Resilience and Coping in Survivors of Unwanted Sexual Contact: Do Gender and Service Utilization Make A Difference?

Madeleine Frankford

University of North Alabama, mfrankford@una.edu

Follow this and additional works at: https://ir.una.edu/sfsmt

Recommended Citation
Frankford, M. (2018). Resilience and Coping in Survivors of Unwanted Sexual Contact: Do Gender and Service Utilization Make A Difference?. Retrieved from https://ir.una.edu/sfsmt/1
Resilience and Coping in Survivors of Unwanted Sexual Contact:
Do Gender and Service Utilization Make A Difference?

A thesis submitted to the
Department of Sociology and Family Studies
in partial fulfillment of the requirements for the degree
Master of Science in Family Studies

Madeleine D. Frankford
University of North Alabama
May 2018
## Table of Contents

Abstract ........................................................................................................................................ 4

Introduction ................................................................................................................................... 5

Review of Literature ..................................................................................................................... 8

Effects of Sexual Assault .......................................................................................................... 8

Campus Resources for Sexual Assault Survivors ...................................................................... 9

   Formal reporting and Title IX .............................................................................................. 9

   Confidential reporting and counseling services .................................................................. 10

   Victim support advocates .................................................................................................. 12

Resilience in Survivors of Sexual Assault .............................................................................. 12

   Resilience and sexual assault .............................................................................................. 12

   Resilience and gender ........................................................................................................ 13

   Resilience and service utilization ....................................................................................... 14

Coping in Survivors of Sexual Assault .................................................................................... 15

   Coping and sexual assault ................................................................................................. 15

   Coping and gender ............................................................................................................ 16

   Coping and service utilization ......................................................................................... 16

Current Study and Hypotheses .................................................................................................. 17

   Gender ............................................................................................................................... 17

   Service utilization ............................................................................................................. 17

   Gender x service utilization ............................................................................................ 17

Methods .......................................................................................................................................... 17

   Procedures ...................................................................................................................... 17
RESILIENCE AND COPING

Sample ..................................................................................................................... 18

Measures ................................................................................................................... 19

Unwanted sexual contact ................................................................. 19

Utilization of services ................................................................. 19

Resilience ................................................................................................. 20

Coping ................................................................................................. 20

Table 1 ................................................................................................. 20

Results ........................................................................................................... 21

Table 2 ................................................................................................. 21

Table 3 ................................................................................................. 22

Table 4 ................................................................................................. 23

Discussion ........................................................................................................ 24

References ........................................................................................................ 28
RESILIENCE AND COPING

Abstract

While rates of sexual assault vary widely across studies, strong evidence exists that women, as well as men, face a risk of being sexually victimized during their college years (Artine & Buchholz, 2016; Krebs et al., 2007; Moors & Webber, 2013). The goal of the current study was to examine the association between gender and service utilization on measures of resilience and coping in victims of unwanted sexual contact. As part of a larger campus climate survey, college students who identified as having experienced an incident of unwanted sexual contact since becoming a student at the university were asked a series of follow-up questions about whether or not they utilized victim support services (i.e., formal reporting procedures, counseling services and/or a victim support advocate) following the incident. Resilience was measured using the Connor-Davidson Resilience Scale and coping was measured using the Brief COPE inventory scale. Contrary to predictions, there was not a significant association between service utilization and coping strategies in victims of unwanted sexual contact. However, victims who utilized at least one victim support service scored significantly higher on measures of resilience. Consistent with predictions, gender was a significant predictor of resilience and coping. Female victims scored significantly higher than male victims on measures of resilience and the following coping subscales: self-distraction, active coping, use of emotional support, use of instrumental support, venting, humor, religion, and self-blame. As predicted there was also a significant interaction between gender and service utilization. Female victims who utilized services scored significantly higher on measures of resilience and on the coping strategy subscale of self-distraction than male victims who utilized services. The implications of the findings and recommendations for college campuses are discussed.

Keywords: coping, resilience, sexual assault, gender, support services
RESILIENCE AND COPING

Introduction

Approximately 20.4 million students were enrolled in college in fall 2017, and it is estimated that over 5 million of those students will experience sexual assault during their college years (Ali, 2011; National Center for Education Statistics, 2017). Understanding survivors’ experiences provides unique insight into university policies and support services. For example, does utilizing support services after experiencing sexual misconduct make a difference in resilience outcomes for survivors? Do female survivors score differently on measures of resiliency and coping strategies than male survivors? Recognizing the role of Title IX Coordinators, counselors, and victim support advocates offers a more holistic approach to survivor support.

As rates of sexual misconduct become more widely acknowledged, sexual assault has become a topic of increasing importance (Ali, 2011; Garcia, 2017). These issues have permeated American politics, media, education, and the workplace as prominent individuals have been forced to step down from their positions of power (May, 2017). Social and cultural movements to address sexual misconduct have emphasized the long-lasting effects of sexual assault. Most recently, the nation has witnessed the impact of the “Me Too” movement, where survivors of sexual violence are publicly supported (Garcia, 2017). Women and men continue to share vulnerable recounts of experiences with sexual assault and harassment, reinforcing the ongoing need to address sexual violence within society’s culture and subsystems (Garcia, 2017). This newfound conversation about sexual misconduct both challenges the standard for addressing sexual assault and provides a framework for survivor support.

