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Moderating Effect of Secondary Victimization on the Relationship Between Resilience and Sexual Assault Coping Self-Efficacy

Jamie Layton
Seattle Pacific University

Moderating Effect of Secondary Victimization on the Relationship Between Resilience and Sexual Assault Coping Self-Efficacy

Jamie L. Layton

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Approved by:

Lynette H. Bikos, Ph.D., ABPP
Professor of Clinical Psychology
Dissertation Chair

Thane Erickson, PhD
Professor of Clinical Psychology
Committee Member

Christine Hutchison, PsyD
Licensed Psychologist
Committee Member

Reviewed by:

Lynette H. Bikos, Ph.D., ABPP
Chair
Department of Clinical Psychology

Keyne C. Law, Ph.D.
Director of Research
Department of Clinical Psychology

Katy Tangenberg, Ph.D.
Dean School of Psychology, Family, & Community

DEDICATION

This dissertation is dedicated to all of the women who participated in this study and to all the individuals I hope will benefit from it.

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I want to acknowledge and thank all of the people who helped make both my dissertation and my PhD possible. Thank you to my parents who have taken the time to learn and understand what I am working on and for the support you have provided. It means a lot to see how proud you are of me. Thank you to my siblings who have provided moments of respite and joy throughout this process. Thank you, Grandma Yvonne for all the support you have provided and for your constant elation at my successes. Thank you to, Namrata for keeping me accountable and for providing probably the most all around support these last few years. I am incredibly grateful for the mentorship of Dr. Lynette Bikos and for all of the support and opportunities she has provided to me throughout my graduate school career and hopefully for many years to come. Thank you to the RVT mates who have been so kind and helpful throughout graduate school, and a very special thank you to Kiana Clay and Ashley Righetti for helping with this manuscript. Finally, I would like to thank my fellow members of The Happiest Few. Y'all have provided so much joy, chaos, laughter, and support throughout this program. Thank you for being the best cohort that there ever was. There is no other group of people I'd rather go through this with.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

Jamie Layton

243

Sexual assault is a prevalent public health concern that effects thousands of people every year. How each of these individuals responds is different. There are multiple factors that can impact someone's response to sexual assult, one of which is resilience, and another is secondary victimization. Legal advocacy programs can be used to help reduce secondary victimization and increase sexual assault coping self-efficacy, while controlling for age and race. This dissertation examines the way that secondary victimization moderates the relationship between resilience and sexual assault coping self-efficacy. Participants were at least 18 years old, a cisgender woman, English speaking, and a clients of a Washington-based legal advocacy program ($N = 108$). The design of the overall study is longitudinal in nature, but this dissertation only uses data from particpant's first completed participation. Results found statistically significant effects at the second model of the hierarchical regression, indicating that resilience and secondary victimization have statistically significant impacts on sexual assault coping self-efficacy. When the interaction term was addeded in model 3, not only was the interaction term not statistically significant, it actually negated the two significant main effects found in model 2. Limitations include a lack of diversity among the sample, and that there was no control group to compare against of indivudals who did not work with a legal advocate. Future research should focus on increasing diversity, especially amongst populations of indviduals at increased risk of sexual assault, and on trainings that reduce secondary victimization.

CHAPTER I – INTRODUCTION

Sexual assault has been defined as any non-consensual sexual act including when the individual lacks the ability to consent for reasons such as age or illness (Basile et al., 2014; Office on Violence Against Women, n.d.). As I reviewed in the next section of this dissertation, the experience of sexual assault is linked with a host of negative outcomes spanning posttraumatic stress disorder (PTSD), substance abuse, financial loss, physical harm such as sexually transmitted infections (STIs) and/or bruising, and sometimes broken bones. Similarly, many factors play into lasting negative impacts. Given the impossibility of examining them all, I have examined the role of secondary victimization as a moderator in the relationship between resilience and sexual assault coping self-efficacy. Specifically, I hypothesized that increased amounts of secondary victimization will dampen the positive relationship between resilience and sexual assault coping self-efficacy.

In support of this research model, I first reviewed the prevalence and consequences of sexual assault. Then I presented what is known about each of the three variables in the simple moderation as they relate to each other and the outcome, self-efficacy for coping with sexual assault.

Sexual Assault and Its Prevalence

Sexual assault is unfortunately an all-too-common experience for many individuals. In 2011, statistics suggested that nearly one in five women and one in 71 men in the United States have experienced rape or experienced attempted rape during their lifetime (Black et al., 2011). More updated statistics would average to one sexual assault every 68 seconds (Department of Justice, 2020). These statistics are even more staggering for individuals of different marginalized identities. Lesbians and bisexual women experience rape, physical violence, and stalking from

intimate partners at a rate of 44% and 61%, respectively (Center for Disease Control and Prevention, 2010). This same survey shows that gay and bisexual men also experience these elevated levels of rape, physical violence, and stalking from intimate partners with rates of 26% and 37%, respectively. Neither of these estimates include sexual assault outside of the intimate relationship. Nearly half (47%) of transgender individuals experience sexual assault at some point in their lifetime (James & Magpantay, 2015). When we look at Black, Indigenous, and people of color (BIPOC), we see horrifically high numbers. Survey results show that more than half (65%) of the individuals who identified as American Indian have experienced sexual assault. These numbers are closely followed by percentages found among other BIPOC individuals. Fifty-nine percent of multiracial, 58% of Middle Eastern, and 53% of Black respondents in this survey were likely to experience sexual assault in their lifetime. While these numbers are distressingly high, they are likely underestimates. Many people choose not to report their assault or tell anyone about their experience for several reasons including fear of not being believed, shame or fear of being blamed, distrust of others, guilt, depression, pressure from others, and fear of retaliation (Campbell, 2006; Langton et al., 2012; National Sexual Violence Resource Center [NSVRC], n.d.).

