



Short Communication

Social anxiety and alcohol-related sexual victimization: A longitudinal pilot study of college women[☆]



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HIGHLIGHTS

- Tested social anxiety (SA) as risk factor for alcohol-related sexual assault (ASA)
- SA was associated with increased likelihood of ASA cross-sectionally.
- Longitudinally, SA did not significantly predict ASA, but effect sizes were large.
- SA appears to be a risk factor for ASA among college women.

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ABSTRACT

Objective: We sought to examine social anxiety as a risk factor for alcohol-related sexual victimization among college women.

Method: Women (Time 1: $n = 574$; Time 2: $n = 88$) who reported consuming alcohol at least once during the assessment timeframe participated. Social anxiety, alcohol use, alcohol-related consequences, and sexual victimization were assessed twice, approximately two months apart. Logistic regressions were used to examine social anxiety as a risk factor for alcohol-related sexual victimization at both time points.

Results: Longitudinally, women high in social anxiety were approximately three times more likely to endorse unwanted alcohol-related sexual experiences compared to women with low to moderate social anxiety.

Conclusions: This study suggests social anxiety, a modifiable construct, increases risk for alcohol-related sexual victimization among college women. Implications for clinicians and risk-reduction program developers are discussed.

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1. Introduction

Sexual victimization refers to experiences that occur without the victim's freely given consent, ranging from unwanted sexual contact to attempted or completed sexual intercourse (Koss et al., 2007). In a recent study of first-year female undergraduate students, one-fifth to one-

fourth of the sample reported experiencing a sexual assault during a given semester (Jordan, Combs, & Smith, 2014). Female college students are significantly more likely to experience alcohol-related sexual victimization (i.e., when the victim was too intoxicated to consent) than forcible sexual assault (i.e., when physical force, violence, or threats of physical violence are used to force the victim to engage in sexual activity; Lawyer, Resnick, Bakanic, Burkett, & Kilpatrick, 2010). Approximately 70% of undergraduate females who experienced sexual victimization reported they were under the influence of alcohol at the time of the incident (e.g., Benson, Gohm, & Gross, 2007; Gidycz, Van Wynsberghe, & Edwards, 2008).

Another possible risk factor for sexual victimization is social anxiety. Social anxiety is associated with decreased assertiveness (e.g., American Psychiatric Association, 2013; Davila & Beck, 2002), and low assertiveness is a known risk factor for sexual victimization (e.g., Katz, May, Sørensen, & DeTosta, 2010; Livingston, Testa, & VanZile-Tamsen, 2007). A recent cross-sectional study found that social anxiety predicted

[☆] The data for the Time 1 analyses are from Amie Schry's master's thesis and the same sample as Schry & White (2013). Portions of these results were presented at the 2012 annual meeting of the Anxiety and Depression Association of America.

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both completed coercion and completed rape when indirect effects through decreased sexual refusal assertiveness were examined (Schry & White, 2013).

Longitudinal research on social anxiety as a risk factor is essential to establishing temporal precedence of social anxiety and disentangle its potential risk influence from the anxiety that can stem from sexual victimization. This pilot study examined the effect of social anxiety longitudinally on alcohol-related sexual victimization risk.

2. Materials and methods

2.1. Procedures

The university's Institutional Review Board approved the study procedures, and participants implied consent by continuing on to the survey after being provided with information about the study, including possible risks, at both time points. Participants completed all study measures online during a single fall semester.

2.2. Participants

A total of 690 female undergraduates at a large public university in the Southeastern United States completed the Time 1 survey. Only participants who reported consuming alcohol at least once during the year prior to the study and who self-identified as heterosexual females were included in the present analyses, resulting in a final sample of 574 for Time 1. Participants had a mean age of 19.46 years ($SD = 1.66$; range 17 to 45). Most participants were Caucasian (88.0%). In order to be eligible for Time 2, participants had to complete Time 1 within the first two weeks of the semester in order to allow a sufficient amount of time to pass between assessment points in the same semester. Ninety-two (62.6%) of the 147 eligible women for Time 2 completed the survey a second time (an average of 61.81 days later, $SD = 5.73$; range = 53 to 78). We excluded all women who did not consume alcohol during the semester, resulting in a final sample of 88 for Time 2.

2.3. Measures

Participants completed the Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998) at Time 1. Internal consistency (Cronbach's $\alpha = 0.88$ to 0.93) and test-retest reliability ($r_s > 0.90$) are excellent (Mattick & Clarke, 1998). Cronbach's α in this sample was 0.93. A score of 34, one standard deviation above the community sample mean (Heimberg, Mueller, Holt, Hope, & Liebowitz, 1992), has been used in multiple studies to classify participants as "high" in social anxiety (e.g., Norberg, Norton, & Olivier, 2009).