The National Crime Victimization Survey data along with the Campus Sexual Assault Study, which surveyed over 6,000 students from two universities, indicate that nearly one-fourth
of women experience sexual assault during their time at college (Artime & Buchholz, 2016; Krebs et al., 2007). In response to sexual misconduct rates, the White House has created space for dialogue regarding sexual assault and survivors. The 2011 Dear Colleague Letter (Ali, 2011), written under President Barack Obama’s administration, provides statistics and educational background on the long-lasting effects of sexual violence on survivors and communities. This data exposed organizations with high rates of sexual violence, notably high schools and colleges/universities. Specifically, it was noted that “1 in 5 women and 1 in 16 men” will experience unwanted sexual contact during their time spent at college (Ali, 2011, p.2). President Barack Obama alongside Vice President Joe Biden and the White House Council on Women and Girls established the ongoing “It’s On Us” organization and the “White House Task Force to Protect Students from Sexual Assault” whose mission is to stop sexual violence and support survivors (Somanader, 2014). This social movement engages students on social media platforms, encourages college campuses to organize campus events, and challenges individuals to speak up for others and end behaviors that perpetuate sexual violence.

Subsequently, the federal law of Title IX expanded to address sexual violence on college campuses. Under Title IX, universities are obligated to educate students on policies, procedures, reporting processes, and campus and local resources (U.S. Department of Education, Office for Civil Rights, 2015). Survivors may seek out support through formal and/or confidential resources; these reporting resources are made available on campus to survivors, but their roles differ. Formal reporting through Title IX addresses policy violations in regard to sexual misconduct; if a policy violation is found during investigation, Title IX Coordinators may enforce sanctions ranging from mandated education to expulsion (Ali, 2011, pp. 10-11; U.S. Department of Education Office for Civil Rights, 2015). The utilization of this type of formal
RESILIENCE AND COPING

reporting by survivors is typically relatively low (Moors & Webber, 2013).

Counseling and other confidential resources are more commonly utilized by survivors—these spaces provide survivors with coping frameworks (e.g., the post-traumatic stress disorder framework, cognitive behavior therapy, and rational emotive behavior therapy) that meet their specific needs (Bagley & Diambra, 2016). Campus counseling centers face unique challenges of understaffing, underfunding, and limited time for counseling sessions (Artime & Buchholz, 2016). In this case, victim support advocates offer survivors an alternate avenue of confidential support. Victim support advocates guide survivors throughout their reporting process, especially when a survivor is taking part in criminal or university hearings (Thomas, Rathmann & McGarty, 2017). These advocates serve as a support person for the survivor’s mental and emotional well-being (Camacho & Alarid, 2008).

Overall, the goal of the current study is to examine the association between gender and service utilization on measures of resilience and coping in survivors of unwanted sexual contact. The aforementioned shift in conversation around sexual misconduct, its perpetrators, and survivors brings to light the disparity between female and male survivors. RAINN’s (2018) data reviews the 1998 Prevalence, Incidence and Consequences of Violence Against Women Survey revealing that 1 in 33 men will experience sexual assault during their lifetime. Sexual misconduct trauma may manifest in physical, emotional, mental, and social changes depending on the individual and his/her experience (Kimerling & Calhoun, 1994). Both formal and confidential support services are accessed with different outcomes in mind; while men seek justice, women often seek restorative outcomes such as education (Riger, 1991). Longitudinal data suggest that despite immediate and continuing trauma, resiliency in survivors of sexual assault is achievable for survivors (Steenkamp et al., 2013). These resilience outcomes typically
RESILIENCE AND COPING
differ according to gender—factors such as victim blaming, rape myth acceptance, and self-efficacy may determine the likelihood of an individual seeking out support services that aid them in their journey towards healing post-assault (Bitton & Ben-David, 2014). For example, male survivors of sexual assault report having significantly more social protective factors in place than female survivors (Ponce-Garcia et al., 2016). Gender differences are also recognized within coping patterns: males tend to turn to alcohol as a means of self-soothing, while females mentally “disengage” (Cooper et al., 1992; Harter & Vanecék, 2000, p. 471).

With 5 million incoming college students likely to experience sexual assault, universities must continue to seek out holistic approaches to supporting survivors (Ali, 2011; National Center for Education Statistics, 2017). An ongoing prevalence of sexual assault on college campuses requires an understanding of the different types of sexual assault along with survivor experiences and coping techniques (Krebs et al., 2007). In light of the current cultural climate, this research is undoubtedly both timely and necessary.

Review of Literature

Effects of Sexual Assault

Studies have shown that sexual assault trauma can manifest in emotional, mental, and physical conditions and survivors may experience symptoms of ongoing pain as well as mental and emotional disorders during or after an unwanted sexual assault experience (Arditti, 2015; Moors & Webber, 2013). Resick et al. (1981) address the impact of society’s previously stifled conversation of survivors of sexual assault; they assert that a lack of conversation and knowledge about sexual assault creates social and “interpersonal role functioning” conflicts (p. 705). In essence, how a survivor relates to her/himself and those around her/him may drastically change after sexual assault. Following 93 rape victims over a span of one year,
RESILIENCE AND COPING

Resick et al. (1981) found that social adjustment within relationships and the workplace were identified as major, long-term difficulties for survivors. In a sample of 115 women from the Grady Memoria Rape Crisis Center, Kimerling and Calhoun (1994) found that survivors experience significant changes in heartbeat, weight, and menstruation; they note that the intense physical changes survivors experienced tended to normalize one year post-assault. However, there are differences in the timeframe of experienced repercussions. For example, some survivors may not experience trauma related to their assault for years after the incident has occurred. Providing survivors with resources and structured support services is one of the best ways to both address the cycle of violence and empower survivors to make informed decisions (Bagley & Diambra, 2016).