The Consequences of Sexual Assault for the Individual

Sexual assault is not only a prevalent offense, but also has a significant number of impacts on survivors as well. Physically, individuals may experience immediate consequences such as bruising and genital injuries, as well as concern about pregnancy and the risk of contracting STIs (NSVRC, n.d; Center for Disease Control and Prevention [CDC], n.d.). Long term, survivors may experience chronic issues such as re-occurring cardiovascular, gastrointestinal, reproductive, and other sexual health problems. Sexual violence also has links to

negative health behaviors such as alcohol abuse, smoking, substance use, and risky sexual activity (Basile & Smith, 2011; Campbell et al., 2004).

Mentally and emotionally, individuals can experience an array of psychological symptoms following sexual assault, some of which may have long-term impacts. It is not uncommon for these individuals to experience guilt, fear, numbness, shame, shock, depression, anxiety, suicidal thoughts, PTSD, and isolation (NSVRC, n.d; CDC, n.d.).

Sexual assaults are incredibly costly as well. It is estimated that for individuals who have been raped, the lifetime cost of this is $122,461 (Peterson et al., 2017). These financial losses include medical costs, but also the financial burden of criminal justice activities and lost productivity. If we also considered factors such as educational and employment derailment (e.g., time off), job loss, and/or the inability to work, figures are estimated at $241,600 lost to these individuals (Loya, 2014; MacMillan, 2000).

Sexual Assault Coping Self-efficacy

Sexual assault survivors may experience changes in their views of the world or themselves. Generally, exposure to traumatic events can negatively impact cognitions about safety and security in the world and result in increased negative cognitions about self-worth or self-blame. These cognitions may impact (or be impacted by) coping self-efficacy (CSE). Bandura (1977) introduced the concept of self-efficacy, referring to an individual's belief in their own abilities to manage, respond, and execute behaviors and responses necessary to their goals. In the context of trauma recovery, CSE is the survivor's self-assessed ability and capacity to meet all the demands that the traumatic event creates (Benight & Bandura, 2004). CSE bridges the gap between an individual's desired outcomes and the behavior required to reach those ends.

By creating a bridge from behavior to desired outcome, CSE provides motivation and incentive for action.

Helplessness and conditioned defeat are correlated with increases in severe PTSD symptoms (Hammack et al., 2012), and differing levels of CSE can reflect a presence or absence of these features. Helplessness and conditioned defeat entail feelings of low control and efficacy, and a belief in the *inability* to change one's circumstances or reach one's goals. High CSE may protect against PTSD by buffering these effects (Benight & Bandura, 2004).

Sexual assault survival demands several behaviors and responses to cope, including managing logistical demands (e.g., legal or medical responses), interpersonal demands (e.g., managing negative social reactions, disclosure, and shame), and emotional demands (e.g., tolerating grief, anger, fear, anxiety, or distress). Sexual assault CSE may be protective against PTSD symptoms (DeCou et al., 2019). Higher CSE has been found to predict lower rates of PTSD in a four-wave longitudinal study (Bosmans & van der Belden, 2015), and it may be a key component of trauma recovery. In women who survive a sexual assault, CSE has moderated the relationship between PTSD symptom severity and drug use (Mahoney et al., 2022; Williams et al., 2022), has mediated the association between child abuse and attention-deficit/hyperactivity disorder (ADHD; Singer et al., 2016), and has been correlated with posttraumatic growth and anti-sexual assault activism (Strauss Swanson & Szymanski, 2020). Given CSE's strong protective role, it is important to understand what strengthens and diminishes it. I propose that resilience is one of those factors.

Resilience

In the context of trauma research, resilience has been defined in several ways. One of the most influential theoretical ways to understand resilience is as follows. Resilience is the process

a survivor of a traumatic life event undergoes, that allows them to learn, develop, grow, and adaptively process the event (Richardson et al., 1990; Richardson, 2002). This process focuses on coping, growing, and adapting to traumatic events. Resilience can also be viewed as an alleviation of mental health concerns following a traumatic event. The more resilience someone has the more likely they are to experience greater levels of post-traumatic recovery, meaning they can better overcome future stressors (Meichenbaum, 2009; Newman, 2005; Tugade & Fredrickson, 2004).

Research on childhood resilience suggests many predisposing factors that may contribute to resilience. Resilience in children is often conceptualized as hitting normal developmental tasks and stages even in the presence of adverse events (Galano et al., 2022). The child may have protective traits based in biology or their personality that aids with resilience, or there may be protective factors in the environment such as strong social support (Eisold, 2005). The intensity of trauma may mean that individual survivors face larger deviations from their homeostatic baseline, and resilience can predict how quickly, efficiently, or effectively the survivor can "adapt" back from that deviation (Richardson, 2002).

One can also look at Bronfenbrenner's bio-social-ecological systems model of human development to help us understand resilience. Using this model, one would focus on the multisystemic factors that interact with each other (Bronfenbrenner & Morris, 2007; Ungar et al., 2012). Within this model, when one looks at resilience, appraisal theory suggests that the individual's interpretation of a stressful event is what affects them more than the event itself (Lazarus & Folkman, 1984). If an individual appraises a stressor as threatening, their brain often makes the connection that the harm of this stressor may resemble the harm of their original

trauma. This could result in the individual feeling less control of the situation (Ehlers & Clark, 2000).

