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# Unacknowledged Rape in the Community: Rape Characteristics and Adjustment

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Unacknowledged rape, labeling a rape as a nonvictimizing event, remains largely unstudied among non-college women. This study therefore sought to examine differences in assault characteristics, adjustment, and disclosure by rape acknowledgment status among a sample of lower income rape victims ($n = 104$) recruited from a reproductive health clinic (mean age = 28.8 years). Although unacknowledged rape was infrequent (17.1% of victims), unacknowledged victims reported that the perpetrator used less force and were less likely to have assertively resisted, as compared to acknowledged victims. There were no significant differences in disclosure, depression, and somatic complaints between unacknowledged and acknowledged rape victims. Implications of the findings for understanding rape acknowledgment and postrape adjustment among community women are discussed.

**Keywords:** rape acknowledgment; low income; sexual assault; depression; somatic complaints

It is now well-recognized that many college women who have experienced rape do not conceptualize this experience as a rape or even as a victimization (Littleton, Rhatigan, & Axsom, 2007; Wilson & Miller, 2016). Mary Koss, as part of her groundbreaking national study of sexual assault among U.S. college women, coined the term *unacknowledged rape* to describe such victims (Koss, 1985). Although the prevalence of unacknowledged rape varies somewhat across samples, likely due in part to differences in how both rape (e.g., only assessing rapes obtained by force or also including incapacitated rape) and unacknowledged rape (e.g., as victims who do not label the experience as rape or those who do not label it as a victimization) is defined, in general, studies find that approximately 60% of college women who are rape victims are unacknowledged (Littleton, Rhatigan, et al., 2007; Wilson & Miller, 2016). So, although these women answer behaviorally specific questions regarding whether they have had a sexual experience that matches a legal definition of rape affirmatively, if asked to label this experience, they characterize it using a nonvictimizing label (e.g., a miscommunication) or state that they are unsure how to label this experience. Alternatively, these women answer no to a close-ended follow-up question querying whether they have ever been raped after answering a behaviorally specific screening item assessing rape experiences affirmatively.



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Building on prior research, Peterson and Muehlenhard (2011) delineated a "match and motivation" framework to explain why so many victims do not conceptualize their experience as a rape or victimization (e.g., a sexual assault or some other type of crime). They posited that women's decision to acknowledge or not acknowledge a rape experience is the result of two processes. The first involves evaluating whether the experience "matches" the individual's script for a rape or sexual assault. The second involves evaluating the potential consequences of labeling or not labeling the experience as a rape or sexual assault.

Research with college students has supported this match and motivation model, with substantial evidence suggesting that college women who do not acknowledge their rape do so in part because their experience does not match their rape script. Studies examining the rape scripts of college students strongly suggest that a sizable percentage of college women continue to adhere to the "real rape" script, regarding rape as a highly violent crime, with the assailant using severe force (e.g., beating or choking the victim, tying the victim up, using a weapon) the victim resisting forcefully (e.g., screaming for help, struggling), that occurs between strangers or individuals who just met, and often involves a mentally disturbed or sadistic assailant (Littleton & Dodd, 2016; Littleton, Tabernik, Canales, & Backstrom, 2009). Studies of the characteristics of the assaults of unacknowledged victims have found that their assaults deviate to a greater degree from this real rape script than those of acknowledged victims, with unacknowledged rape victims being less likely to report that the perpetrator used physical force and that they engaged in various resistance strategies (Cleere & Lynn, 2013; Littleton, Axsom, Breitkopf, & Berenson, 2006; Littleton, Rhatigan, et al., 2007; Peterson & Muehlenhard, 2011). Furthermore, some studies have found that unacknowledged victims, relative to acknowledged victims, are more likely to have a romantic relationship with the perpetrator at the time of the assault (Cleere & Lynn, 2013; Kahn, Jackson, Kully, Badger, & Halvorsen, 2003), and to have engaged in substance use or binge drinking prior to the assault (Littleton et al., 2006; Orchowski, Untied, & Gidycz, 2013; Peterson & Muehlenhard, 2011). Finally, Kahn, Mathie, and Torgler (1994) found that unacknowledged victims were more likely to endorse the violent real rape script as typifying rape than acknowledged victims.

Regarding motivational factors for not acknowledging rape, Peterson and Muehlenhard (2011) found that college women reported several motivations for not labeling their rape experience as such. For example, some noted concerns about the implications of labeling the event as rape on their ability to trust men (i.e., if this person assaulted me, than other men may also do so). Other women expressed concern about the impact of acknowledging the experience as rape on their ability to maintain a positive relationship with the person who assaulted them. In addition, women expressed concerns about the implications of labeling the event as rape on their emotional well-being as well as expressed concerns about the stigma and negative consequences associated with being labeled a rape victim (e.g., being blamed or not believed by others, being perceived as weak).