Campus Resources for Sexual Assault Survivors

College campus resources and victim support services can serve as the first points of contact for survivors of sexual assault by providing students with options for formal reporting, confidential reporting and counseling services, and access to victim support advocates (Krebs et al., 2007).

**Formal reporting and Title IX.** Formal reporting is the disclosure or report of an incident (i.e. sexual assault) to a local authority, such as a policeman, the Office of Student Conduct, or Title IX Coordinator (Moors & Webber, 2013). Due to the sensitive nature of sexual assault experiences, formal reporting rates among survivors tend to be relatively low (15%) (Moors & Webber, 2013). Title IX of the Education Amendments of 1972 dictates that students of a federal institution can file a formal report incident to the University’s Title IX Coordinator (U.S. Department of Labor, 1972). Formal reports made to the Title IX Coordinator are subject to investigation and university action (i.e., no-contact orders, suspension of the
The Title IX Coordinator must take immediate action to remedy any hostile environment brought to the university’s attention, including reports of sexual misconduct. When a formal report is made (or a complaint is filed), consent for an investigation is obtained and notices of the report and policy violations are provided to both parties (Ali, 2011). Trained Title IX investigators then interview everyone involved, including witnesses, to construct details of the incident, and provide a recommendation for sanctions. The Title IX Coordinator takes into account the “preponderance of the evidence standard”, reviews the investigation reports, and may implement final sanctions (Ali, 2011, pp. 10-11; U.S. Department of Education Office for Civil Rights, 2015). Remedies issued from a formal report to the Title IX Coordinator include, but are not limited to, no contact orders, a referral to counseling, removal from the classroom or dormitory, and/or expulsion.

Some argue, however, that formal reporting procedures on college campuses actively hinder certain groups of individuals from reporting experiences of sexual misconduct. Specifically, rape myth acceptance discourages female victims of sexual assault from reporting to police or university officials (Brubaker et al., 2017). Brubaker et al. (2017) challenge that individual biases of student affairs professionals impact survivors’ willingness to report, and this is especially evident within LGBTQ+ population. Student interviews reveal that a student’s gender identity, ethnicity, and culture intersect in ways that impacts the likelihood of experiencing re-victimization throughout formal reporting processes (Brubaker et al., 2017).

Confidential reporting and counseling services. University Counseling Centers also serve as an initial point of contact and offer confidential reporting for sexual assault survivors (Artime & Buchholz, 2016). Licensed counselors are trained to respond to and support
RESILIENCE AND COPING

survivors of sexual assault through intervention techniques and ongoing emotional and mental support (i.e., working with case managers to develop care plans, identifying symptoms, and referring survivors to specialists to address medical needs, and providing support during a survivor’s formal hearing on the sexual assault case) (Artime & Buchholz, 2016). Universities are advised in the Dear College Letter (Ali, 2011) to provide ongoing mental health services to all students, including access to counseling; any report made to a counselor from a survivor about his/her experience with sexual assault remains confidential.

When working with sexual assault survivors, many counselors are trained to utilize a PTSD (post-traumatic stress disorder) framework, which emphasizes empathy, congruence, and unconditional positive regard (Bagley & Diambra, 2016). Other approaches include cognitive behavior therapy (CBT) and rational emotive behavior therapy (REBT), which encourage survivors to recall and process trauma, identify triggers, address assumptions, and develop coping skills (Bagley & Diambra, 2016). Specific coping techniques include learning how to handle intense, triggering feelings and boost self-esteem and sense of self-control (Bagley & Diambra, 2016). Counselors may also utilize the solution-focused brief therapy (SFBT) approach, which focuses on assisting survivors creating plans for how to react and cope with future events (Yoshimura & Campbell, 2016). Most university counseling centers provide immediate assistance for a survivor following notification of a sexual assault; however, ongoing support can be limited due to factors such as staff caseload and counseling session limits (Artime & Buchholz, 2016). Riger (1991) found that women tend to prefer informal support services over formal processes such as Title IX. This echoes the importance of empowering survivors by providing both formal and informal processes for misconduct resolution that gives survivors the ability to move forward on their terms.
Victim support advocates. Advocates take on a unique role, much different than that of a counselor or Title IX Coordinator. An advocate’s role is to support and encourage sexual assault survivors (Camacho & Alarid, 2008). The victim support advocate provides ongoing emotional and mental support for a survivor as his/her case may be going through Title IX or court investigations (Annan, 2011). Victim support advocates may be employed through a university, employed through a group outside of the university, or a volunteer in an organization that is trained to support student populations. Victim support advocate roles vary from campaigning for policy changes, meeting individually with survivors to provide emotional and mental support, to providing survivors’ guidance through criminal hearings or university procedural meetings (Thomas et al., 2017).

Resilience in Survivors of Sexual Assault

As college campuses address the prevalence of sexual assault, they must educate students on the types sexual assault, university policies, and reporting procedures. Universities are also required to take preventative measures on campus to promote student safety and provide students with resources that aid in survivor resiliency (Ali, 2011). The term resiliency encompasses levels of adjustment in functioning in the midst of high levels of stress and trauma (Arditti, 2015). Resilience is also perceived as surpassing the level of previous functioning and incorporating resources and newly learned techniques that contribute to personal growth. It has been identified in young adults as the ability to achieve normal developmental milestones in the midst of adversity and risk (Price et al., 2010; Madewell & Ponce-Garcia, 2016).