The above-mentioned means of conceptualizing resilience draw attention to several factors: one's emotions, their social support, and their problem-solving abilities. The more confidence individuals have in these facets, the higher their resilience appears to be (Johnson et al., 2010). This is important because resilience focuses on the survivor's ability to return to their own biopsychospiritual pre-trauma baseline, or perhaps improve upon that baseline (Garrido-Hernansaiz et al., 2020).

Resilience is associated with higher levels of posttraumatic growth in the context of repeated trauma exposures (Dagan & Yager, 2019; Hamby et al., 2022), more adaptive coping styles in victims of childhood sexual abuse (Hébert et al., 2022), reduced suicidal ideation in college sexual assault survivors (Kumar, Jaffe, et al., 2022), and reduced emotional dysregulation and psychopathology (Kumar, Brockdorg, et al., 2022).

While there are many ways to define resilience, and the above mentioned research has all influcenced the definition of resilience I am using, the most influencial aspect of resilience on my model is Johnson's bidimensional framework (BDF) for resilience (Johnson, 2016, Johnson et al., 2010a, Johnson et al., 2010b). Resilience as defined by BDF is a focus on what the variable does or how it behaves, rather than terminology. One could spend an entire dissertation debating how to define resilience, our goal with this dissertation however was to focus on the impact of the variable and what is does, particularly in the context of sexual assault. This is why we chose to use the BDF definition of resilience, so that we could focus on it's impact rather than debating what resilience is. This is also in line with out use of Johnson's (2010) Resilience Appraisals Scale which will be further discussed later.

I have proposed that resilience has a positive correlation with sexual assault coping self-efficacy. I have further proposed that this relationship is moderated by secondary victimization.

Secondary Victimization

Survivors of sexual assault often face additional trauma exposure after the sexual assault itself. Many survivors face difficulty accessing the medical and legal help they may require after assault, and those who have access may be treated in dismissive, harmful ways that researchers have come to call "the second rape" or secondary victimization (Campbell & Raja, 1999). In best-case scenarios, services are survivor-centered, taking care to avoid victim-blaming and the perpetuation of shame, stigma and this secondary victimization. Unfortunately, this affirming care is not universal, and survivors may be retraumatized when they attempt to access services.

Sexual assault survivors are frequently stigmatized and shamed, blamed for their victimization, and treated as if they acted in a way that allowed the assault (Strömwall et al., 2013). Sympathy and support for survivors can shrink due to factors such as dress, location, or intoxication (Williams, 1984; Ferguson & Ireland, 2012). Healthcare workers are vulnerable to the same potential bias as the general population, and those who experience sexual assault and seek out medical care may face judgment and blame from their healthcare providers in the aftermath of assault (Campbell, 2005; Campbell et al., 2001; Munala et al., 2018; Ullman & Townsend, 2007).

The opportunities for secondary victimization increase with exposure to the legal system. In investigating the assault, police perceptions towards victim behavior and responsibility can lead to shame, blame, and revictimization (Franklin et al., 2020). The experience of working with the police can be sufficiently distressing, such that victim-survivors may choose not to report their assault in the first place (Brooks-Hay, 2020). The potential for secondary

victimization continues once the case moves from investigation to the court room (Annan, 2011; Lorenz et al., 2019).

Victims of particularly stigmatized sexual assault are at increased risk for secondary victimization. For example, men who experience sexual assault report feeling victimized "all over again" when they try to access medical and legal care after their trauma (Jackson et al., 2017). Social attitudes towards men who experience sexual assault show less sympathy and more shame, blame, and stigma, which increases the social cost of male sexual assault survivors reporting their assaults (Javaid, 2017). Men who experience rape are sufficiently stigmatized such that the potential for secondary victimization is incredibly high (Lowe & Rogers, 2017).

Purpose of this Dissertation

The purpose of this dissertation was to understand how secondary victimization impacts resilience and sexual assault coping self-efficacy. This cross-sectional view of the impacts of secondary victimization can help highlight the importance of providing education and training to reduce secondary victimization and, in-turn, improve outcomes for those who have experienced sexual assault.

I hypothesized that adult cis-women who participated in this legal advocacy program and had more resilience would have higher levels of sexual assault coping self-efficacy. Further, I hypothesized that the more secondary victimization someone experienced, the less steep the relationship between resilience and sexual assault coping self-efficacy would be. As discussed above, sexual assault coping self-efficacy and resilience are associated with decreased PTSD symptoms and a faster return to pre-trauma baseline and posttraumatic growth, respectively. Secondary victimization, on the other hand, revictimizes individuals, which research has shown has been associated with increased symptoms and/or a slower return to baseline. I hypothesized

that resilience would be the independent variable because it is an internal, inherent measure of ones ability to return to baseline – or exceed baseline- following a trauma. I hypothesized that sexual assault coping self-efficacy would be the dependant variable because it is a sense of ones ability to take tangible steps to achieve the needs required to cope with a trauma, and this would be depenant on one's overall ability to recover in general. I hypothesized that secondary victimization would be the moderator because of the way it increases PTSD symptoms, blames the individual who experienced sexual assault, creates added barriers to overcome by having to defend themselves and be the "perfect victim," and because it may create additional barriers - such as proving themselves- that would required additional coping self-efficacy. This is why I believed that secondary victimization would moderate the realationship between resilience and sexual assault coping self-efficacy.

