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Self-Blame Among Sexual Assault Victims Prospectively Predicts Revictimization: A Perceived Sociolegal Context Model of Risk

Audrey K. Miller

University of Washington

Keith D. Markman

Ohio University

Ian M. Handley

Montana State University

This investigation focused on relationships among sexual assault, self-blame, and sexual revictimization. Among a female undergraduate sample of adolescent sexual assault victims, those endorsing greater self-blame following sexual assault were at increased risk for sexual revictimization during a 4.2-month follow-up period. Moreover, to the extent that sexual assault victims perceived nonconsensual sex is permitted by law, they were more likely to blame themselves for their own assaults. Discussion focuses on situating victim-based risk factors within sociocultural context.

Sexual assault (SA) against women is endemic to American culture (Fisher, Cullen, & Turner, 2000; Koss, Gidycz, & Wisniewski, 1987; Tjaden & Thoennes, 2000). Up to 44% of the female population experiences at least one episode of completed or attempted SA (Russell, 1983). Koss et al. (1987) found that 54% of college women have histories of unwanted sexual contact, and 25% have been victims of rape or attempted rape. Psychological correlates of SA include victims' depression, fear and anxiety, anger, disrupted social and sexual functioning and satisfaction, and posttraumatic stress (e.g., Atkeson, Calhoun, Resick, & Ellis, 1982; Becker, Skinner, Abel, & Cichon, 1986; Calhoun, Atkeson, & Resick, 1982; Ellis, Atkeson, & Calhoun, 1981; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Kilpatrick et al., 1985; Kilpatrick, Resick, & Veronen, 1981). Further, one in five women who are raped attempt suicide, a rate 8.7 times that of nonvictims (Kilpatrick et al., 1985).

SA victims are also at increased sexual revictimization (SRV) risk. Tjaden and Thoennes (2000) found that women who were raped during a 1-year period were victimized an average of 2.9 times. According to Gidycz, Coble, Latham, and Layman (1993), victimized college women are up to 2 times more likely than non-victims to be revictimized during a single academic quarter. Yet, a comprehensive theoretical explanation of SRV risk remains wanting (Breitenbecher, 2001; Grauerholz, 2000; Lynn, Pintar, Fite, Ecklund, & Stafford, 2004). Toward this end, the present investigation examines victims' post-SA self-blame and SRV within women's broader sociocultural ecologies. As set forth by Grauerholz (2000), "To fully understand the process of revictimization... one needs to take into account the larger cultural context in which the individual, her relationships, and the community are embedded" (p. 14). Thus, in the present study, we first tested the hypothesis that victims' post-SA self-blame places them at greater prospective SRV risk. Secondly, we tested a mediational model whereby SA victims' self-blame accounts for a relationship between perceptions that nonconsensual sex is permitted by the larger social context (i.e., law) and SRV risk.

Correspondence to Audrey K. Miller, The Washington Institute for Mental Illness Research and Training, Department of Psychiatry and Behavioral Sciences, Division of Public Behavioral Health and Justice Policy, University of Washington, 9601 Steilacoom Blvd. SW, Tacoma, WA 98494. E-mail: audrey.k.miller@gmail.com

TRAUMA AND SELF-BLAME

Naturalistic studies have documented a pervasive tendency among persons who have encountered negative, unexpected events as diverse as SA, spinal cord injury, and traumatic loss of a spouse or child to blame themselves (Arata, 1999, 2000; Branscombe, Wohl, Owen, Allison, & N'gbala, 2003; Davis, Lehman, Silver, Wortman, & Ellard, 1996; Davis, Lehman, Wortman, Silver, & Thompson, 1995; Frazier, 1990, 1991; Janoff-Bulman, 1979, 1985). Moreover, self-blame among SA victims is associated with distress (Arata, 1999), and a large-scale review of causal attributions following traumatic life events found that self-blame was 5.2 times more likely to be associated with poor outcomes than all other attribution categories (Hall, French, & Marteau, 2003). Hall et al. concluded, "When the consequences of events are severe, any potential benefit conferred by self-blame may be outweighed by the severity of consequences of making these attributions" (p. 526).