Resilience and sexual assault. Arditti (2015) identifies resilience within the context of sexual assault as the ability of an individual to achieve a level of daily functioning similar to
RESILIENCE AND COPING

that of his/her pre-assault functioning. In their longitudinal research on recovery and resilience, Steenkamp et al. (2013) found that despite the psychological damage sexual assault victims experience, the ability to rise above trauma is an innate human ability. This study reveals that while initial negative psychological damage occurred within the first few months after a sexual assault incident, damage typically steadily improved (Steenkamp et al., 2013). Because of the sensitive nature of sexual assault, Steenkamp et al. (2013) found that survivors often experience isolation and significant change within their immediate social systems. Factors such as shame and rape myth acceptance contribute to the discomfort survivors may feel when faced with the opportunity to speak out about their experience (Ponce-Garcia et al., 2016). Bitton and Ben-David (2014) found that the act of victim blaming increased a survivor’s levels of post-traumatic stress and decreased levels of self-efficacy after an experience of unwanted sexual contact. Longitudinal research that focuses on factors such as the frequency, level, and type of stress provides more insight into the challenges of resiliency that sexual assault survivors face (Steenkamp et al., 2013).

Resilience and gender. It is imperative that one acknowledge the gender differences in reporting before one can examine resiliency. Riger (1991) identifies power dynamics within institutions and reporting processes as impacting a woman’s likelihood of reporting sexual misconduct. She illuminates the differences in outcomes by gender—men tend to report experiences of sexual misconduct to seek justice, while women tend to report and pursue the end of misconduct behavior through education. The different goals of reporting must be taken into account when assessing gender differences in resilience.

Sexual assault survivors respond to traumatic experiences differently, and these disparities often span across gender. Through SPF (scale of protective factors), Ponce-Garcia et
al. (2016) found that women experience higher levels of stress and lower levels of depression and anxiety than men. Victim-blaming is an element more prominent in cases where women are assaulted, leading to a loss of control and power and a decrease in the likelihood of seeking out social support outcomes (Ponce-Garcia et al., 2016). Focusing on protective factors and addressing the differences in social support networks, Ponce-Garcia et al. (2016) discovered male survivors of sexual assault reported having significantly more social protective factors in place than female survivors.

This finding is challenged by the previously referenced Bitton and Ben-David (2014) study of 668 Israeli students who experienced sexual victimization on dates. This research focuses on the concept of self-efficacy in regard to self-reported experiences of unwanted sexual contact. Bitton and Ben-David (2014) found that women survivors of sexual assault are more likely to possess resilience factors than men, asserting that women are more “prepared” for traumatic events than men. This study suggests that resiliency, or “self-efficacy” is impacted by levels of rape myth acceptance, which were more likely to be adopted by men than women (Bitton & Ben-David, 2014).

**Resilience and service utilization.** When utilized, protective factors have the ability to increase resilience in sexual assault survivors. Specifically, protective factors that reduce the psychological damage previously discussed include elements of social capital, education levels, self-esteem, and health (Arditti, 2015). Service utilization, such as seeking out mental health counseling, often serves the purpose of expanding one’s social support system.

Comparably, a variety of services available for students impacts outcomes and meets the various needs of survivors through a holistic approach (Bryant-Davis et al., 2011). Arditti (2015) describes how having both formal and informal support services in place reduces the
RESILIENCE AND COPING

liability of universities and empowers survivors to initiate self-care. By advocating for proper formal and confidential services, universities can provide sexual assault survivors with the ability to connect with one another through shared resources and connections (Bryant-Davis et al., 2011). The more opportunities a survivor has to reflect on the traumatic incident(s) and choose an empowered role in their intimate relationships, the more likely an individual is to experience resilience over time (Lloyd & Emery, 2014). Support systems within college communities provide all students with the necessary skill sets and resources to respond to future life events, stressors, or traumas in a healthy manner (Arditti, 2015, pp. 283-5).

Coping in Survivors of Sexual Assault

Coping is defined by Arditti (2015) as a level of functioning or reaction of an individual to decrease physical, emotional, and mental pain after a stressful or traumatic event. In essence, coping symbolizes an individual’s journey towards successfully and appropriately reacting to stress. Coping includes self-soothing behaviors and the ability of an individual to reframe narratives that previously produced harmful self-destructive outcomes. Growth is a common theme throughout healthy coping patterns (Sikkema et al., 2013).

Coping and sexual assault. Research shows a significant relationship between coping and mental health of victims of sexual assault (Ulman & Relyea, 2016). Traumatic experiences, such as sexual assault, can severely impact one’s social interactions—resulting in avoidance, PTSD triggers, low self-esteem, and other disengaging behaviors (Sikkema et al., 2013; Ullman & Relyea, 2016). In the aftermath of sexual assault, Ullman and Peter-Hagene (2014) suggest friends and family members can help a victim simply by being present with a survivor and offering the individual resources. Empowering a victim to express emotions and to take action against the perpetrator through formal or confidential reporting also promotes
RESILIENCE AND COPING

healthy coping behaviors; when maladaptive factors are present, such as “missing work” and using “hidden and passive coping styles”, individuals are less likely to experience high levels of healthy coping (Arditti, 2015, pp. 220-1). Psychological interventions provide survivors of sexual assault the framework to redirect maladaptive behaviors into intentional stress and anxiety-relieving narratives (Sikkema et al., 2013).