Specifically, I tested a moderation wherein the effect of an independent variable (resilience) on an outcome variable (sexual assault coping self-efficacy) could differ depending on levels of a moderator variable (secondary victimization). Figure 1 provides an illustration of this model.

Figure 1. Hypothesized Model

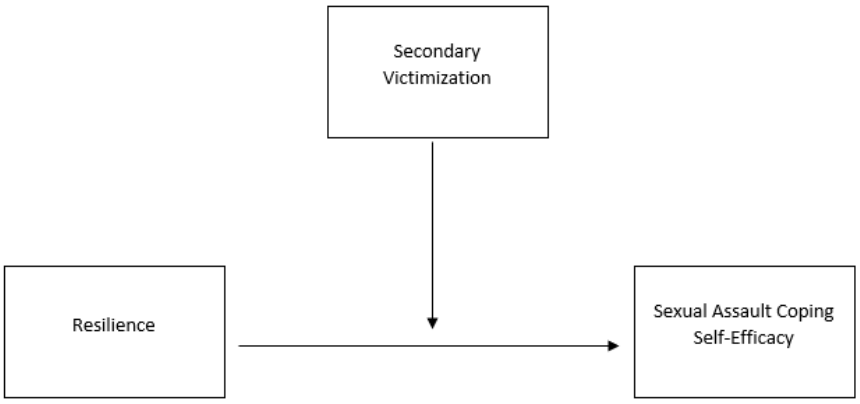

Figure 1 represents the hypothesized model. The model suggestions that Secondary Victimization moderates the relationship between Resilience and Sexual Assault Coping Self-Efficacy

CHAPTER II – METHOD

Participant Characteristics

Participants were clients who participated in a legal advocacy program in 2019 or beyond. This legal advocacy program is through a local sexual assault resource center and specifically pairs those who experience sexual assault with a legal advocate to help them navigate the barriers that follow a sexual assault. Participants were excluded if they were under the age of 18, filled out the questionnaires in Spanish, or were a man as it would be unethical to present my research as applicable to these individuals when they do not represent enough of the sample to ensure this applies to them. The resulting sample (N =108) included only those who identified as a cis-woman, spoke English, and were over the age of 18 years old. All 108 participants provided demographic information. From this information, we see that participants ranged in age from 18 to 62 (M = 30.36, SD = 11.63). Participants were predominately White (56%). The remaining participants identified as Black or African American (8%), Latinx or Hispanic (10%), Asian or Asian American (14%), American Indian or Native American (0%), Biracial or Multiracial (9%), and Other (2%).

Sampling Procedures

All participants engaged in legal advocacy services following a sexual assault. Administrators and legal advocates from the organization recruited participants to fill out electronic or paper surveys. If a participant chose to fill out an electronic survey, they could do so via their phone, tablet, or computer. Participants could opt to receive a text message or an email with the link to an online Qualtrics survey.

If participants chose to fill out the paper survey, they were given the option to fill it out at the facility with a staff member, or they were given an envelope that was pre-addressed and had pre-

paid postage so that they could return their survey to the agency. Staff members de-identified the paper surveys prior to sending them to the research team. All participants were compensated for their time with a gift card.

Sampling Size and Power, and Precision

I conducted a simple moderation that examined the effect of secondary victimization on the relationship between resilience and sexual assault coping self-efficacy while controlling for the effects of race, age, and gender. An a priori power analysis specifying predictors, a medium effect size f2 = 0.15, with power = .80 indicated a minimum sample size of 67 would be sufficient to detect a statistically significant effect.

Resilience

The Resilience Appraisals Scale (RAS; Johnson et al., 2010) is a 12 item self-report measure. Items are assessed using a 5-point Likert scale ranging from 1 (s*trongly disagree*) to 5 (s*trongly agree*). The RAS is designed to incorporate three forms of positive self-appraisals, including the individual's ability to cope with (a) emotions, (b) problem solving, and (c) social support. Each form of positive self-appraisal is represented by four questions on the scale. Sample items for emotional coping include "I can put up with my negative emotions" and "I can control my emotions." Sample items for problem solving include "I can usually find a way of overcoming problems" and "If faced with a set-back, I could probably find a way round the problem." Sample items for social support include "If I were to have problems, I have people I could turn to," and "I could find family or friends who listen to me if I need them to."

This three-factor structure was tested using confirmatory factor analysis. The sample used to test this was 118 university students (15 males, M_{age} = 21.60, *SD* = 1.87). The results included a non-significant chi-squared test χ^2 (51, *n* = 118) = 55.12, *p* = 0.322, which is an indicator of good fit.

The authors reported that the fit of the factor structure met the criteria established in Hu and Bentler's (1999) "combination rule," which requires an SRMS < .05and a CFI > .95. Johnson and colleagues (2010) reported an overall internal consistency coefficient of 0.88, with individual alpha coefficients of .93, .92, and .92 for the social support, situational coping, and emotional coping subscales, respectively.

In this analysis I used the total score which I acquired by summing all the answers to the individual items. Higher overall scores represent higher levels of resilience. Gebregiorgis (2020) also used a total score and reported an internal consistency coefficient of 0.94. For my study, the internal consistency coefficient was 0.92.