The observation that individuals blame themselves for negative life events is consistent with at least two theoretical viewpoints. First, in his review of the blame literature, Alicke (2000) noted that individuals may be blamed for relinquishing control over events even distally related to a negative outcome. That is, a victim's failure to have controlled any behavior preceding her assault—even behaviors without rational causal bearing on the outcome (e.g., not having left a party earlier)—may engender self-blame attributions that in retrospect seem to have caused the assault. Also, the counterfactual thinking literature highlights that an SA victim may generate "if only" inferences (e.g., "if only I had not gone to that party . . .," "if only I had not had so much to drink . . .") in an effort to understand how her negative experience might have been prevented (Mandel & Lehman, 1996). In so doing, a victim likely identifies multiple counterfactual instances in which her SA may not have occurred had she behaved differently. Yet, as Sherman and McConnell (1995) cautioned, mental simulations improving upon past negative outcomes may be dysfunctional insofar as they lead to incorrect causal inferences, overwhelming negative affect, and disproportionate self-blame. Discussing rape victims, they stated, "It is clearly irrational for one to take blame for behaviors that in foresight would not have reduced the probability of the event's occurrence," and, "the despair . . . that can result from this kind of counterfactual thinking can be devastating" (p. 213).

MECHANISM OF VULNERABILITY: FROM POST-SA SELF-BLAME TO SRV

Several studies have found that self-blame mediates psychological adjustment following SA (Arata, 1999;

Branscombe et al., 2003; Frazier, 1991; Littleton & Radecki Breitkopf, 2006), and retrospective studies have suggested that self-blame increases SRV risk (Arata, 2000; cf. Gidycz et al., 2001). For example, Branscombe et al. found that rape victims' self-blame amplified depressive symptoms and depleted self-esteem and perceived control.

Inherently, a self-blame-to-SRV link would suggest that self-impressions ultimately influence sexual vulnerability. Our conceptualization of SRV vulnerability is akin to the concept of self-schemata (Markus, 1977), which favor retrieval of schemata-consistent behavioral evidence and influence persons' expectancies about their own behavior. We hypothesize that victims' perceived loss of control prior to and during sexual assault—operationalized as post-SA self-blame—gives rise to control-loss schemata that are rendered accessible during subsequent sexual predicaments. That is, given victims' perceived failure to have controlled past sexual circumstances, schemata that accommodate control failure may be adopted. By anticipating control loss during subsequent sexual situations, SA victims may attain a secondary sense of control (Rothbaum, Weisz, & Snyder, 1982) by adapting to a seemingly uncontrollable situation.

In all, post-SA self-blame is presently conceptualized as a manifest marker of latent perceptions of sexual dyscontrol. We propose that, as victims encounter future situations with features matching past assaults, control-loss schemata (i.e., perceived inability to prevent unwanted sex) emerge and filter incoming information. Thus, victims who blame themselves following SA may be especially vulnerable to relinquishing control in an effort to protect against anticipated control failure, compounding aversive emotional reactions and increasing SRV risk. In Arata's (2000) retrospective study, repeated SA victims reported more self-blame than single-assault victims, and a path model suggested self-blame mediates the relationship between childhood SA and SRV. Following Arata's (1999, 2000) call for a prospective test of this ordering—victims' self-blame increases SRV vulnerability—the present study examines SA victims' self-blame as a prospective predictor of SRV over a 4.2-month follow-up period.

THE SOCIOLEGAL CONTEXT OF SA

Research has demonstrated that among women classified as rape victims according to the Sexual Experiences Survey (SES) or similar behavioral-response instruments, 43% to 73% asked directly deny that they have been raped (Andreoli Mathie & Kahn, 1995; Kahn, Andreoli Mathie, & Torgler, 1994; Koss, 1985, 1992; Pitts & Schwartz, 1993). Moreover, most SA cases are neither reported to police nor otherwise entertained by

the criminal justice system. Koss (1985, 1998) coined the term “hidden rape” to describe this state of affairs. Perhaps because up to 98% of college campus assaults are perpetrated by acquaintances (Andreoli Mathie & Kahn, 1995; Kahn et al., 1994), women feel discouraged about acknowledging, labeling, and reporting SA. Supporting this logic, Kahn et al. (1994) found that, asked to write about a “typical rape,” only one acknowledged SA victim wrote about acquaintance rape, whereas 50% of unacknowledged victims wrote about stranger rape.