**Coping and gender.** Differences in coping patterns are found across genders. For example, Cooper et al. (1992) found that men who reported as previously having avoidance coping tendencies were more likely than women to use alcohol as a means of coping with stress/trauma. After describing a sexual assault scenario to study participants, Harter and Vanecek (2000, p. 471) found that men use religion as a primary coping strategy, while women tend to use a form of “mental disengagement.” Both men and women reported equal anticipated effort in looking for resources and support systems after a sexual assault (Harter & Vanecek, 2000).

**Coping and service utilization.** Coping patterns also impact the likelihood of sexual assault survivors to utilize support services. Emotional and/or social implications impact the willingness of men and women to seek out support. For example, men can be reluctant to report a sexual assault due to the fear that others will question their sexuality or believe their report is false (Davies, 2002). Therefore, male victims benefit from support services that incorporate coping strategies involving gender and sexual orientation components (Davies, 2002). Psychological support also impacts coping techniques. For example, when addressing coping strategies of interviewees, Bryant-Davis et al. (2011) found that religious institutions’ support services incorporate aspects of spiritual well-being, while community and social support services provide more formal, psychological approaches. Identifying the individual’s
RESILIENCE AND COPING

needs allows support services to refer survivors to more specialized support when necessary.

Current Study and Hypotheses

Strong evidence exists that women, as well as men, face a risk of being sexually victimized during their college years (Artime & Buchholz, 2016; Bureau of Justice Statistics, 2016; Krebs et al., 2007). The goal of the current study was to examine the association between gender and service utilization on measures of resilience and coping in victims of unwanted sexual contact.

Gender. It was hypothesized that female survivors would score significantly higher on measures of resilience than male survivors.

It was hypothesized that female survivors would score significantly higher on measures of adaptive coping strategies than male survivors.

Service utilization. It was hypothesized that survivors who utilized services would score significantly higher on measures of resilience than survivors who did not utilize services.

It was hypothesized that survivors who utilized services would score significantly higher on measures of adaptive coping strategies than survivors who did not utilize services.

Gender X service utilization. It was hypothesized that female survivors who utilized services would score significantly higher on measures of resilience than male survivors who utilized services.

It was hypothesized that female survivors who utilized services would score significantly higher on measures of adaptive coping strategies than male survivors.

Methods

Procedures

Participants were recruited from a four-year public regional university in the South East.
RESILIENCE AND COPING

Prior to data collection, the university’s Institutional Review Board approved all research protocols. The online survey was developed and administered through Qualtrics, which enabled all data to be collected anonymously. As an additional measure to maintain anonymity of respondents, the feature in Qualtrics that collects IP address information was disabled.

All students at the university were sent a link to the online survey through the university’s email system. A link to the survey was also posted on the university’s website, and its Facebook and Twitter pages. Notifications were also posted at key locations throughout campus. All individuals who clicked on the survey link were provided with more information about the survey and their rights as a participant. In order to participate, individuals had to provide consent before entering the survey. At the end of the survey students were presented with the opportunity to enter a drawing for one of the following prizes: 1 $50 gift card to the university bookstore; 2 $25 gift cards to a coffee chain; and 5 $10 gift cards for university dining. Students were also given the opportunity to print a certificate of completion to present to instructors who were offering extra credit for participation in the survey.

Sample

A total of 1,457 surveys were completed. From the larger sample, 112 participants reported experiencing at least one incident of unwanted sexual contact. From that subsample, 76 identified as female, 14 identified as male, 1 identified as a transwoman, and 1 identified as other. From a series of follow-up questions, 17 victims reported they had utilized at least one of the services available to victims (i.e., formal reporting, a counselor, and/or victim support advocate), while 95 victims reported that they did not utilize any services. Of the 17 victims who reported utilizing services, 10 identified as female, 3 identified as male, and 4 chose not to specify.
RESILIENCE AND COPING

While the following demographic variables were not included in the analyses, they are presented to provide the reader with general information regarding the sample. The mean age of victims as was 20 years old ($SD=3.16$). The class standing of victims was as follows: 28% freshmen, 20% sophomores, 16% juniors, 33% seniors, 3% graduate students. In terms of race/ethnicity, 80% of victims identified as Caucasian/White, 10% identified as African-American/Black, 6% identified as bi- or multi-racial, 2% identified as Asian, and 2% identified as American Indian. In a separate question, 4% identified as Hispanic/Latino.

Measures

Unwanted sexual contact. Participants were asked if they had experienced any nonconsensual or unwanted sexual contact since becoming a student at their university. The survey defined nonconsensual or unwanted sexual experiences as “sexual contact that involved force or threats of force against you. Force could include someone holding you down with his or her body weight, pinning your arms, hitting or kicking you, or using or threatening to use a weapon against you.” Participants were also asked if they had experienced “sexual contact while you were unable to provide consent or stop what was happening because you were passed out, drugged, drunk, incapacitated, or asleep. These situations might include times that you voluntarily consumed alcohol or drugs and times that you were given drugs without your knowledge or consent.” Participants who answered yes to experiencing any type of nonconsensual or unwanted sexual contact since becoming a student were coded as a 1. All other participants were coded as a 0.

