



## Social anxiety and resistance techniques in risky sexual scenarios: A possible mechanism of increased risk of victimization☆



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### ABSTRACT

Victims of sexual assault are never to blame, but increasing a woman's ability to effectively defend against unwanted sexual advances may help reduce risk of sexual victimization. This two-part study sought to examine social interaction anxiety as a risk factor of sexual victimization. A total of 1095 undergraduate females completed an online survey to assess social anxiety and other variables, of whom a subsample ( $n = 136$ ) completed the subsequent in-lab study in which predicted use of resistance techniques in a risky sexual situation was assessed. Controlling for past victimization, social interaction anxiety did not predict use of assertive or polite resistance techniques but did predict passive responding at the lowest two levels of sexual coercion in a series of three escalating sexual advances (i.e., breast fondling, genital fondling, and rape threat) in a story depicting a risky sexual situation. Overall, findings suggest that social anxiety may increase college women's risk of sexual victimization by increasing passivity during risky sexual situations, which has implications for risk reduction programs and for psychotherapy with women who present with high social anxiety.

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### 1. Introduction

Sexual assault occurs at alarming rates, especially among women on college campuses (e.g., Fisher, Cullen, & Turner, 2000). Sexual victimization refers to a wide range of incidents involving unwanted sexual contact, including any unwelcome touching, attempted coercion, coercion, attempted rape, and rape (Koss et al., 2007). A longitudinal study following female undergraduate students during their first year of college found that 24.2% of women experienced a sexual assault during their first semester and 19.6% experienced a sexual assault during their second semester (Jordan, Combs, & Smith, 2014).

Although decreasing the likelihood that men will engage in acts of sexual perpetration is necessary (Rozee & Koss, 2001), prevention

programs targeting perpetrators alone are not 100% effective (Yeater & O'Donohue, 1999). Risk reduction programs, in which potential victims are taught ways of decreasing their likelihood of victimization, are also necessary. Therefore, identification of factors that increase or decrease women's victimization risk is important to inform these risk reduction programs.

#### 1.1. Assertiveness and resistance techniques

One longitudinal study showed lack of assertiveness predicted future sexual victimization beyond what was explained by past victimization and alcohol use (Greene & Navarro, 1998), and another longitudinal study found a reciprocal relationship between assertiveness and sexual victimization (Livingston, Testa, & VanZile-Tamsen, 2007). When in a risky or violent sexual situation, women can implement forceful techniques, such as fighting back, screaming, and fleeing, which have been shown to be more effective than nonforceful verbal resistance, such as pleading (Söchting, Fairbrother, & Koch, 2004). Alternatively, a woman can use nonforceful verbal, or passive, resistance (e.g., pleading, reasoning with the perpetrator) or not resist at all, which has been associated with increased severity of sexual abuse (Ullman & Knight, 1992; Ullman & Knight, 1993). In one study of women who experienced a rape attempt, at least half of those who used forceful verbal or physical resistance or who fled avoided rape completion, compared to just 6.5% of those who did not resist and 4.2% of those who used only nonforceful verbal resistance (Zouchajensen & Coyne, 1993). The vast majority of women who have been victimized report that they did not use assertive or forceful resistance

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techniques (Gidycz, Van Wynsberghe, & Edwards, 2008). As such, it is critical to identify factors that increase a woman's likelihood of engaging in more effective (i.e., assertive and forceful) resistance techniques.

Psychological barriers (e.g., concerns about the ramifications of resisting) to effective resistance, when present, must be addressed. For example, a woman's confidence in her ability to resist a sexual assault has been associated with increased use of physical and verbal assertive resistance, whereas self-consciousness and concerns about preserving the relationship with the perpetrator predicted increased use of nonforceful resistance (Turchik, Probst, Chau, Nigoff, & Gidycz, 2007). These findings are particularly relevant to social anxiety which has been found to be positively related to interpersonal overdependence (i.e., reliance on others to provide assistance) among college students (Davila & Beck, 2002).

### 1.2. Social anxiety and victimization

Individuals with social anxiety disorder (SAD) fear being negatively evaluated by others (American Psychiatric Association [APA], 2013). Nearly one in 10 college students meet diagnostic criteria for SAD, with an additional 8% reporting moderate symptoms falling just below diagnostic threshold (Davila & Beck, 2002). Social anxiety has been proposed as a risk factor for sexual victimization among college students, possibly by reducing sexual assertiveness (Schry & White, 2013). Since individuals high in social anxiety are viewed as more vulnerable to threat (Creed & Funder, 1998), socially anxious women who struggle to act assertively may be attractive targets to men who choose to use coercion or force to obtain intercourse. In a cross-sectional study of college women, social anxiety was associated with decreased assertiveness, which in turn increased risk of both coercion and rape (Schry & White, 2013).