Regarding the context of SA, Johnson (1980) wrote, “The locus of violence rests squarely in the middle of what our culture defines as ‘normal’ interaction between men and women” (p. 146). Further, a national survey of college students revealed why less than 5% of female rape or attempted rape victims reported to law enforcement (Fisher et al., 2000): they did not know how, feared police hostility, feared police indifference, feared assailant reprisal, lacked proof of the incident, did not want others to know, were uncertain whether a crime had occurred, or did not think the incident was serious enough to report. It appears based on these factors that SA victims doubt the legitimacy of crimes perpetrated against them. Correspondingly, Koss (1998) noted that most men whose behavior meets the legal definition of rape report their behavior has not constituted such.

Empirical studies investigating sex differences in SA perceptions have demonstrated that men read greater sex willingness than women in a variety of behaviors (Bostwick & Delucia, 1992; Harris & Weiss, 1995; Hickman & Muehlenhard, 1999). For example, one study concluded, “Without hearing a definite ‘no,’ men in particular seem to find any other ‘shade of gray’ [i.e., ambiguous or no verbal communication] difficult to interpret” (Sawyer, Pinciaro, & Jessell, 1998). Thus, insofar as women perceive that “boys will be boys” (i.e., men obtain nonconsensual sex without social consequence), they may presuppose this as a “given,” a normative state of affairs. Because the critical task of attribution is identifying the abnormal condition that brought about an outcome (Hilton & Slugoski, 1986), SA victims may perceive themselves as making that difference. That is, in attributing cause, fault, and blame, victims may wonder, all things being equal including ‘given’ situational and social factors, why did this happen (versus not happen) to *me*?

Grauerholz (2000) urged that examination of SRV focus not only on the individual level but also on the context in which women are embedded. According to Grauerholz, the sociocultural tendency to blame women for their victimizations is likely internalized by victims, resulting in self-blame. Taking a legal slant on this issue, Berliner (1991) stated that physical resistance, although not required to legally prove rape, lingers as a “ghost element of rape” insofar as a victim’s failure to overtly

resist may be construed as evidence that she consented. Further, Bublick (1999) challenged a civil law doctrine known as rape victims’ comparative fault, which, she argued, “blames rape victims for rape” (p. 1413) and emphasized law’s expressive function in shaping social norms. Thus, law’s expressed message to citizens may be that victims are at least in part to blame for events that have befallen them.

Although an exhaustive review of SA law and criticisms thereof is beyond the scope of the present investigation, a “verbal consent” legal alternative proposed by Remick (1993) provides a simple metric against which our analysis of the status quo might be compared. Remick stated that because prosecutors must currently prove a victim’s affirmative nonconsent to establish that a rape has occurred, the law “creates what is in effect a legal presumption of female consent to sexual activity” (p. 1103). In contrast, according to Remick’s verbal consent standard, “‘no’ would mean ‘no,’ ‘yes’ would mean ‘yes,’ and the lack of any verbal communication as to consent would be presumed to mean ‘no’” (p. 1105). Without adopting Remick’s recommendation, the law in practice may leave victims believing they are to blame for SA unless they overtly resist, an unlikely event given the fear, intimidation, and frequent intoxication experienced by victims during assault.

In the present study, we hypothesize that to the extent SA victims perceive a sociolegal norm whereby nonconsensual sex is permitted by law, they will blame themselves for their own assaults (i.e., perceiving failure to have accommodated an overt-resistance sociolegal expectation) and, in turn, will be at greater prospective SRV risk. To examine this Perceived Sociolegal Context Model of SRV Risk, we employed mediational analyses to test an explanatory mechanism (self-blame) through which perceived sociolegal context affects SRV.