Secondary Victimization

The Secondary Victimization-Subjective Effects Subscale (SES; Orth, 2002) is a five-item self-report measure. Items are assessed using a 7-point Likert scale ranging from -3 (*very negative*) to 3 (*very positive*). The total score for this measure is gained by averaging the scores provided for the individual items. Higher scores represent lower levels of secondary victimization and higher levels of positive outcomes associated with court proceedings.

Sample items include “What consequences did the criminal proceedings have on your trust in the legal system?” and “What consequences did the criminal proceedings have on your self-esteem?” While the availability of psychometric information such as item construction and evaluation are limited, in its original study, Orth (2002) found that the internal consistency was 0.60. In another study by Gebregiorgis (2020), the internal constancy was 0.84. For my study, the internal consistency coefficient was 0.69.

Sexual Assault Coping Self-Efficacy

Sexual Assault Coping Self-Efficacy (SACSE; adapted by Gibbs et al., 2011 from Benight et al., 2014) is a 19 item self-report measure. Of the 30 original items from the Domestic Violence Coping Self-Efficacy (Benight et al., 2014), Gibbs and colleagues (2011) chose 19 items based on a qualitative study and feedback provided by the professional staff members at King County Sexual Assault Resource Center. To adjust the scale so it reflects sexual assault rather than domestic violence, "domestic violence" was replaced by "sexual assault," "abuser" or "abuse" was replaced by "assailant" or "assault," and the phrase "since the most recent attack" was replaced with "since the latest assault" in 12 of the 19 items. Sample items responded to the question "Please use the following scale to indicate your capability (ability or confidence) to manage the following issues since the sexual assault. Choose the number that represents your capability." and include "Managing my feelings of guilt and self-blame about the assault" and "Being able to concentrate and effectively handle personal responsibilities." In addition to reducing the number of items and adjusting language, the Likert scale was adjusted from its original 100-point scale to a 5-point scale that ranges from 1 (*completely incapable*) to 5 (*completely capable*). Higher scores on these items are indicative of higher levels of self-esteem when it comes to the idea of coping with future adverse events. The total SACSE score is obtained by averaging item scores.

To ensure validity of this adapted measure, Gebregiorgis and colleagues (2021) conducted a confirmatory factor analysis. When their initial model indicated a less than adequate fit, the authors utilized modification indices to improve the model's fit. The authors allowed for covariance of items relating to (a) managing or regulating negative emotions, (b) negative emotions associated with being disappointed with oneself, (c) handling emotions associated with something that challenges one's perceived identity, and (d) handling helplessness and being

prepared. They found that their regression weights had reasonable magnitudes, were statistically significant, and had appropriate signs. With each of their four steps, chi-squared change tests indicated statistically significant improvements. Despite fit statistics that remained below the desired standard (CFI = .91, RMSEA = .10), the authors did not feel that they could free additional parameters and thus recommended a one-factor structural model with an alpha coefficient of .96 (test) and .97 (retest). The study reported a Pearson's correlation coefficient of .86 demonstrating a strong test-retest reliability.

For my study, the internal consistency coefficient was 0.96.

Race and Age

Race and age were among the demographic information collected by the researchers. Researchers developed their own author-constructed multiple choice and text entry questions. These items were the final questions participants were asked to answer. Participants entered their age in a text box, allowing them the freedom to enter any age. For race, participants were provided the following options to select: Asian or Asian American, Black or African American, Hispanic or Latinx, White/Caucasian, American Indian/Native American, Mixed or Biracial, or Other. Mixed or Biracial and Other had an optional textbox so participants could provide more information.

Data Analysis Plan

Participants are individuals who worked with legal advocates following a sexual assault. While the overall study is longitudinal in nature, I only be examined a cross-sectional design using data from participants' first response. This data was collected from Qualtrics and was gathered directly from the clients who participated via text or email link, and from deidentified data the agency provided from those who chose to fill out a paper version of the survey. The primary

analyses was analyzed with the *lm()* function in base R. Specifically, my model was a simple moderation that explored the change in relationship between the independent variable (Resilience) and the dependent variable (Sexual Assault Coping Self-Efficacy) based on differing levels of the moderator variable (Secondary Victimization), all while controlling for race and age. See Figure 1.

CHAPTER III - RESULTS

Analyses were computed in R Studio (version 1.2.1335) and R (version 3.6.0).

Missing Data Analysis and Treatment of Missing Data

Available item analysis (AIA; (Parent, 2013)) is a strategy for analyzing and managing missing data that uses available data for analysis and excludes cases with missing data points only for analyses in which the data points would be directly involved. Parent (2013) suggested that AIA is equivalent to more complex methods (e.g., multiple imputation) across several variations of sample size, magnitude of associations among items, and degree of missingness. Thus, I utilized Parent's recommendations to guide our approach to managing missing data. Missing data analyses were conducted with tools in base R as well as the R packages, psych (v. 1.0.12) and mice (v. 3.13.0).

There were 400 survey attempts. Of those, 108 met the inclusion criteria (e.g., English language, woman, 18 years or older, completed by oneself and not a guardian, retaining only the first completion of the survey).

Guided by Parent's (2013) AIA approach, scales with 5 or more items were scored if at least 80% of the items were completed, a scale with 4 items was scored if at least 3 items were non-missing, the scale with 3 items was scored if at least 2 items were non-missing. Given that a comparison of multiple regression models requires the same sample size across comparisons, I retained items with non-missingness on the variables included in the regression equation. The final sample size was 80.