Participants responded to multiple choice items assessing frequency and quantity of alcohol consumption (National Institute on Alcohol Abuse and Alcoholism, 2003). Participants also reported the number of times they experienced 24 different alcohol-related consequences (ARCs; Norberg et al., 2009). For the purposes of this study, we examined only the item that asked participants to indicate the number of times they "were taken advantage of sexually or took advantage of another sexually." For the Time 1 survey, participants reported on their alcohol use and ARCs since the beginning of the calendar year; at Time 2, participants were asked to report on the period since the beginning of the semester.

The Sexual Experiences Survey–Short Form Victimization (SES-SFV; Koss et al., 2007) asks about seven different unwanted sexual experiences and five different tactics used. Psychometric properties of this revised version are not yet available, but past versions were shown to be reliable and valid (Koss & Gidycz, 1985). At Time 1, participants reported both the number of times each event occurred in the past year and the number of times victimization occurred since the age of 14 (not including the past year). At Time 2, participants reported the number of times each event occurred during the past semester. At Time 1,

participants indicated, via a single item, whether they had experienced any unwanted sexual events prior to age 14 (as any other events should have been reported on the SES-SFV).

2.4. Statistical analyses

Participants were classified as either "high social anxiety" or "low/moderate social anxiety" using the established clinical cutoff score of 34 on the SIAS. Dichotomous outcome variables for alcohol-related sexual victimization based on both measures (i.e., the ARC item and the SES-SFV) at both time points were created. Time 1 ARC sexual victimization was defined as having experienced the ARC "were taken advantage of sexually or took advantage of another sexually" at least once since the beginning of the calendar year; Time 2 ARC sexual victimization was defined as having experienced that ARC at least once since the beginning of the semester. Time 1 SES-SFV sexual victimization was defined as having experienced any of the seven types of unwanted sexual experiences while being "too drunk or out of it" at least once in the past 12 months; Time 2 SES-SFV sexual victimization was defined as endorsing those items at least once since the beginning of the semester. Childhood sexual abuse was coded as a dichotomous variable based on participants' responses to the item assessing unwanted sexual experiences prior to age 14. For Time 1 analyses, past victimization was defined as endorsing any item on the SES-SFV for the period of time since age 14 but not including the past year at Time 1. For Time 2 analyses, past victimization was defined as endorsing any item on the SES-SFV either since age 14 or in the past year at Time 1. Presence of past victimization was coded as a dichotomous variable. All data analyses were conducted in Predictive Analytic Software (PASW), Version 18. Separate hierarchical logistic regressions were run for each measure of alcohol-related sexual victimization at each time point with social anxiety (i.e., SIAS classification) as the independent variable and childhood sexual abuse, past victimization, and typical quantity per drinking occasion as covariates.

3. Results

3.1. Cross-sectional analyses (Time 1)

Sixty-eight (11.8%) participants were classified as being high in social anxiety. On the measure of ARCs, 132 women (23.0%) reported they were taken advantage of sexually or took advantage of another sexually at least once since the beginning of the calendar year (i.e., the past 8 to 11 months, depending on month of survey completion). One hundred sixty-five women (28.7%) endorsed at least one incident of alcohol-related sexual victimization in the past year on the SES-SFV. Participants who endorsed the ARC item were significantly more likely to also endorse at least one SES-SFV than participants who did not endorse the ARC item ($\chi^2(1) = 161.89, p < 0.001$). Forty-one (7.1%) participants endorsed the item assessing childhood sexual abuse, and 259 (45.1%) endorsed past victimization at Time 1. The average response to the question assessing typical quantity per drinking episode was 3.85 (response options ranged from 1 = 1 drink to 12 = 36+ drinks; a response of 3 was equivalent to 3 drinks, and a response of 4 was equivalent to 4 drinks). SIAS classification was a significant predictor of experiencing ARC alcohol-related sexual victimization (Table 1). Women high in social anxiety were almost twice as likely to endorse ARC alcohol-related victimization compared to women with low to moderate social anxiety. SIAS classification was not a significant predictor of SES-SFV alcohol-related sexual victimization (see Table 1).

3.2. Longitudinal analyses (Time 2)

Twelve women (13.6% of the sample with Time 2 data) were classified as being high in social anxiety at Time 1. Thirteen women (14.8% of the sample with Time 2 data) endorsed the ARC item assessing

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