Further supporting the potential role of motivational factors in not acknowledging rape, several studies have found that unacknowledged victims are more likely than acknowledged victims to continue their relationship with the individual who assaulted them after the rape occurred (Littleton et al., 2006; Littleton, Rhatigan, et al., 2007). This suggests that for some women, conceptualizing the rape as a more benign experience, such as a miscommunication, may enable them to maintain a positive relationship with the person who assaulted them. In contrast, viewing the experience as a rape or sexual assault would likely make maintaining this relationship more difficult, likely in part because of the feelings of anger, disappointment, and betrayal that would result from conceptualizing the experience

as a victimization, or due to fears of being assaulted again by the individual. In addition, unacknowledged victims have been found to be less likely to disclose their rape experience as compared to acknowledged victims (Littleton et al., 2006; Orchowski et al., 2013). Conceptualizing the assault as a benign event may help women justify their decision not to disclose (e.g., because it was just a miscommunication, there is no need to tell others or seek social support). In addition, if unacknowledged victims do disclose, describing the experience as a nonvictimizing event might serve as a way for women to preserve their social network (e.g., by not forcing members of their network to choose "sides" regarding whether a rape had occurred) while at the same time receiving some support in managing their experience. Finally, given that many believe that being a rape victim is a highly stigmatized status and that being raped inevitably leads to severe psychological distress, loss of self-esteem/worth, and longstanding difficulties with trust and relationships, some unacknowledged victims may not acknowledge the rape to avoid the stigmatized status of being labeled a rape victim (Littleton & Dodd, 2016; Littleton et al., 2009).

Given the earlier cited motivational reasons for not acknowledging rape (e.g., avoiding stigma, maintaining one's social network), one might expect that unacknowledged rape victims would experience fewer adjustment difficulties than acknowledged victims. Alternatively, the cognitive load associated with maintaining a benign conceptualization of the assault as well as the reduced social support experienced by unacknowledged victims because of their lack of disclosure might lead unacknowledged victims to experience greater distress than acknowledged victims. Interestingly, research examining adjustment among acknowledged and unacknowledged victims has had equivocal findings with several studies finding few adjustment differences between acknowledged and unacknowledged victims, some finding unacknowledged victims experienced worse adjustment, and others that acknowledged victims experienced worse adjustment (Littleton, Rhatigan, et al., 2007; Wilson & Miller, 2016). In contrast, there is some support for the notion that acknowledged victims experience more posttraumatic stress syndrome (PTSD) symptomology than unacknowledged victims (Littleton, Rhatigan et al., 2007; Wilson & Miller, 2016), although Littleton and Henderson (2009) found in a structural equation model that differences in PTSD symptoms between unacknowledged and acknowledged could be accounted for by differences in the violence of the rape experienced by these two groups.

To summarize, research with multiple samples of college women supports that not acknowledging rape is a common response, occurring among over half of rape victims. In addition, the decision to not acknowledge a rape experience is likely often a result of multiple processes. Furthermore, not acknowledging the rape may have implications for college women's postassault coping and adjustment in multiple areas. Finally, research suggests that although the decision to not acknowledge a rape may be motivated in part by a desire to manage the experience and its impact, being unacknowledged does not necessarily protect college rape victims from psychological distress.

In contrast to this well-established literature regarding the prevalence, assault characteristics, and potential consequences of not acknowledging rape among college women, research examining rape acknowledgment in non-college samples is extremely limited. This is a key gap in our understanding of the experiences of rape victims, particularly given that the rape experiences of college and community samples often differ in several important aspects. Most notably, community samples of women tend to report more violent rapes than college victims, and are far less likely than college women to report that they were impaired by alcohol or other substances during the assault (Littleton, Breitkopf, & Berenson, 2008; Zinzow et al., 2012). In addition, at least some research supports that

adherence to the real rape script is highly common among community samples (Ellison & Munro, 2009; Littleton, Breitkopf, & Berenson, 2007). Given these factors, one might anticipate that there would be differences in the prevalence, correlates, and consequences of unacknowledged rape among community women, as compared to college women.