Regarding the distributional characteristics of the data, skew and kurtosis values of the variables fell below the absolute values of 3 (skew) and 10 (kurtosis) that Kline (2016) suggested are concerning. I evaluated multivariate normality with the Mahalanobis distance test. Specifically, I

used the outlier() function in the psych package and included all continuous variables in the calculation. My visual inspection of the Q-Q plot suggested that the plotted line strayed from the straight line as the quantiles increased. Additionally, I appended the Mahalanobis distance scores as a variable to the data. Analyzing this variable, I found that 3 scores exceeded three standard deviations beyond the mean. Because the Mahalanobis distance scores increased steadily and none were exceptionally large relative to adjacent prior values, I did not delete cases based on this metric.

A summary of descriptive statistics and a correlation matrix for the variable in the hypothesized model (age, race, resilience, secondary victimization, SACSE) are found in Table 1. By examining the Pearson's correlation coefficients, we see a positive relationship between SACSE and resilience ($r^2 = .69$), as well as between SACSE and secondary victimization ($r^2 = .35$) suggesting a large and medium affect size respectively.

These bivariate relations provide evidence to support the test of moderation analysis.

Primary Analyses

An analysis with a single moderator and two covariates examined the degree to which the amount of secondary victimization experience moderated the relationship between resilience and SASCE. The data were analyzed using ordinary least squares regression in base R. The package 'interactions' version 1.1.3 was used to probe the interaction and plot the results.

The first step of the hierarchical regression included the covariates, age, and race. This model accounted for 0.2% of the variance. The second step added the predictor variables, resilience and secondary victimization. As shown in Table 2, both predictors were statistically significant (resilience: $B = 8.66$, $p < .001$; secondary victimization: $B = 3.61$, $p < .001$), and, together, accounted for 56% of the variance. I added the interaction term to the third step of the regression,

the results of which can be seen in figures two and three. The interaction term was statistically non-significant and only accounted for an additional .4% of variance. It is also noteworthy that the addition of the interaction term negated the significance of the two main effects. See Table 2 for more information. Therefore, I will focus my interpretation on step 2 of the model.

We followed the series of regressions with a formal comparison. Models one and two were statistically significantly different from each other (F [2, 75] = 48.035, $p < .001$). Models two and three were not statistically significantly different from each other (F [1, 74] = 0.545, $p = 0.463$). This result is consistent with the changes in proportion of variance accounted for. That is, adding resilience and secondary victimization accounted for a significant proportion of variance over-and-above the covariates. However, adding the interaction term (in model three) did not account for a meaningful addition of variance. We ran this model again, with the variables centered, and it did not significantly change the outcome of these results. Step two remained statistically significant and step 3 remained statistically no significant.

Table 1

Means, standard deviations, and correlations with confidence intervals

Variable	*M*	*SD*	1	2	3	4	5
1. Participate ID	8234 0.58	17078.83					
2. Age	30.36	11.63	.16 [-.03, .34]				
3. Ethnicity	3.56	1.43	-.18 [-.36, .01]	.04 [-.15, .23]			
4. Resilience	3.85	0.75	.04 [-.16, .24]	-.16 [-.34, .04]	.08 [-.12, .27]		
5. Secondary Victimization	2.53	0.81	.15 [-.07, .35]	-.04 [-.25, .18]	-.06 [-.27, .15]	.11 [-.11, .32]	
6. Sexual Assault Coping Self-Efficacy	3.30	0.88	.07 [-.13, .26]	-.06 [-.25, .14]	.04 [-.16, .23]	.69** [.57, .78]	.35** [.14, .52]

Note. M and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. The confidence interval is a plausible range of population correlations that could have caused the sample correlation (Cumming, 2014). * indicates $p < .05$. ** indicates $p < .01$.

Table 2

Moderated Regression Analysis of Secondary Victimization on the Relationship between Resilience and Sexual Assault Coping Self-Efficacy

	Sexual Assault Coping Self-Efficacy					
Variable	*B*	*SE*	*t*	*F*	R^2	ΔR^2
Model 1				0.07	0.0	-0.02
(Intercept)	3.36***	0.37	8.98			
Age	0.00	0.01	0.17			
Ethnicity	-0.03	0.08	-0.36			
Model 2				24.24	0.56	0.54
(Intercept)	-0.73	0.48	-1.49			
Age	0.01	0.01	1.23			
Ethnicity	-0.02	0.05	-0.43			
Resilience	0.80***	0.09	8.66			
Secondary Victimization	0.31***	0.09	3.61			
Model 3				19.38	0.58	0.02
(Intercept)	0.39	1.59	0.25			
Age	0.01	0.01	1.13			
Ethnicity	-0.02	0.05	-0.31			
Resilience	0.52	0.39	1.33			
Secondary Victimization	-0.11	0.57	-0.19			
Resilience: Secondary Victimization	0.10	0.14	0.74			

Note. B represents unstandardized regression weights. *SE represents Standard Error*. * indicates $p < .05$. ** indicates $p < .01$. **0 indicates $p < .001$.