METHOD

Participants

Screened participants were 601 undergraduate women at a medium-sized Midwestern university who volunteered for an experiment entitled “Women’s Social Experiences” in return for psychology course credit. Eligible women ($n = 167$) endorsed one or more SA experiences resulting in intercourse since the age of 14 according to a revised version of the SES (Koss & Oros, 1982). Participants were excluded if they endorsed current suicidal ideation ($n = 3$). Most participants were 18–19 years old (82.0%), first- or second-year students (88.1%), Caucasian (96.4%), heterosexual (99.4%), never married (97.6%), dating casually or in long-term monogamous relationships (93.4%), and had engaged

willingly in sexual intercourse (88.0%). Of 164 eligible, non-excluded women, 144 women (87.8%) were retained across 4.2 months. Attrition was not predicted by demographic variables or primary measures.

Measures

Adolescent SA. At screening, a revised version of the SES (Koss & Oros, 1982) was administered to assess for SA experiences involving intercourse occurring after age 14 but prior to the study. The SES, commonly used to assess SA history, is a 10-item self-report instrument reflecting victimization in behavioral terms (e.g., "Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of physical force [twisting your arm, holding you down, etc.] to make you?"). The reported internal consistency is .74, and the reported test-retest reliability at one week is .93 (Koss & Gidycz, 1985). Similar to revisions proposed by Testa, Vanzile-Tamsen, Livingston, and Koss (2004), an item was added concerning inability to consent due to drunkenness or intoxication. Women who endorsed more than one past SA experience were asked to refer the most severe event as they completed surveys.

Post-SA self-blame: measuring perceived control loss. Post-SA self-blame was assessed ($M = 1$ week post-screening) via the Posttraumatic Cognitions Inventory (PTCI; Foa, Ehlers, Clark, Tolin, & Orsillo, 1999), a 36-item instrument designed to assess trauma-related thoughts and beliefs along a 7-point scale (1 = *Totally disagree* to 7 = *Totally agree*). Foa et al. (1999) identified three PTCI factors, negative cognitions about self, negative cognitions about the world, and self-blame. All factors showed moderate to strong correlations with measures of PTSD, depression, and anxiety.

Naturalistic research describing the nature and consequences of victims' self-blame (e.g., Branscombe et al., 2003; Davis et al., 1995, 1996), which is driven by victims' thoughts of how they might have prevented or avoided their traumas, guided selection of PTCI items for the present study. Thus, items included in our self-blame scale emphasized a perception of having acted wrongly or being disappointed with self regarding the specific event (e.g., "the event happened because of the way I acted"), as differentiated from items that implicated global, negative self-impressions (e.g., "The event happened because of the sort of person I am"). The self-blame score was the mean of 5 PTCI items (#s 1, 2, 19, 22, and 35), comprising 3 self-blame items and 2 negative self-cognitions items from the Foa et al. inventory. The internal consistency of the event-specific self-blame scale was .73.

Measuring negative internal/stable/global (ISG) cognitions. To test the convergent and discriminant validity of the self-blame measure, 7 PTCI items (#s 3, 9, 12, 21, 24, 25 and 29), all overlapping with the Foa et al. negative self cognitions scale, were selected to comprise a negative-ISG cognitions (e.g., "I am a weak person") measure. This generalized distress-laden construct was expected to show a positive relationship with women's event-specific self-blame. However, self-blame (i.e., conceptualized as a manifest marker of perceived event-specific control loss) was expected to uniquely predict SRV in the presence of ISG cognitions. The internal consistency of the negative-ISG cognitions scale was .87.

SRV. The revised SES was readministered ($M = 4.2$ months post-screening) to the 144 remaining participants to assess for SRV during the follow-up period.