The first documentation of the phenomenon of unacknowledged rape among community women was Russell's (1982) interview study of sexual assault among women residing in San Francisco, which found that whereas 44% of women endorsed an experience of rape or attempted rape using behaviorally specific descriptions, only 22% of women considered themselves to have experienced sexual assault. Over a decade later, Koss, Figueredo, Bell, Tharan, & Tromp (1996) conducted a large survey study of 932 rape victims drawn from a sample of university and medical center employees and found that 60% of the victims were unacknowledged (did not endorse having experienced a rape despite endorsing behavioral specific sexual assault screening items). However, neither of these studies conducted any comparisons of acknowledged and unacknowledged rape victims on factors related to the match and motivation framework, nor examined psychological adjustment among victims.

To our knowledge, we previously conducted the only study to examine differences in both rape characteristics and potential consequences of not acknowledging rape among community women in a sample of 167 primarily Latina and White low-income rape victims recruited from a women's health clinic (Littleton et al., 2008). Among these victims, only 34% were unacknowledged. Despite the low prevalence of unacknowledged rape, there were multiple differences in assault characteristics between unacknowledged and acknowledged victims. Specifically, unacknowledged victims reported that the assailant used fewer physical force tactics and reported engaging in fewer resistance strategies relative to acknowledged victims. Unacknowledged victims were also more likely to report being in a romantic relationship with the assailant, as well as consuming more alcohol prior to the assault, but were not more likely than acknowledged victims to report they were impaired because of substances during the assault. In addition, similar to studies of college rape victims, unacknowledged victims, relative to acknowledged victims, were more likely to report they continued their relationship with the assailant after the rape and were less likely to report they disclosed the assault. In contrast, acknowledged victims expressed greater concerns about being stigmatized by others regarding their sexual assault experience, suggesting the possibility that for some, not acknowledging the rape could have been motivated in part by a desire to avoid the stigmatized status of being a rape victim.

Regarding physical and psychological adjustment among unacknowledged and acknowledged community rape victims, Conoscenti and McNally (2006) found that acknowledged victims reported significantly more physical health complaints than unacknowledged victims in a sample of 69 rape victims recruited from newspaper advertisements but found no differences in PTSD symptoms between these two victim groups. In contrast, we found no differences in somatic complaints between unacknowledged and acknowledged victims in our sample of lower income rape victims (Littleton et al., 2008).

Thus, the overall limited research regarding unacknowledged rape among community samples has replicated several of the findings from college samples and generally supports the potential applicability of the match and motivation framework to understanding unacknowledged rape among community samples. Findings are equivocal regarding whether there are differences in adjustment following rape in acknowledged and unacknowledged rape community survivors. This study sought to add to the sparse literature regarding rape acknowledgment among community women by examining differences in the assault characteristics, psychological adjustment, and somatic complaints of unacknowledged and

acknowledged rape victims in a sample of lower income women who had experienced rape in adolescence or adulthood.

## METHOD

### Participants

Participants were 104 women with a history of adolescent/adult rape who also indicated their rape acknowledgment status, drawn from a sample of 646 reproductive-aged women. Women were recruited from the waiting room of a university-affiliated OB/GYN practice serving primarily low- to middle-income rural women. The majority of participants were White/European American (51.0%) or African American (40.4%) and were 28.8 years old on average (range = 18–50 years; *SD* = 7.3 years). The majority (71.2%) reported a household income of less than $30,000 per year and had at least a high school education (82.6%). A total of 64.4% were currently pregnant.

### Procedures

Women were approached in the waiting room by a doctoral student research coordinator to participate in a confidential study of health and negative sexual experiences. All eligible women (age between 18 and 50 years, and literacy in English or Spanish) were approached to participate. Research coordinators recruited between 10 and 30 hr per week depending on funding and staff availability for approximately 1.5 years (January 2010–July 2011). Data on refusal rates were not obtained.

Several steps were taken to ensure informed consent and enhance privacy. First, research coordinators provided a verbal description of the study and provided interested women with a study packet with a brief study overview clipped to the front. Participants were provided with clipboards to enhance privacy and could complete the survey in the waiting or examination room. Locked boxes were available to return completed surveys and participants were provided envelopes in which to place their surveys. The study was approved by the university institutional review board and participants were provided with a list of community resources for victims of sexual violence. Study coordinators assisted interested participants with obtaining appropriate treatment referral information. Participants received a small gift in their survey packet as an acknowledgment for their participation.

