argued that the reason why perceived stigma and support seeking from clergy were positively correlated is because seeking support from clergy caused participants to perceive themselves as stigmatized. Indeed, such a conclusion would be consistent with the thesis presented in the present paper. However, given that participants were simultaneously indicating that they were seeking support from clergy *and* were willing to do so in the future—actual support seeking from clergy during the past 6 months being highly predictive of willingness to seek support from clergy ( $b=.84$ ,  $se=.09$ ,  $p<.001$ )—this seems unlikely. Participants in the present study appear to have stated, at the same moment, “I feel stigmatized” and “I want support from clergy.” Presumably, if their support seeking from clergy was responsible for their perceptions of stigmatization, they would not report perceived stigma and a willingness to seek support from clergy (presumably in the future) simultaneously. Still, longitudinal data would be necessary in order to confirm this interpretation, which is not available in the present dataset. Future research would benefit from a longitudinal analysis of sexual assault victims combined with questions about support seeking behavior (i.e., identifying support sources) similar to those used in the present study.

The present study was the first to examine perceived stigma of sexual assault victims. Results revealed that women victims do perceive stigma associated with their sexual assault experiences. In addition, some aspects of religious fundamentalism appear to predict perceptions of stigma. Although perceived stigma did not predict refrain from seeking support, perceived stigma may be related to other types of psychological and social outcomes that should be examined in future research.

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APPENDIXES

APPENDIX A

**Demographic Questionnaire**

1. Your sex:

1. Male
2. Female

2. Your age \_\_\_\_\_

3. Marital Status:

1. Single
2. Married
3. Separated or divorced
4. Widowed

4. In what religion were you raised?

1. Roman Catholic
2. Eastern Orthodox
3. Episcopalian
4. Congregationalist
5. Methodist
6. Presbyterian
8. Jewish
9. Atheist
10. Agnostic
12. Baptist
11. Other \_\_\_\_\_  
(please indicate)

5. How do you currently identify yourself with respect to religion?

1. Roman Catholic
2. Eastern Orthodox
3. Episcopalian
4. Congregationalist
5. Methodist
6. Presbyterian
8. Jewish
9. Atheist
10. Agnostic
12. Baptist
11. Other \_\_\_\_\_  
(please indicate)

## APPENDIX B

### Adult Sexual Experiences

*In this section you will be asked about some sexual experiences you have had **as an adult**. Please note that you will need to keep your responses to the following 16 questions in mind for the next couple of sections of the questionnaire.*

Please answer YES or NO to each of the following statements.

**As an adult**, have you ever:

1. Had a man misinterpret the level of sexual intimacy you desired?
2. Been in a situation where a man became so sexually aroused that you felt it was useless to stop him even though you did not want to have sexual contact with him?
3. Had sexual contact with a man even though you didn't really want to because he threatened to end your relationship otherwise?
4. Had sexual contact with a man when you didn't really want to because you felt pressured by his continual arguments?
5. Found out that a man had obtained sexual intercourse or other sex acts with you by saying things he didn't really mean?
6. Been in a situation where a man used some degree of physical force (twisting your arm, holding you down, etc.) to try to make you engage in kissing or petting when you didn't want to?
7. Been in a situation where a man tried to have sexual contact with you when you didn't want to by threatening to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate, but for various reasons sexual contact did not occur?
8. Been in a situation where a man used some degree of physical force (twisting your arm, holding you down, etc.) to try to get you to have sexual contact with him when you didn't want to, but for various reasons sexual contact did not occur?
9. Had sexual contact with a man when you didn't want to because he threatened to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate?
10. Had sexual contact with a man when you didn't want to because he used some degree of physical force (twisting your arm, holding you down, etc.)?

11. Had sexual contact with a man when you didn't want to because he coerced you without using violence (i.e., threatened to fire you, blackmailed you, etc.)
12. Have you ever been raped?

## APPENDIX C

### Support Seeking

#### Willingness

*The following questions should be answered about the help you are or have been willing to ask for from family, friends, and professionals about the adult experiences described in Section A. Please respond with your overall feelings about each group, and indicate the most appropriate number for each question.*

not at all		somewhat		very	N/A
0	1	2	3	4	7

How willing were you to seek love, caring, understanding, or reassurance from the following individuals?

_____ parents	_____ friends
_____ clergy	_____ co-workers/classmates
_____ other relatives	_____ professionals

How willing were you to tell the following individuals the details of your problems?

_____ parents	_____ friends
_____ clergy	_____ co-workers/classmates
_____ other relatives	_____ professionals

How willing were you to tell the following individuals about your feelings regarding your problems?

_____ parents	_____ friends
_____ clergy	_____ co-workers/classmates
_____ other relatives	_____ professionals

How willing were you to seek information and advice regarding your problems from the following individuals?

_____ parents	_____ friends
_____ clergy	_____ co-workers/classmates
_____ other relatives	_____ professionals

Actual Support Seeking

*The next set of questions asks about the help you have actually sought out from family, friends, and professionals in relation to the adult experiences described in Section A. Please respond with your overall feelings about each group, and tell me the most appropriate number for each question.*

	not at all		somewhat			very	
N/A	0	1	2	3	4	7	

How often in the past 6 months have you actually sought information or advice from the following individuals?

_____ parents	_____ friends
_____ clergy	_____ co-workers/classmates
_____ other relatives	_____ professionals

How often in the past 6 months have you actually sought love, caring, understanding, or reassurance from the following individuals?