Lay legal perceptions. A measure of lay legal perceptions employed ratings for 5 vignettes, each briefly describing a heterosexual interaction resulting in intercourse in none of which the female target explicitly consents to sex (i.e., all scenarios were "illegal" according to Remick's [1993] verbal consent standard). For each interaction, participants indicated the extent to which they "believed the man's actions met the legal definition of sexual assault (including battery, rape, etc.)" according to a continuous 7-point scale with three anchor points (1 = *Does not meet legal standard for sexual assault*, 4 = *May or may not meet legal standard for sexual assault*, 7 = *Meets the legal standard for sexual assault*). No actual legal standard was provided as we were interested in tapping participants' lay perceptions of SA law. A pilot study employing a general undergraduate sample ($N = 115$; 56 male, 59 female) revealed adequate internal consistency among scenario ratings ($\alpha = .77$), and thus an average across ratings comprised the legal perceptions measure (see Table 1). The SA victim sample completed this measure at the conclusion of the prospective study, an ordering intended to eliminate demand problems inherent in women's reporting their *own* assaults with reference or comparison to the hypothetical vignettes.

Procedure

Participants who endorsed adolescent SA experiences were contacted by telephone and invited to participate in the remainder of the study. Those who agreed were scheduled to attend the first survey session ($M = 1$ week

TABLE 1
Illegality Ascriptions as a Function of Scenario and Sex

Scenario	Overall Sample		Women		Men	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Average scenario rating	4.11 _a	1.14	4.43	1.09	3.76	1.08
No words	1.97 _b	1.29	2.03	1.26	1.91	1.32
She says no	5.06 _c	1.59	5.54	1.45	4.55	1.63
She says she's not sure	4.12 _a	1.48	4.47	1.29	3.75	1.58
She is intoxicated	5.11 _c	1.71	5.56	1.63	4.64	1.68
Both are intoxicated	4.26 _a	1.77	4.56	1.86	3.95	1.62

Note. Scenarios that do not share common subscripts differ at the .05 level.

post-screening), where they completed the PTCI. As part of a separate study, participants were scheduled for individual interviews, during which they described their SA experiences without prompting ($M = 8.3$ days post-screening). Finally, participants were contacted by telephone and scheduled for the final survey session ($M = 4.2$ months post-screening), where they completed the SRV version of the SES.

Participants completed all surveys at private desks in a classroom setting. Subject numbers were used to track session-to-session data and maintain information anonymity. Participants provided informed consent and were debriefed (without provision of study hypotheses) at each session. Participants received psychology course credit for participating at each stage, with the exception of the final stage, following which participants received \$20 for completing the entire study.

RESULTS

Validity of Self-Blame Construct

Based on the findings of Branscombe et al. (2003), we predicted that self-blame would positively relate to negative-*ISG* cognitions. However, per our conceptualization, *ISG* cognitions should not predict SRV controlling for self-blame. Consistent with prediction, self-blame exhibited a strong, positive relationship with *ISG* cognitions, $r(142) = .59, p < .001$, and *ISG* cognitions did not predict SRV controlling for self-blame, $r(141) = .11, p = .21$. Neither did Foa et al.'s (1999) negative cognitions about the world factor predict SRV controlling for self-blame, $r(139) = -.04, p = .60$.

Self-Blame Predicts SRV

Our prediction that SA victims' event-specific self-blame would prospectively predict SRV was tested using a logistic regression analysis in which SRV (yes [$n = 40$]; no [$n = 104$]) was independently regressed onto self-blame ($M = 3.37, SD = 1.18$). As hypothesized, women endorsing greater post-SA self-blame were at greater SRV risk during a 4.2-month follow-up period,

$\beta = 1.72, p < .01$. Moreover, self-blame predicted SRV while controlling for negative-*ISG* cognitions, Foa et al.'s negative-world cognitions factor, and victims' personal and relational characteristics (i.e., current age, age of first consensual intercourse, number of sexual assaults endorsed, victim-perpetrator familiarity, and alcohol use habits), $\beta = 1.60, p < .05$.

Our findings are consistent with prior studies documenting psychological correlates of post-SA self-blame (Arata, 1999, 2000; Branscombe et al., 2003; Frazier, 1990, 1991), but this is the first demonstration to our knowledge of a prospective pathway from self-blame to SRV. Importantly, our study isolated victims' event-specific self-blame attributions from generalized, negative-*ISG* cognitions concomitant with self-blame (Branscombe et al., 2003; Frazier, 1991) as a critical element in SRV risk. Future prospective studies might identify mediators of the supported self-blame-to-SRV pathway.