### Measures

***History of Adolescent/Adult Rape.*** Three behaviorally specific yes/no screening items from the Sexual Experiences Survey-Revised (SES-R; Koss et al., 2007) were administered to assess experiences of adolescent/adult rape (i.e., at age 14 years or older). Items from the SES-R assessing experiences of completed rape were chosen because it is considered the gold standard in screening for experiences of sexual assault due both to items' concordance with research and legal definitions of rape and sexual assault and its use of gender neutral language when assessing experiences of sexual violence (i.e., items are inclusive of experiences with both male and female victims and perpetrators). The items administered in this study assessed experiences of completed oral, vaginal, or anal penetration (by a penis, fingers, or other object) which were (a) obtained by threats of physical harm to the participant or someone close to them; (b) obtained by using physical

force such as holding the participant down, pinning their arms, or having a weapon; or (c) occurred when the participant was too drunk, high, or out of it to stop what was happening. Immediately after completing these screening items, participants were asked to think about their experiences with unwanted sexual contact and to indicate how many experiences they had after they turned 14 years old. To be classified as a rape victim, participants had to endorse at least one of the SES-R screening items as well as report at least one unwanted sexual experience after they turned 14 on this open-ended item.

***Rape Characteristics.*** Participants completed 13 items from a previously developed sexual assault characteristics questionnaire regarding their "unwanted sexual experience," or most distressing "unwanted sexual experience" if they experienced multiple rapes (Littleton et al., 2006). This questionnaire was chosen because it is frequently used to assess characteristics of sexual assault experiences and it more comprehensively evaluates assault characteristics as compared to other measures. On this measure, participants indicated their relationship with the individual prior to the assault, coded as nonromantic (e.g., stranger, just met, acquaintance) romantic (e.g., casually dating, romantic partner), or relative (e.g., a cousin). Participants were asked to endorse all the tactics used by the perpetrator to obtain sex during the assault from a provided list. Their responses were coded into the following categories: nonverbal threats/intimidation, verbal threats, moderate physical force (e.g., using body weight, holding the victim down), and severe physical force (e.g., hitting or slapping, using a weapon). Similarly, participants were asked to endorse all the things they did to indicate they did not want to engage in sexual activity from a provided list, coded into the following categories: low assertive resistance (e.g., turned cold, cried), moderately assertive resistance (e.g., pleaded, said "no"), and strongly assertive resistance (e.g., physically struggled, ran away, screamed for help).

Participants were asked to estimate how many standard alcoholic drinks they and the perpetrator had consumed at the time of the assault. Victim binge drinking was coded as four or more drinks and perpetrator binge drinking was coded as five or more drinks (assuming that most perpetrators were men; National Institute on Alcohol Abuse and Alcoholism, 2006). Participants were also asked to endorse in what ways they were impaired by substances during the assault and were coded as experiencing substance-related impairment (had trouble speaking, had trouble walking or moving limbs) or incapacitation (participant was unconscious during the assault). Participants were also asked to indicate the number of individuals to whom they had disclosed their experience. Finally, in addition to these items, participants were asked to indicate how old they were when their worst experience with unwanted sex occurred.

***Rape Acknowledgment Status.*** To assess acknowledgment status, participants were given a list of possible terms for their "unwanted sexual experience" and asked to indicate which term they thought "best described their experience." The full list of possible terms was: rape, attempted rape, some other type of crime, miscommunication, bad sex, hook-up, seduction, other, and not sure. Participants who selected other were then asked to write-in the term they used to characterize their experience. These terms were then coded by the first author (HL) as representing a victimizing label (e.g., a molestation) or a nonvictimizing label (e.g., a simple mistake). Participants were coded as having missing data on the rape acknowledgment item if they selected other and did not provide a written response or provided a response that could not be coded. Participants who chose a victimization label for their experience were coded as acknowledged (rape, attempted rape, molestation, some other type of crime), whereas those who chose a label for their experience that did not describe a victimization (miscommunication, bad sex, seduction)

or chose the option "not sure" were coded as unacknowledged. This is consistent with how much prior research has classified rape victims as acknowledged or unacknowledged and captures the key aspect of the phenomenon (i.e., not characterizing one's experience as a victimization; Littleton, Rhatigan, et al., 2007; Wilson & Miller, 2016).

***Depressive Symptoms.*** The Center for Epidemiologic Studies–Depression (CES-D) scale was administered to assess depressive symptoms (Radloff, 1977). This measure was chosen based on its brevity, strong psychometric properties including among pregnant women, and its sensitivity and specificity as a screening measure for depression. The CES-D scale is a 20-item self-report measure of past week depressive symptoms, primarily tapping the affective dimension of depression (e.g., I felt that everything I did was an effort). For each item, individuals indicate how often they felt that way in the past week on a scale bounded by 0 (rarely or none of the time) and 3 (most or all the time). Scores are summed and can range from 0 to 60 with scores of 16 or above considered indicative of clinically significant symptoms (Caracciolo & Giaquinto, 2002; Santor, Zuroff, Ramsay, Cervantes, & Palacios, 1995). Prior research supports the measure's internal consistency, test–retest reliability, and convergent validity (Radloff, 1977; Weissman, Sholomskas, Pottenger, Prusoff, & Locke, 1977). Research also supports the sensitivity and specificity of the CES-D scale, including among pregnant women (Breedlove & Fryzelka, 2011; Weissman et al., 1977).