Utilization of services. Participants who indicated they had experienced an incident of unwanted sexual contact since becoming a student at their university were asked a series of follow questions, including (1) did you utilize the university’s formal
RESILIENCE AND COPING

procedures to report the incident?; (2) did you talk to a counselor regarding the incident?; and/or (3) did you talk to a victim support advocate regarding the incident? Participants who answered yes to utilizing any of the services were coded as a 1. Then, a variable was computed that represented utilization of at least one service (services utilized = 1; no services utilized = 0).

**Resilience.** Resilience was measured using the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003), which contains 25 items that measure how participants adapt to adversity on scale of 1 to 5 (1 = not true at all; 5 = true nearly all the time). Sample items include: “I am able to adapt when changes occur,” “I can deal with whatever comes my way,” and “I tend to bounce back after illness, injury, or other hardships.” The mean for the CD-RISC for sexual assault victims was 3.91 (SD=.71) and the alpha coefficient was .95.

**Coping.** Coping was measured using the Brief COPE Inventory (Carver, 1997), which contains 28 items that measure participants’ coping behaviors and thoughts on a scale 1 to 4 (1 = I haven’t been doing this at all; 4 = I’ve been doing this a lot). The inventory is comprised of 14 subscales: self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame. See Table 1 for the means, standard deviations, and alpha coefficients for the Brief COPE inventory subscales.

*Table 1. Means, Standard Deviations, and Alpha Coefficients for the Brief COPE Inventory Subscales.*

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Mean</th>
<th>SD</th>
<th>alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-distraction</td>
<td>3.00</td>
<td>.81</td>
<td>.82</td>
</tr>
<tr>
<td>Active coping</td>
<td>2.78</td>
<td>.77</td>
<td>.73</td>
</tr>
</tbody>
</table>
RESILIENCE AND COPING

Denial 1.78 .97 .84
Substance use 1.80 .95 .89
Use of emotional support 2.69 .93 .76
Use of instrumental support 2.52 1.02 .85
Behavioral disengagement 1.88 .94 .78
Venting 2.18 .93 .70
Positive reframing 2.66 .93 .74
Planning 2.70 .92 .74
Humor 2.17 1.03 .83
Acceptance 2.91 .85 .75
Religion 2.51 1.14 .92
Self-blame 2.53 1.08 .80

Results

A multivariate analysis of variance (MANOVA) was used to test for differences between groups across all dependent variables. The present study employed a 2 (utilized services: yes, no) x 2 (gender: male, female) between-subjects factorial design. The dependent variables were scores on the Connor-Davidson Resilience Scale and 14 subscales of the Brief COPE Inventory.

Service utilization was not a significant predictor in the overall model. [Pillai’s trace = .265, $F(15, 60) = 1.44, p=.158$]. However, univariate statistics indicated that victims who utilized services ($M=3.68; SD=.89$) scored significantly lower on the CD-RISC than victims who did not utilize services ($M=3.92; SD=.63$). The effect size was small (Cohen’s $d = .31$) but statistically significant, $F(1, 74) = 14.21, p<.001$. Contrary to predictions, there was no association between service utilization and coping. See Table 2 for univariate statistics comparing scores on the CD-RISC and Brief Cope Inventory subscales by service utilization.

Table 2. Univariate Statistics Comparing Scores on the CD-RISC and Brief Cope Inventory Subscales by Service Utilization (i.e., yes, no). $N=17$ for Services: Yes; and $N=95$ for Services: No.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Services: Yes</th>
<th></th>
<th>Services: No</th>
<th></th>
<th>Cohen’s $d$</th>
<th>$p$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$M$</td>
<td>$SD$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denial</td>
<td>1.78</td>
<td>.97</td>
<td>.84</td>
<td>.97</td>
<td>.84</td>
<td>.97</td>
</tr>
<tr>
<td>Substance use</td>
<td>1.80</td>
<td>.95</td>
<td>.89</td>
<td>.95</td>
<td>.89</td>
<td>.95</td>
</tr>
<tr>
<td>Use of emotional support</td>
<td>2.69</td>
<td>.93</td>
<td>.76</td>
<td>.93</td>
<td>.76</td>
<td>.93</td>
</tr>
<tr>
<td>Use of instrumental support</td>
<td>2.52</td>
<td>1.02</td>
<td>.85</td>
<td>1.02</td>
<td>.85</td>
<td>1.02</td>
</tr>
<tr>
<td>Behavioral disengagement</td>
<td>1.88</td>
<td>.94</td>
<td>.78</td>
<td>.94</td>
<td>.78</td>
<td>.94</td>
</tr>
<tr>
<td>Venting</td>
<td>2.18</td>
<td>.93</td>
<td>.70</td>
<td>.93</td>
<td>.70</td>
<td>.93</td>
</tr>
<tr>
<td>Positive reframing</td>
<td>2.66</td>
<td>.93</td>
<td>.74</td>
<td>.93</td>
<td>.74</td>
<td>.93</td>
</tr>
<tr>
<td>Planning</td>
<td>2.70</td>
<td>.92</td>
<td>.74</td>
<td>.92</td>
<td>.74</td>
<td>.92</td>
</tr>
<tr>
<td>Humor</td>
<td>2.17</td>
<td>1.03</td>
<td>.83</td>
<td>1.03</td>
<td>.83</td>
<td>1.03</td>
</tr>
<tr>
<td>Acceptance</td>
<td>2.91</td>
<td>.85</td>
<td>.75</td>
<td>.85</td>
<td>.75</td>
<td>.85</td>
</tr>
<tr>
<td>Self-blame</td>
<td>2.53</td>
<td>1.08</td>
<td>.80</td>
<td>1.08</td>
<td>.80</td>
<td>1.08</td>
</tr>
</tbody>
</table>
Gender was a significant predictor in the overall model. [Pillai’s trace = .398, $F$ (15, 60) = 2.63, $p<.01$]. Univariate statistics indicated that female victims scored significantly higher than male victims on the CD-RISC and the following Brief COPE Inventory subscales: self-distraction, active coping, use of emotional support, use of instrumental support, venting, humor, religion, and self-blame. The effect sizes ranged from medium to large (Cohen’s $d$ ranged from .47 - .85). See Table 3 for univariate statistics comparing scores on the CD-RISC and Brief Cope Inventory subscales by gender.