### 1.3. Current study and hypotheses

This study expands upon previous research (Schry & White, 2013) by examining the relationship between social anxiety and specific factors that may increase risk of sexual victimization in college women. The present study was designed to strengthen the evidence that social anxiety increases risk of sexual victimization rather than, or in addition to, sexual victimization increasing social anxiety. It was hypothesized that social anxiety would negatively predict assertive resistance (e.g., getting up and trying to leave). Exploratory analyses examined the relationship between social anxiety and both passive and polite resistance techniques.

## 2. Method

All procedures were approved by the Institutional Review Board at the authors' university. A two-part study, including a large online survey (Part I) followed by a smaller in-lab evaluation (Part II), was undertaken.

### 2.1. Online survey

#### 2.1.1. Participants

Female undergraduates at a large, public university in the southeastern United States were recruited using an online study recruitment website and posted flyers. A total of 1187 women began the online survey, of whom 1095 (92.2%) completed the full survey; 1071 (97.8%) of those who completed the survey had data that passed the quality assurance screening.

#### 2.1.2. Measures

The Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998) was used to measure anxiety in social interaction settings. The SIAS includes 20 items, and participants are asked to indicate how

characteristic each statement is of them on a 0 (*not at all*) to 4 (*extremely*) scale. Total scores range from 0 to 80 with higher scores indicating more social anxiety. The SIAS has excellent internal consistency ( $\alpha = .90$  in an undergraduate sample; Mattick & Clarke, 1998) and test-retest reliability ( $r > .90$  up to 12-weeks; Mattick & Clarke, 1998). Internal consistency in this study was excellent ( $\alpha = .922$ ). Construct validity has been demonstrated by the finding that the SIAS total score is moderately to highly correlated with other measures of social anxiety (Mattick & Clarke, 1998). A score of 34 or higher (i.e., more than one standard deviation above the community mean; Heimberg, Mueller, Holt, Hope, & Liebowitz, 1992) is often used as a cutoff for participants considered "high" in social anxiety (e.g., Buckner, Ecker, & Proctor, 2011; Norberg, Norton, & Olivier, 2009). This cutoff correctly classified 86% of individuals with social phobia and incorrectly classified only 10% of controls without social phobia in one study (Brown et al., 1997).

A modified version of the Sexual Experiences Survey-Short Form Victimization (SES-SFV; Koss et al., 2007) was used to assess unwanted sexual experiences. The 35 questions that assess victimization were created by crossing seven different unwanted sexual experiences with five different tactics that perpetrators may use to coerce their victims. The respondent reports on each item for the past 12 months and for the time period between her 14th birthday and 12 months ago. While the original SES-SFV asks participants to report the number of times each incident occurred during each time period (i.e., 0, 1, 2, or 3+), the answer choices for this study were abbreviated to *yes* or *no*. Past victimization was defined as endorsing any of the items during either time period (i.e., in the past 12 months or between one's 14th birthday and 12 months prior to assessment). Although the psychometric properties of this version of the SES have not yet been published, the previous versions of the SES demonstrated adequate reliability and validity (Koss & Gidycz, 1985).

### 2.1.3. Procedures

After signing up for the study on the online study recruitment website, participants were directed to a secure website to complete the SIAS, SES-SFV, and other questionnaires not examined in the present study. In order to ensure validity of survey data, random responding checks were distributed throughout the survey. Participants received extra credit in psychology courses for their participation. Following the survey, participants were provided with a list of local and national counseling and crisis resources.

### 2.2. In-lab study

#### 2.2.1. Participants

To be eligible for the in-lab appointment (Part II), participants must have completed the entire online survey and incorrectly answered no more than one of the random responding check items. In order to ensure that participants in the clinical range on the SIAS (Mattick & Clarke, 1998) were included in the in-lab portion, all participants with scores of 34 or above on the SIAS (i.e., SIAS clinical cutoff) were invited to participate in the in-lab portion of the study. Because social anxiety was examined as a continuous variable, a broad range of SIAS scores was needed, so a final sample with approximately twice as many participants with scores below the clinical cutoff was sought.

One hundred sixty participants (14.6%) had scores above the clinical cutoff on the SIAS. A total of 136 women, 51 above the clinical cutoff on the SIAS and 85 below the clinical cutoff on the SIAS, completed the in-lab assessment. The participants who completed the in-lab assessment had a mean age of 19.40 ( $SD = 1.26$ ); 63.2% were in their first or second year of college. The sample was predominately Caucasian (78.7%) and heterosexual (94.9%). Most participants reported their relationship status as single (44.1%) or in a serious, committed relationship (39.0%). Prevalence of different types of sexual victimization experiences for both the full online sample and the in-lab sample is presented in Table 1.

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