For participants who had missing data on one to four items on the CES-D scale, $n = 15$ (14.4%), person mean substitution was used, which involves substituting a missing item response with that individual participant's mean item score on completed items. This imputation technique was chosen because it does not result in reduced variability of scores, as well as prior evidence that this method does not adversely affect reliability when fewer than 20% of participants have missing data (Downey & King, 1998). Furthermore, a simulation study supported that this imputation technique did not alter overall mean CES-D scale scores or the relationship of CES-D scale scores with several predictor variables (Bono, Ried, Kimberlin, & Vogel, 2007). Cronbach's alpha in the full sample ($n = 646$) was $\alpha = .89$.

***Somatic Complaints.*** The Patient Health Questionnaire-15 (PHQ-15) was administered to assess somatic complaints (Kroenke, Spitzer, & Williams, 2002). This measure was chosen to assess somatic complaints based on its brevity, comprehensive assessment of somatic complaints across multiple body systems, and its strong psychometric properties, including among pregnant women. The PHQ-15 assesses severity of 15 common somatic complaints across bodily systems in the past month (e.g., back pain, headaches, dizziness). For each item, participants indicate how much they were bothered by that symptom in the past month on a scale bounded by 0 (not bothered) and 2 (bothered a lot). Prior research supports the internal consistency and validity of the PHQ, including among pregnant women (Kroenke et al., 2002; Senturk et al., 2012). Scores range from 0 to 30 and scores of 15 and above are indicative of high levels of somatic symptom severity (Kroenke et al., 2002). Cronbach's alpha in the full sample ($n = 646$) was $a = .82$.

## RESULTS

### Participant Demographics

Participant demographics are summarized in Table 1. As previously noted, participants were primarily White/European American (51.0%) or African American (40.4%). A sizable percentage of participants were low in socioeconomic status (SES). For example,

**TABLE 1. Demographic Characteristics of Participants**

| | % | *n* |
|---|---|---|
| Age (in years) | | |
| 18–20 | 8.6 | 9 |
| 21–25 | 27.8 | 29 |
| 26–30 | 31.7 | 33 |
| 31–40 | 25.0 | 26 |
| 41–50 | 6.7 | 7 |
| Race/Ethnicity | | |
| African American/Black | 40.4 | 42 |
| European American/White | 51.0 | 53 |
| Latina | 2.9 | 3 |
| Native American | 1.0 | 1 |
| Multiethnic | 2.9 | 3 |
| Other | 1.0 | 1 |
| Not reported | 1.0 | 1 |
| Household Income | | |
| <$15,000 | 40.4 | 42 |
| $15,000–$30,000 | 30.8 | 32 |
| $30,100–$45,000 | 14.4 | 15 |
| >$45,000 | 12.5 | 13 |
| Not reported | 1.9 | 2 |
| Education | | |
| Less than high school | 16.4 | 17 |
| High school/GED | 22.1 | 23 |
| Some college/postsecondary school | 44.2 | 46 |
| Graduated college | 16.3 | 17 |
| Not reported | 1.0 | 1 |
| Married | 34.0 | 35 |
| Current partner | 72.1 | 75 |
| Dependent children in the home | | |
| None | 35.6 | 37 |
| One | 23.1 | 24 |
| Two | 20.2 | 21 |
| Three or more | 20.2 | 21 |
| Not reported | 1.0 | 1 |
| Currently pregnant | | |
| Yes | 64.4 | 67 |
| No | 34.6 | 36 |
| Not reported | 1.0 | 1 |

*Note*. GED = general education diploma.

40.4% of participants had a total household income of less than $15,000 per year, and 63.5% had at least one dependent child in the home. In addition, only 12.5% of participants reported a total household income of over $45,000 per year. Most participants were currently pregnant. As compared to the full sample ($n = 646$), African American women were underrepresented, with African American women making up 60.9% of the full sample, a significant difference, $\chi^2(1, N = 646) = 15.0, p < .001$.