Figure 2. View 1 of the moderation displaying resilience as the independent variable

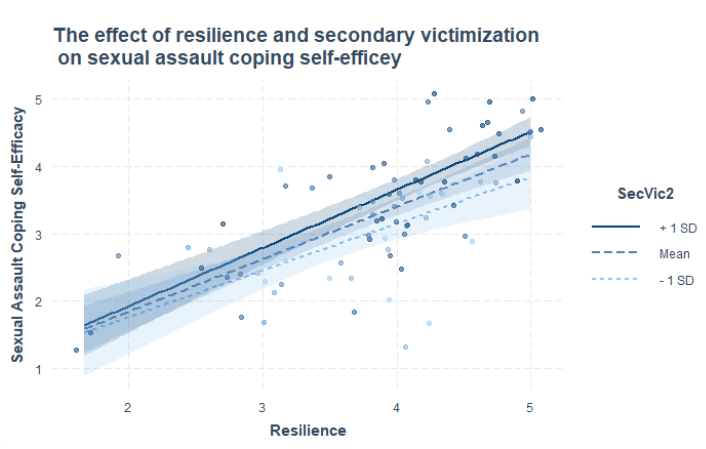

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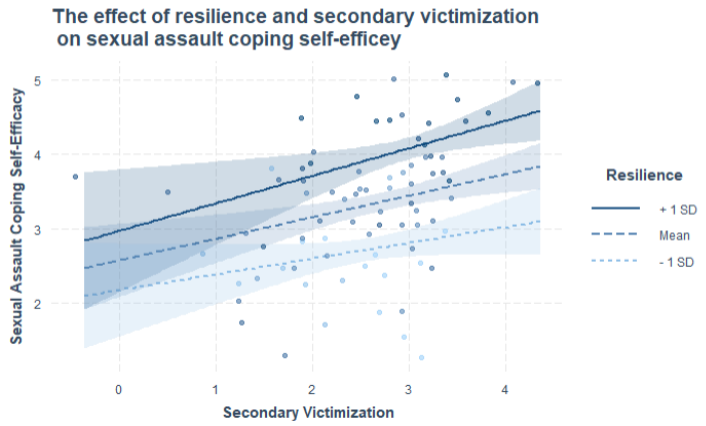
Figure 3. View 2 of the moderation displaying Secondary Victimization as the independent variable



CHAPTER IV – DISCUSSION

In this study I evaluated the impact of secondary victimization on the relationship between resilience and sexual assault coping self-efficacy in a sample of English speaking cis-women. I hypothesized that both resilience and sexual assault coping self-efficacy would help a client better cope with her sexual assault, while secondary victimization would impede this. More specifically, I hypothesized that the more resilience someone had, the higher their sexual assault coping self-efficacy would be; but that the more secondary victimization they encounter, the less strong that relationship would be. Testing this model was important because if resilience and sexual assault coping self-efficacy lead to better outcomes, secondary victimization could erode those better outcomes.

I found a strong positive relationship between resilience and sexual assault coping self-efficacy, suggesting that that the more resilience one has, the better they can cope with sexual assault. Similarly, positive experiences with the legal process – which is the inverse of secondary victimization – was significantly associated with sexual assault coping self-efficacy. When secondary victimization was added as a moderator, it accounted for less than one percent of additional variance explained and diluted the model such that the effect of resilience on sexual assault coping self-efficacy was no longer significant. Thus, my interpretation was focused on the positive main effects of resilience and positive experiences with systems and individuals following an assault (i.e., the opposite of secondary victimization).

The Positive Effects of Resilience

Within this sample of English speaking cis-women, self-efficacy for coping with sexual assault was positively influenced by resilience. This is consistent with the literature. Definitionally, CSE is one's self-assessed ability to cope with a trauma (Benight & Bandura,

2004). Similarly, resilience is defined as allowing someone to learn, develop, grow, and adaptively process trauma (Richardson et al., 1990; Richardson, 2002). Given the similarities in these definitions, it is not surprising that research has shown a relationship between CSE and resilience. Resilience has been found to be associated with more adaptive coping styles among victims of sexual abuse (Hébert et al., 2022), just as my study found. Given the similarities between these definitions, one might question how different these variables really are. Individuals may also consider if one can exist without the other.

Positive Experiences with the Legal System

Similarly, positive experiences with the legal system and process (i.e., the inverse of secondary victimization) also had a positive influence on sexual assault coping self-efficacy. Positive experiences with the legal system would include trauma informed care. Individuals would be believed, they would not be bombarded with questions that blame them (i.e. what were you wearing, how much had you had to drink, did you encourage it), and/or they would feel supported by their legal team. It is unsurprising that these positive experiences would positively influence their coping self-efficacy given that the literature shows that negative interactions with the legal system are associated with increased levels of shame, blame, and revictimization (Franklin et al., 2020). The research supports that this only gets worse when more stigmatized identities, such as the rape of a man, are involved (Javaid, 2017; Lowe & Rogers, 2017). While secondary victimization (i.e. negative interactions during the legal process) didn't moderate the relationship between resilience and sexual assault coping self-efficacy as I hypothesized, my study does support that the more positive experiences people have with the legal system and process of reporting (I.e. the inverse of secondary victimization) the more likely they are to have coping self-efficacy than experiences of shame or other stigma that might decreased coping self-

efficacy. If the legal system would like to serve those who have experienced crime as it proposes to do, the system and those involved should evaluate how good of a job it is doing at that. I would propose instilling confidence in one's ability to cope with a sexual assault is a key part of serving them and helping them recover. Research certainly supports that the behaviors and actions of those in the legal system directly impact the CSE of these individuals**.**

Possible Implications

Given the strong, positive associations of each resilience and positive experiences with the legal process with self-efficacy for coping with sexual assault, one might wonder if the two variables are assessing the same (or similar) construct. In fact, their non-significant correlation (r = .11) indicated that they operate relatively independently. This means that interventions to increase each, could be worthwhile.