### Table 3. Univariate Statistics Comparing Scores on the CD-RISC and Brief Cope Inventory Subscales by Gender (i.e., female, male). $N=79$ for female; and $N=12$ for male.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Female Victims</th>
<th>Male Victims</th>
<th>Cohen’s $d$</th>
<th>$p$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD-RISC</td>
<td>3.96 .54</td>
<td>3.45 1.41</td>
<td>.47</td>
<td>***</td>
</tr>
<tr>
<td>Self-distraction</td>
<td>3.08 .72</td>
<td>2.41 1.10</td>
<td>.72</td>
<td>**</td>
</tr>
<tr>
<td>Active coping</td>
<td>2.82 .75</td>
<td>2.29 .89</td>
<td>.64</td>
<td>*</td>
</tr>
<tr>
<td>Denial</td>
<td>1.79 .98</td>
<td>1.50 .70</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Substance use</td>
<td>1.88 .96</td>
<td>1.45 .65</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Use of emotional support</td>
<td>2.72 .91</td>
<td>2.12 1.13</td>
<td>.58</td>
<td>*</td>
</tr>
<tr>
<td>Use of instrumental support</td>
<td>2.59 .97</td>
<td>1.95 1.01</td>
<td>.64</td>
<td>*</td>
</tr>
<tr>
<td>Behavioral disengagement</td>
<td>1.91 .95</td>
<td>1.45 .65</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Venting</td>
<td>2.29 .91</td>
<td>1.75 .86</td>
<td>.60</td>
<td>**</td>
</tr>
<tr>
<td>Positive reframing</td>
<td>2.73 .87</td>
<td>2.25 1.07</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>
RESILIENCE AND COPING

<table>
<thead>
<tr>
<th>Variable</th>
<th>Female Victims Services: Yes M (SD)</th>
<th>Female Victims Services: No M (SD)</th>
<th>Male Victims Services: Yes M (SD)</th>
<th>Male Victims Services: No M (SD)</th>
<th>Cohen’s d</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD-RISC</td>
<td>4.16 (.41)</td>
<td>3.93 (.56)</td>
<td>1.52 (.67)</td>
<td>3.88 (1.13)</td>
<td>.92</td>
<td>*</td>
</tr>
<tr>
<td>Self-distraction</td>
<td>3.25 (.92)</td>
<td>3.06 (.69)</td>
<td>1.33 (.57)</td>
<td>2.77 (1.00)</td>
<td>.78</td>
<td>*</td>
</tr>
<tr>
<td>Active coping</td>
<td>2.95 (.68)</td>
<td>2.80 (.76)</td>
<td>1.33 (.57)</td>
<td>2.61 (.74)</td>
<td>--</td>
<td>-</td>
</tr>
<tr>
<td>Denial</td>
<td>2.55 (1.04)</td>
<td>1.68 (.93)</td>
<td>1.33 (.57)</td>
<td>1.55 (.76)</td>
<td>--</td>
<td>-</td>
</tr>
<tr>
<td>Substance use</td>
<td>2.10 (1.19)</td>
<td>1.84 (.93)</td>
<td>1.33 (.57)</td>
<td>1.50 (.70)</td>
<td>--</td>
<td>-</td>
</tr>
</tbody>
</table>

*p < .05, ** p < .01, *** p < .001

There was not a significant interaction between gender and service utilization in the overall model [Pillai’s trace = .300, $F (15, 60) = 1.74, p = .072$]. However, univariate statistics indicated that female victims who utilized services ($M$=4.16; $SD$=.41) scored significantly higher on the CD-RISC than male victims who utilized services ($M$=1.52; $SD$=.67). The effect size was large (Cohen’s $d = .92$) and statistically significant, $F (1, 74) = 22.43, p < .001$. Also, female victims who utilized services ($M$=4.16; $SD$=.41) scored significantly higher on the self-distraction subscale of the Brief COPE Inventory than male victims who utilized services ($M$=1.52; $SD$=.67). The effect size was large (Cohen’s $d = .78$) and statistically significant, $F (1, 74) = 4.53, p < .05$. 