## Assault Characteristics of Acknowledged and Unacknowledged Rape Victims

Only 17.1% ($n = 21$) of rape victims were unacknowledged. The majority of unacknowledged victims stated they were unsure of how to label their rape experience (71.4%, $n = 17$), with the remainder of victims labeling the experience as a miscommunication (4.8%, $n = 1$), a seduction (4.8%, $n = 1$), bad sex (9.5%, $n = 2$), or giving the experience some other label (9.5%, $n = 2$). Among acknowledged victims, the majority (73.5%, $n = 61$) labeled their experience as a rape, with the remainder labeling the experience as a molestation (15.7%, $n = 13$), an attempted rape (8.4%, $n = 7$), or some other type of crime (2.4%, $n = 2$). Of the women who indicated how old they were when their worst experience with adolescent or adult sexual assault occurred (66% of the sample), 52.2% reported that this experience occurred in adolescence (between ages 14 and 17.5 years), 36.2% in young adulthood (between ages 18 and 24 years), and 11.6% in adulthood (between age 25 and 46 years).

As summarized in Table 2, there were several significant differences in assault characteristics between acknowledged and unacknowledged victims. Acknowledged rapes were more violent, with the perpetrator being significantly more likely to have engaged in verbal threats to harm the victim and to have used severe force (e.g., hitting, slapping, beating the victim, using a weapon). Acknowledged victims also were significantly more likely than unacknowledged victims to report that they engaged in both low assertive resistance, such as turning cold or crying, and strongly assertive resistance, such as struggling or screaming for help. Although few participants overall reported that they or the perpetrator had been drinking alcohol prior to the assault, unacknowledged victims were significantly more likely to report that they had consumed alcohol. In contrast, there were no significant differences in the proportion of acknowledged and unacknowledged victims who reported that they were impaired or incapacitated because of substances at the time of the rape. In addition, there were no significant differences in the proportion of acknowledged and unacknowledged victims who reported that the perpetrator was a relative or a romantic partner. Indeed, the majority of both victim groups reported some form of nonintimate relationship with the perpetrator, with 26% stating the perpetrator was an acquaintance, 14% a friend, and only 7% a stranger. However, unacknowledged victims were significantly more likely to report that they continued having a relationship with the perpetrator after the rape. Finally, there were no significant differences in rape disclosure between unacknowledged and acknowledged victims.

## Psychological Distress and Somatic Complaints of Acknowledged and Unacknowledged Rape Victims

Unacknowledged and acknowledged rape victims' scores on the depression and somatic complaints measures are summarized in Table 3. Both victim groups reported elevated depressive symptoms and fairly high levels of somatic complaints. Results supported no significant

**TABLE 2. Characteristics of Participants' Rape Experience Stratified by Acknowledgment Status**

| Characteristic | Acknowledged % (*n*) | Unacknowledged % (*n*) | $\chi^2$ | Overall % (*n*) |
|---|---|---|---|---|
| Types of force used by perpetrator | | | | |
| Nonverbal threats/intimidation | 36.1 (30) | 42.9 (9) | 0.32 | 37.5 (39) |
| Verbal threats | 43.4 (36) | 14.3 (3) | 6.05* | 37.5 (39) |
| Moderately severe force | 75.9 (63) | 57.1 (12) | 2.93 | 72.1 (75) |
| Severe force | 32.5 (27) | 9.5 (2) | 4.41* | 27.9 (29) |
| Types of resistance used by victim | | | | |
| Low assertive | 73.5 (61) | 47.6 (10) | 5.18* | 68.3 (71) |
| Moderately assertive | 73.5 (61) | 57.1 (12) | 2.14 | 70.2 (73) |
| Strongly assertive | 60.2 (50) | 28.6 (6) | 6.76** | 53.8 (56) |
| Substance-related impairment | | | | |
| Impaired | 18.3 (15) | 23.8 (5) | 0.33 | 19.4 (20) |
| Incapacitated | 23.2 (19) | 23.8 (5) | 0.00 | 23.3 (24) |
| Relationship with perpetrator | | | | |
| Relative | 21.0 (17) | 9.5 (2) | 1.45 | 18.6 (19) |
| Romantic relationship | 17.3 (14) | 28.6 (6) | 1.35 | 19.6 (20) |
| Binge drinking during the assault | | | | |
| Victim drinking | 13.3 (11) | 35.0 (7) | 5.29* | 17.5 (18) |
| Perpetrator drinking | 3.7 (3) | 0.0 (0) | 0.76 | 3.0 (3) |
| Continued relationship | 28.0 (21) | 60.0 (12) | 7.13** | 34.7 (33) |
| Disclosed the assault | 90.1 (64) | 77.8 (14) | 2.03 | 87.6 (78) |

*$p < .05$. **$p < .01$.

differences between acknowledged and unacknowledged victims in scores on these measures. In addition, there were no significant differences in the proportion of unacknowledged (61.9%) and acknowledged (72.3%) victims who scored above the clinical cutoff on the depression measure, $\chi^2(1, N = 104) = 0.86$, $p = .35$. Similarly, there were no significant differences in the proportion of unacknowledged (19.0%) and acknowledged (31.3%) victims who reported high levels of current somatic complaints, $\chi^2(1, N = 104) = 1.23$, $p = .27$.