With results in mind, a cautionary note is warranted regarding well-intentioned SRV intervention efforts. In prompting women to avoid "risky" behaviors, interventions should beware transmitting the implicit message that victims control sexual assault. At the least, future research should investigate whether SA victims who receive an intervention yet subsequently experience SRV are especially vulnerable to self-blame (e.g., "I really should have known"). That is, interventions such as prevention programming should consider both beneficial and deleterious effects on SA victims.

Mediational Analyses

Mediational analyses were conducted according to procedures established by Baron and Kenny (1986) and MacKinnon and Dwyer (1993) to test our Perceived Sociological Context Model of SRV Risk, according to which effects of SA victims' legal perceptions on SRV are mediated by victims' self-blame.

1) *Effect of SA victims' legal perceptions on SRV risk.* Using logistic regression analysis, SRV (yes [$n = 40$]; no [$n = 104$]) was independently regressed

onto victims' legal perceptions rating ($M = 4.33$, $SD = 1.15$). As hypothesized, victims who judged the male scenario target's behavior as more legal were at greater SRV risk during the 4.2-month follow-up period, $\beta = .74$, $p < .05$ (one-tailed).

2) *Effect of SA victims' legal perceptions on post-SA self-blame.* Using linear regression analysis, victims' post-SA self-blame ($M = 3.37$, $SD = 1.18$) was independently regressed onto victims' legal perceptions rating ($M = 4.33$, $SD = 1.15$). As hypothesized, victims who judged the male scenario target's behavior as more legal blamed themselves to a greater extent for an adolescent SA, $\beta = -.27$, $p < .01$.

3) *Effect of SA victims' post-SA self-blame on SRV risk.* As described above, victims who blamed themselves to a greater extent for an adolescent SA were at greater SRV risk during the 4.2-month follow-up period, $\beta = 1.72$, $p < .01$.

4) *Effect of SA victims' legal perceptions on SRV risk, controlling for post-SA self-blame.* Using logistic regression analysis, SRV was simultaneously regressed onto victims' legal perceptions and post-SA self-blame ratings. As hypothesized, and demonstrating complete mediation, legal perceptions no longer predicted SRV risk, $\beta = .84$, $p = .31$, while post-SA self-blame continued to predict SRV risk, $\beta = 1.64$, $p < .01$. Further supporting the mediational role of self-blame, a Sobel (1982) test demonstrated a predicted significant reduction in the effect of legal perceptions on SRV risk in the presence of post-SA self-blame, $Z = -2.14$, $p < .05$. Moreover, a competing mediation pathway was tested and did not receive support.¹

Overall, data supported a mediational pathway according to which SA victims' legal perceptions (i.e., law's perceived permissiveness of nonconsensual sex) increased SRV risk via victims' post-SA self-blame. Importantly, our model addresses emerging appeals for individually focused SRV investigations to appropriately contextualize findings (e.g., Grauerholz, 2000; Lynn et al., 2004).

¹To rule out a competing explanation that support for our model was garnered as an artifact of measurement order (i.e., SRV might have influenced perceived legality ratings, obtained as the final study measure), an alternative mediational pathway (i.e., effect of post-SA self-blame on perceived legality is mediated by SRV) was also tested. Using linear regression analysis, victims' legal perceptions were simultaneously regressed onto victims' post-SA self-blame and SRV (dummy coded). Undermining support for the alternative model, SRV no longer predicted legal perceptions ($\beta = -.08$, *ns*) while post-SA self-blame continued to predict legal perceptions, $\beta = -.25$, $p < .01$.

DISCUSSION

This investigation makes two primary contributions. First, degree of self-blame following undergraduate women's adolescent sexual assaults prospectively predicted revictimization over a 4.2-month follow-up period. This finding is consistent with prior studies documenting dysfunctional correlates of self-blame following sexual assault and, further, substantiated a prospective pathway from self-blame to revictimization previously suggested by retrospective research. Moreover, in the presence of self-blame, neither negative-internal, stable, and global (ISG) cognitions nor negative-world cognitions predicted revictimization, providing discriminant evidence that self-blame (i.e., perceived event-specific control loss) uniquely is detrimental to women following sexual assault.