Table 4. Comparison of the Means and Standard Deviations on Scores on the CD-RISC and Brief Cope Inventory Subscales by Gender and Service Utilization. N=10 for females who utilized services; N=65 for females who didn’t utilize services; N=3 males who utilized services; and 9=males who did not utilize services.
RESILIENCE AND COPING

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of emotional support</td>
<td>3.05</td>
<td>.64</td>
</tr>
<tr>
<td>Use of instrumental support</td>
<td>3.10</td>
<td>.65</td>
</tr>
<tr>
<td>Behavioral disengagement</td>
<td>2.40</td>
<td>.96</td>
</tr>
<tr>
<td>Venting</td>
<td>3.35</td>
<td>.62</td>
</tr>
<tr>
<td>Positive reframing</td>
<td>2.85</td>
<td>.66</td>
</tr>
<tr>
<td>Planning</td>
<td>2.90</td>
<td>.93</td>
</tr>
<tr>
<td>Humor</td>
<td>2.45</td>
<td>(.1.23)</td>
</tr>
<tr>
<td>Acceptance</td>
<td>3.20</td>
<td>.67</td>
</tr>
<tr>
<td>Religion</td>
<td>3.35</td>
<td>.94</td>
</tr>
<tr>
<td>Self-blame</td>
<td>3.00</td>
<td>(1.13)</td>
</tr>
</tbody>
</table>

Discussion

Increasing rates of sexual misconduct on college campuses warrant ongoing, in-depth analysis of factors that impact the resilience and coping of survivors of sexual assault (Ali, 2011). The goal of the current study was to examine the association between gender and service utilization on measures of resilience and coping in survivors of unwanted sexual contact. Contrary to predictions, there was not a significant association between gender and service utilization in survivors of unwanted sexual contact. This finding echoes Harter and Vanecek’s (2000) previous research that indicates no difference in the anticipation of men and women to utilize social support after experiencing sexual assault. Specifically, Harter and Vanecek’s (2000) study found that the biggest gender difference in anticipated service utilization was due to the type stressor itself (sexual assault, friend’s injury, etc.).

Does seeking out support services impact resilience? Survivors who utilized at least one

* p<.05, ** p<.01, *** p<.001
RESILIENCE AND COPING

victim support service scored significantly higher on measures of resilience. This finding suggests that survivors who utilized support services experienced higher levels of adaptability and self-esteem (Arditti, 2015). Consistent with expectations from other research, gender was a significant predictor of resilience and coping. Female survivors scored significantly higher than male victims on measures of resilience and the following coping subscales: self-distraction, active coping, use of emotional support, use of instrumental support, venting, humor, religion, and self-blame. This outcome supports Bitton and Ben-David’s (2014) assertion that women survivors of sexual assault are more likely to possess more resilience factors than men. While not statistically significant, it is interesting that self-reports of the “use of emotional support” and “use of instrumental support” averaged similarly for each group except for the males who utilized support services, where this average lowered (Table 3). Perhaps gathering information focused on male experiences during and after utilization of support services could provide understanding into the trends of specific coping techniques.

This study’s finding suggests support service practitioners should consider gender as a significant factor during intake and service administration; Title IX staff should also take into account gender differences throughout educational programming. Nonetheless, more data on the source of gender difference within resilience is necessary. Does the difference in resilience and coping for males and females lie within the education about sexual assault? If females are more likely to score higher in levels of resiliency and coping, is sexual assault and support service literature fueling a gender divide by providing a female-centric view towards seeking out support services? It is possible that this sample of college student survivors differs from that of a general population of survivors; are differences in resilience factors evident in other survivor populations as they were in this college-aged survivor sample?
RESILIENCE AND COPING

The data collected for the current study was part of a larger student campus climate survey that is conducted every two years. Based on the findings of the current study, it is recommended that future surveys include separate measures for formal reporting and confidential resource utilization. Doing so would give insight into specific service utilization trends on campus and allow for further research into resilience measures in support services. For example, does the form of utilization (formal versus informal reporting) make a difference in levels of resiliency? This could provide colleges an understanding for why survivors tend to seek out confidential support more often than pursuing formal reporting options (Moors & Webber, 2013).

One of the disadvantages to utilizing secondary data is the inability to control for new factors that evolve during research. For example, this study fails to properly address survivors’ intersectionality; future research should aim to identify and assess students’ intersectionality of gender identity, ethnicity, and culture and how it impacts the likelihood of an individual seeking out support services (Brubaker et al., 2017). Future research should also expound on sexual orientation differences to include measures of LGBTQ+ survivor experiences.

While these data provide useful knowledge for counseling services and victim support advocates, this information is indispensable for university officials. Now more than ever, college campus officials should proactively educate students of their resources and rights under Title IX (U.S. Department of Education, Office for Civil Rights, 2015). It is recommended that universities incorporate programming initiatives that educate students about formal and informal reporting options, rape myth acceptance, and bystander intervention. Including measures of service utilization, gender, resilience, and coping into campus-wide surveys gives universities insight to their unique survivor demographics. This holistic approach, advocated by Bryant-
RESILIENCE AND COPING

Davis et al. (2011), ultimately provides students with multiple avenues towards healing, further empowering survivors. Media highlights that the overall culture of sexual assault is changing (May, 2017); however, substantive change comes when universities take seriously their responsibility of creating safe campuses that support and empower students who experience sexual assault. This means that the quality of support services provided by universities matters. In an effort to better support survivors, universities should emphasize to students that when it comes to resiliency, gender and service utilization do make a difference.
References


Annan, S. L. (2011). 'It’s not just a job. This is where we live. This is our backyard': The experiences of expert legal and advocate providers with sexually assaulted women in rural areas. *Journal of The American Psychiatric Nurses Association*, 17(2), 139-147.


RESILIENCE AND COPING


RESILIENCE AND COPING

Resilience Scale (RS), Connor–Davidson Resilience Scale (CD-RISC), and Scale of Protective Factors (SPF). Personality and Individual Differences, 97249-255.


U.S. Department of Labor. (1972). Title IX, Education Amendments of 1972 -