## DISCUSSION

Findings from this study add to the evidence that unacknowledged rape is not a phenomenon restricted to college rape victims. However, the percentage of rape victims in this

**TABLE 3. Depressive symptoms and Somatic Complaints Among Acknowledged and Unacknowledged Victims**

| Measure | Acknowledged *M* (*SD*) | Unacknowledged *M* (*SD*) | *t* (Cohen's *d*) | Overall *M* (*SD*) |
|---|---|---|---|---|
| CES-D | 22.2 (11.6) | 19.3 (11.2) | 1.04 (0.26) | 21.6 (11.5) |
| PHQ | 12.3 (5.6) | 10.8 (4.6) | 1.19 (0.29) | 12.0 (5.4) |

*Note*. CES-D = Center for Epidemiologic Studies–Depression, possible range 0–60; PHQ = Patient Health Questionnaire-15, possible range 0–30.

study who did not acknowledge their rape was far lower than what has been found in college samples (e.g., Wilson & Miller, 2016) with only 17.1% of victims not acknowledging their rape as compared to approximately 60% of college victims. Of note, we found a similarly low prevalence of unacknowledged rape of 34% in a low-income sample of primarily Latina and White/European American women (Littleton et al., 2008). In this prior study, we speculated that the lower rate of unacknowledged rape was because, on average, the victims' rapes had occurred less recently than those of college rape victims, given evidence that some victims who initially do not acknowledge their rape may later do so (Peterson & Muehlenhard, 2011).

An additional factor to consider in explaining differences in rates of not acknowledging rape between college and community samples, are differences in the rape experiences of women in these two groups. For example, 28% of victims in this study stated that the perpetrator used severe force as compared to fewer than 10% in one of our prior college samples (Littleton et al., 2006). In addition, only 18% of the victims in this study reported they had engaged in binge drinking prior to the assault, as opposed to well over half of a sample of college victims (Littleton et al., 2006). Binge drinking during the assault could affect rape acknowledgment through multiple mechanisms. First, in general, victims who binge drink are regarded as more responsible for the rape than nondrinking victims, and individuals are less likely to regard an incident as rape if the victim and assailant had been drinking (Grubb & Turner, 2012). In addition, binge drinking can interfere with a victim's ability to assertively resist the assailant, and also can serve to reduce physiological arousal (e.g., the fight-or-flight response) and fear during the assault (Sher, 1987; Ullman, 2003). Finally, heavy drinking can interfere with the victim's ability to form a clear memory of what occurred during the rape, including their resistance behaviors and the forceful tactics used by the perpetrator. Thus, victims who are binge drinking are less likely to view their assault as matching their personal or societal rape scripts (in part because the assault was less violent and/or victims may not have clear memories for the forceful behaviors the assailant engaged in and the resistance behaviors they engaged in), and furthermore, may be motivated to not acknowledge the rape to avoid being blamed by others as well as to avoid self-blame for the experience.

Although unacknowledged rape was much less commonly reported among victims in this study as compared to college women, findings regarding differences in the assault characteristics of unacknowledged and acknowledged rape largely paralleled those found among college samples as well as our prior sample of low-income women (Littleton et al., 2008) Specifically, the assaults of unacknowledged victims were less violent than those of acknowledged victims, with unacknowledged victims being less likely to report

that the assailant engaged in several forceful tactics, including threatening violence and using severe force. Unacknowledged victims also reported engaging in fewer resistance strategies than acknowledged victims, including strongly assertive resistance such as yelling for help and physically struggling. In addition, although binge drinking rates overall were low, unacknowledged victims were more likely than acknowledged victims to report binge drinking prior to the assault. Thus, results supported the notion that unacknowledged victims' rapes less clearly aligned with the real rape script and that unacknowledged community victims do not acknowledge the rape in part because of a lack of perceived "match" between their rape script and their experience. Indeed, most unacknowledged victims stated that they were unsure how to label their rape experience, suggesting they did not perceive this experience as matching their ideas about rape or other forms of sexual victimization, rather than believing that the experience more closely matched another type of sexual experience (e.g., a seduction or miscommunication).