Second, a conceptual model of revictimization risk was supported, lending credence to suggestions that perceptions of sociocultural context exert direct influence on victims' interpretations of events that have befallen them, eliciting self-blame, and ultimately affecting victims' vulnerability to revictimization. In particular, the supported model suggests that to the extent victims perceive that law generally permits men to engage in sex in the absence of a woman's consent—and, moreover, allows them to do so even in the presence of verbal resistance (e.g., the woman is "not sure" or says "no")—they are more likely to perceive they have failed to prevent their own assaults. In other words, if they perceive as "given" that their environment is saturated with (legal) opportunistic sex, victims will be more likely to blame themselves, perhaps perceiving their control failures made the critical difference in the occurrence of their own sexual assaults, ultimately increasing revictimization risk.

One methodological feature of our investigation was that perceived legality was measured at the study's conclusion, even though it serves as the primary predictor in the supported model. This ordering was chosen so that exposure to hypothetical scenarios could not bias victims' perceptions of their own sexual assaults. Yet, given the temporal weakness of this design, a competing mediational model was tested to consider the possibility that only after women have been revictimized do they perceive law as condoning nonconsensual sex. This alternative pathway seems conceptually less plausible in light of theorizing that sociocultural perceptions are internalized and, following victimization, emerge to guide victims' interpretations of their assaults (Grauerholz, 2000; Lebowitz & Roth, 1994). Moreover, the alternative model did not receive statistical support.

This notwithstanding, we note that our present model is under-specified. Future studies might continue to bolster the supported model with creative methodologies

including manipulating (perceived) sociocultural factors and measuring their effects on victims' self-blame, comparing revictimization patterns between distinct sociocultural contexts, or finding ways to unobtrusively measure victims' sociocultural perceptions early on in a prospective design. In addition, the present model could be broadened to consider other correlates of self-blame beyond negative-ISG cognitions and personal/relational characteristics controlled for here, potentially contributing to the observed relation between self-blame and revictimization.

Earlier in this paper, we argued that women generalize from specific instances of perceived controlled loss following sexual assault to form implicit, enduring self-impressions that influence and guide them in future sexual situations. Thus, when victims encounter situations with features matching past sexual assaults, event-specific schemata emerge and filter incoming information. Therefore, victims who blame themselves following sexual assault may be especially vulnerable to relinquishing primary control. This argument, provided as a theoretical rationale for the prediction that victim self-blame would prospectively predict revictimization, may have important implications for clinical practice. Traditionally, cognitive therapies have employed strategies such as restructuring negative attributions about an outcome in part to augment control perceptions. Ironically, however, augmenting control perceptions may be contraindicated for victims of sexual assault as they may actually serve to reinforce victims' perceptions that they *failed* to exert control over sexual predicaments (e.g., "I was an incompetent sexual gatekeeper"). Thus, fine-tuned treatments for clients presenting with symptoms of depression or PTSD should take precise account of the nature of events that precipitated symptom onset. Indeed, a recent study that evaluated a sexual assault self-defense and risk-reduction program for college women (Gidycz, Rich, Orchowski, King, & Miller, 2006) found that reinforcing that women are never responsible for their own sexual victimizations led to significantly less self-blame among women who were victimized during a 3-month follow-up period. It would be worthwhile for future research to explore differences in post-assault functioning for women who participate in such programs.

CODA

Sexual assault researchers who traditionally have focused on studying the victim would do well to more commonly incorporate into their work a breadth of knowledge gleaned from context-oriented disciplines. As Renner, Alksnis, and Park (1997) urged, "Psychology perhaps has the unique capacity within the social sciences

for bringing the power of empirical research to bear on the theoretical conceptualization of important social issues" (p. 101). The present investigation constitutes a formative step in this direction.

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