Many popular therapeutic approaches target resilience. Helmreich and colleges (2017) highlighted that some of the common methods used to enhance resilience include roleplays, practical exercises, discussions, and homework. Cognitive Behavioral Therapy (CBT) has suggested that it is the cognitive appraisal of a situation that effects stress reactions (Kalisch, Muller, et al., 2015; Lazarus & Folkman1987). CBT suggests that cognitive restructuring can help produce more emotionally adaptive, or resilient, responses to stress (Beck 1964). Acceptance and Commitment Therapy (ACT) would suggest that psychological inflexibility reduces resilience (Hayes, Luoma, et al., 2006). ACT suggests that teaching radical acceptance, mindfulness skills, and cognitive diffusion would foster an increase in resilience. Similarly, mindfulness-based therapy suggests that improving non-judgmental awareness of the present moment would lead to increased adaptation or resilience to adverse events (Grossman, Niemann, et al., 2004, Shapiro, Astin, et al., 2005).

While there are several therapeutic approaches to increase resilience, changing systems is a more challenging feat. Legal advocates have both champion for better systems, and have been a great means of buffering the negative effects of systems. On an individual level, legal advocates have provided information about the legal process including its limitations, they have informed people of their rights as a victim, they have accompanied individuals to interviews and court appearances, and they have helped individuals make the decision that is right for them and not what they have been told they should do (King County Sexual Assault Resource Center [KCSARC], n.d.; Washington State Coalition Against Domestic Violence [WSCADV]; n.d.). Legal advocates have also assisted with processes such as filing protection orders and assisting with victim impact services. Legal advocates also have a wealth of knowledge about services such as referrals to attorneys, counseling, emergency housing, and parent education.

On a systemic level, some legal advocates have worked to evaluate how systems are responding to survivors. They take this information and they identified problems and advocated for changes on the system level (WSCADV, n.d.). This advocacy has looked like speaking out about the limitations, harms and unintended consequences different laws have had on survivors. They have also identified problems within systems beyond the legal system that undermine victims legal protections.

It is important to note that there was no control group for this sample to be compared to. This study did not speak to whether individuals who underwent the legal process following a sexual assault but had no legal advocate had differing levels of negative experiences with the legal process compared to this sample. While I have hypothesized that legal advocates reduced measures of secondary victimization through their knowledge, resources, and time, future research could benefit by confirming this.

Resilience and sexual assault coping self-efficacy are strongly linked according to this study. As organizations and legal advocates work to prioritize how to best help their clients, it appears that spending time building resilience and helping individuals recognize their resilience, potentially through means suggested above, might be a fruitful way to help client's better cope with their sexual assault.

While secondary victimization doesn't appear to impact the relationship between resilience and sexual assault coping self-efficacy, it is still something legal advocacy clients report experiencing at a higher-than-average levels. This indicates that there is substantial work to be done in decreasing the secondary victimization that survivors of sexual assault experience.

Strengths and Limitations

One of the most obvious limitations of this study is the lack of diversity amongst its sample. A combination of the higher prevalence of sexual assaults against women, and the higher likelihood that men underreport their sexual assault led my sample to be limited to cis-women. Despite the fact that nearly 50% of transgender individuals are sexually assaulted (James & Magpantay, 2015), I did not have a large enough transgender sample to provide this community the research they deserve. Additionally, due to limited racial diversity, I was forced to combine all BIPOC individuals into one group rather than being able to give them each their own group like they deserve. Of my 108 participants, only 45 identified as BIPOC, and the largest group was Asian Americans at 15 participants.

Another limitation is that this sample is made entirely of individuals connected with a legal advocate. Since sexual assault coping self-efficacy involves efficacy managing logistical demands that follow a sexual assault, one could argue that those who have a legal advocate

assisting them with this will have higher reported levels of sexual assault coping self-efficacy than individuals who do not find themselves connected with this resource.

Future Research

More research into the effectiveness of legal advocacy program could help these programs both better serve their clients, and acquire more funding to continue to provide or even expand this work. Ideally outreach would be done to make legal advocates more accessible to BIPOC and LGBTQIA+ individuals given their increased risk of sexual assault (Center for Disease Control and Prevention, 2010; James & Magpantay, 2015). With more of those individuals being served, hopefully they would participate in research allowing us to determine if their needs are different from those of their white, heterosexual, cis-women peers. Further research could also be done on mechanisms legal advocates could use to best increase resilience as it appears to be strongly related to sexual assault coping self-efficacy. I also hope to see research being conducted around the efficacy of trainings regarding reducing secondary victimization throughout the legal and medical systems. Given the prevalence of secondary victimization amongst this sample size, there is a lot of work to do in reducing this unnecessary harm.

Conclusion

Sexual assault is a prevalent and expensive public health issue that hold both long and short-term consequences for not only the person who experienced the assault, but for communities as well. Legal advocacy is one mechanism organizations are using to help curb the consequences that result from sexual assault. One of the goals of these programs is to reduce and buffer the effects of secondary victimization and help the survivor better cope following their assault. This study set out to confirm the impact of secondary victimization on the relationship

between resilience and sexual assault coping self-efficacy. While secondary victimization does not dampen the relationship between resilience and sexual assault coping self-efficacy, without the introduction of this moderator, there is a statistically significant relationship between resilience and sexual assault coping self-efficacy that suggests that resilience is an important determinant in sexual assault coping self-efficacy.

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