Consistent with some prior studies of college rape victims (e.g., Littleton et al., 2006), there were no significant differences in current depression between unacknowledged and acknowledged victims, with both groups reporting very high rates of depression. Thus, experiencing rape appeared to be associated with high levels of psychological distress, regardless of whether the victim conceptualized the experience as a victimization or not. This finding is consistent with Conoscenti and McNally (2006), who found no differences between acknowledged and unacknowledged victims in their current PTSD symptomology. In addition, there were no significant differences in somatic complaints between unacknowledged and acknowledged victims, which is consistent with our prior finding among lower income women (Littleton et al., 2008) but inconsistent with Conoscenti and McNally (2006), who found higher rates of somatic complaints among acknowledged than unacknowledged victims. However, it should be noted that nearly two thirds of participants were currently pregnant, which is associated with elevated levels of certain somatic complaints (e.g., back and pelvic pain, nausea and vomiting; Gutke, Östgaard, & Öberg, 2006; O'Brien & Naber, 1992), which could have served to reduce our ability to detect differences in somatic complaints between the two groups. Indeed, nearly a third of participants reported high levels of somatic complaints.

Additional limitations of this study should be noted as well. First, participants were recruited from the waiting room of an OB/GYN clinic and data on exact refusal rates were not obtained. Therefore, it is not known whether there were systematic differences between women who participated and those who refused. In addition, ethnic minority women were underrepresented among victims as compared to the full sample. Thus, one possibility is that ethnic minority women underreported their experiences of sexual victimization. Another possibility is that low-income White women may experience very high rates of sexual violence (indeed, 29% of White women in this study reported a rape history), perhaps in part because such experiences are associated with a downward drift into the lower socioeconomic classes, given the potential impact of sexual violence on educational achievement and occupational functioning (e.g., Jordan, Combs, & Smith, 2014; Millegan et al., 2015). Relatedly, because the sample consisted of primarily low SES women, findings may not generalize to women of higher SES, and differences in rates of victimization and rape acknowledgment among women of different SES could not be evaluated.

Another limitation is the sole reliance on self-report measures of sexual victimization history and current psychological functioning. We also had a very small sample of unacknowledged victims, reducing our ability to detect differences between unacknowledged and acknowledged victims. In addition, this study was cross sectional and thus did not

evaluate the impact of rape acknowledgment on adjustment over time. It also should be noted that because the amount of time that had elapsed since assault was not precisely assessed, whether there were differences in time elapsed since the assault between unacknowledged and acknowledged victims could not be evaluated, which is important given some evidence that unacknowledged victims are younger than acknowledged victims and that some may come to acknowledge their rapes over time (Harned, 2005; Littleton, Rhatigan, et al., 2007). However, there was no evidence that acknowledged victims ($M$ = 28.8 years) were older than unacknowledged victims ($M$ = 28.9 years) on average, $t(104) = 0.04$, $p = .97$. Finally, some potentially important variables were not evaluated, including PTSD symptoms and rape-related stigma.

Bearing these limitations in mind, results have several important implications for our understanding of rape among community women. First, results confirm that rape experiences are common among lower income women and associated with negative mental and physical health outcomes, supporting a need for future research in these populations. Furthermore, although less common than among college women, unacknowledged rape also occurs among lower income women and appears to be related in part to a lack of match between a victim's rape experience and the real rape script. The link between not acknowledging rape and outcomes is less clear, with few differences yet consistently documented between unacknowledged and acknowledged community victims, suggesting a need for more work examining adjustment and predictors of adjustment over time. However, given the overall low rate of unacknowledged rape found in this study and one prior study (e.g., Littleton et al., 2008), it appears as if not acknowledging rape is less frequently a primary barrier to disclosure and help seeking among lower income women, at least among less recent assault victims. Similarly, the overall low rate of unacknowledged rape in this population suggests that motivational factors may be less relevant to lower income women's acknowledgment decisions, at least over the longer term. Therefore, future work should seek to identify the strategies that lower income women use to cope with their rape experiences and its consequences over time, including more adaptive (e.g., social support seeking, self-protective behaviors, avoidance of the assailant, emotional expression/ventilation) and less adaptive (e.g., substance use, self-blame, social withdrawal) strategies as well as the impact of acknowledging or not acknowledging rape on use of such strategies. Work in all of these areas will serve to help us develop a fuller understanding of how diverse populations of women conceptualize, respond to, and recover from experiences of sexual violence.

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