_____ parents	_____ friends
_____ clergy	_____ co-workers/classmates
_____ other relatives	_____ professionals

How often in the past 6 months have you actually told the following individuals the details of your experiences or problems?

_____ parents	_____ friends
_____ clergy	_____ co-workers/classmates
_____ other relatives	_____ professionals

How often in the past 6 months have you actually told the following individuals about your feelings regarding your experiences or problems?

_____ parents	_____ friends
_____ clergy	_____ co-workers/classmates
_____ other relatives	_____ professionals

APPENDIX D

**Perceptions**

*The following are questions about feelings and emotions you have had since the experience(s) described in section A occurred. These feelings and emotions are natural and experienced by many individuals. Please indicate how much you agree with the statements using the following scale:*

<u>Definitely Disagree</u>	<u>Somewhat Disagree</u>	<u>Neither Agree Nor Disagree</u>	<u>Somewhat Agree</u>	<u>Definitely Agree</u>	<u>N/A</u>
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>9</u>

I have felt odd/abnormal because I have had the experiences I described above. \_\_\_\_\_

There have been times when I have felt ashamed because I have had the experiences I described above. \_\_\_\_\_

I have never felt self-conscious when I am in public. \_\_\_\_\_

People have treated me different because I have had the experiences I described above. \_\_\_\_\_

I never have felt embarrassed because I have had the experiences I described above. \_\_\_\_\_

I feel others have looked down on me because I have had the experiences I described above. \_\_\_\_\_

I have found that people say negative or unkind things about me behind my back because I have had the experiences I described above. \_\_\_\_\_

I have been excluded from work, school, and/or family functions because I have had the experiences I described above. \_\_\_\_\_

## APPENDIX E

### Attitudes Toward Christian Women Scale

*The following questions relate to your beliefs about god. Regardless of your belief system (Christian, Muslim, Hindu, atheist, agnostic, etc.), please answer **every question** as accurately as possible, even if it is based on assumptions which do not pertain to your beliefs.*

*Please use the following scale to indicate your level of agreement with each of the following statements.*

1 = strongly disagree  
2 = partly disagree  
3 = neutral

4 = partly agree  
5 = strongly agree

1. Males are the correct ministers of God's word because both God and Jesus Christ were men.
2. Wives are commanded to honor their husbands as the head of the family.
3. There may be reasons besides adultery which makes divorce the right decision for a Christian wife.
4. When sexual passion gets "out of hand," it's usually the women's fault.
5. Woman is subservient to man because she came out of his rib.
6. The woman should never desire to teach the man but should always learn from him in subjection and quiet submission.
7. Women were considered as important as men by Jesus Christ during this ministry on earth.
8. Both husband and wife are equals in the family, the community, and the church.
9. Wives and husbands are commanded to treat each other as equals in mutual submission.
10. If a woman is unhappy in her subordinate role, she shows her sinful nature.
11. Man's superior strength and common sense show he's more in the image of God than is woman.
12. If a husband gets angry with his home situation, it is his wife's fault for not preventing the problem.
13. God calls woman to be more humble and submissive to their husbands than their husbands are to them.

14. In marriage, both the husband the wife should make the important decisions, with both having the final word.
15. Adam and Eve were made absolutely equal, out of the same substance.
16. The Bible shows that Christian women can be prophets, leaders, wives, and mothers.
17. It is acceptable for a woman to preach in the church.
18. A Christian woman is disgraced if she is divorced because it shows she has failed.
19. In the Old and New Testaments, God is spoken of as having female as well as male characteristics.
20. A woman's salvation will come through her husband.
21. A Christian wife is not responsible for her husband's behavior or feelings.
22. The wife follows her husband's leadership to achieve greater Christian unity in their marriage.
23. Husband and wives have God-given rights to discipline each other.
24. The Bible uses female symbols for God and Jesus Christ.
25. A Christian woman should be subject even to her non-Christian husband so he will be won over by her meek and quiet spirit.
26. A Christian marriage should be based on equality between the husband and wife.
27. Christian husbands are given the right to discipline their Christian wives as necessary to keep them on the Christian path, but wives are not granted the same rights by God.
28. It is all right for a Christian woman to be divorced.
29. God's image and personality are seen equally in the forms of the female and the male.
30. God grants a special blessing to wives who give up their desires for their husbands because these women are living in accordance with God's plan for the family.
31. Adam and Eve are equally responsible for the origin of sin.
32. God intends for women to be free from the emotional burden which comes from the responsibility of leadership.
33. The Bible states that the equality of males and females in the Christian ideal.
34. A Christian woman should divorce her husband only if he is unfaithful to her.

## APPENDIX F

### **Christian Conservatism Scale**

*Please use the following scale to indicate your level of agreement with each of the following statements.*

1 = strongly disagree

2 = disagree

3 = neutral

4 = agree

5 = strongly agree

1. All Biblical miracles happened just as the Bible said they did. \_\_\_\_\_
2. A man must seek God's forgiveness to enjoy fellowship with Him. \_\_\_\_\_
3. Jesus was more than a great prophet; he was God's only son. \_\_\_\_\_
4. Biblical miracles did not happen as the Bible says they did but have been used as examples. \_\_\_\_\_
5. If they stay true to God, people who suffer in this life are sure to be rewarded in the next.  
\_\_\_\_\_
6. Religious truth is higher than any other form of truth. \_\_\_\_\_
7. The Bible is God's message to man and all that it says is true.

VITA

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