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Examining Body Shame of College Women by Type of Sexual Victimization

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Abstract
We examined body shame of college women based on the type of sexual victimization experience. Participants were 278 women from a mid-sized public university. They completed the Body Shame subscale (BSS) of the Objectified Body Consciousness Scale (OBCS; McKinley & Hyde, 1996) and the Sexual Experiences Survey (SES; Koss, Gidycz, & Wisniewski, 1987). As predicted, women who indicated that they were raped and women who indicated noncompleted victimization (did not involve penetration) had higher body shame scores than women who reported no victimization experience. Unexpectedly, women who reported sexual coercion did not differ from women with no victimization and there were no other significant differences between the victimization groups. Results imply that rape may tend to be most traumatic and lead to the greatest increase in body shame. However, this does not appear to be due to the act of penetration itself. Perhaps women who have been sexually coerced do not identify their experiences as such.

Keywords: sexual victimization, college, body shame, rape, women, self-esteem

Introduction
Sexual victimization is prevalent among the female college population (Fisher, Cullen, & Turner, 2000). It has also been supported that sexual victimization may lead to negative outcomes, such as lowered self-esteem, eating disorders, and negative body-related feelings (Harned, 2000; Naville, Spanierman, Huppert, & Clark, 2004; Oppenheimer, Howells, Palmer, & Challoner, 1985; Schechter, Schwartz, & Greenfield, 1987). Body shame, which can be defined as the shame that people feel when their body does not conform to a set of internalized cultural standards (McKinley & Hyde, 1996), is one specific construct that has been associated with sexual victimization experience (Andrews, 1997; Andrews & Hunter, 1997; Vidal & Petrak, 2007). Given that sexual victimization is a violation of one's body, negative feelings resulting from the victimization experience may be manifested as body-related concerns, focusing the victim on negative aspects of her body and putting her at increased risk for feeling body shame (Harned, 2000; Oppenheimer et al., 1985; Schechter et al., 1987). Although researchers have found a link between sexual victimization and body shame, the current literature does not address the potential for varying degrees of body shame based on specific types of sexual victimization. Thus, the purpose of the current study was to examine how various types of sexual victimization influence body shame in a sample of college women.

The most widely used measure of sexual victimization is the Sexual Experiences Survey (SES) (Koss & Oros, 1982; Koss, Gidycz, & Wisniewski, 1987). The SES was originally designed to measure four types of victimization (sexual contact, attempted rape, sexual coercion, and rape). Meeting the legal definition, rape involves forceful penetration of the body. Sexual coercion involves penetration without consent due to verbal coercion. Attempted rape (attempted sexual intercourse without consent) and sexual contact (including fondling and kissing without consent) both do not involve penetration. The types of victimization measured by the SES have also been conceptualized along a continuum based on the objective severity and intrusiveness of each type of victimization. Testa, VanZile, Tamsen, Koss, and Livingston (2004) examined the validity of the SES (Koss et al., 1987) and made suggestions for its use in future research. Based on the severity continuum, these researchers predicted that rape incidents would be most traumatic, followed by attempted rape, sexual coercion and sexual contact. As predicted, for current trauma (trauma respondents were experiencing at the time that they participated in the study), Testa et al. (2004) found that rape incidents were significantly more traumatic than the other types of victimization, but there were no significant differences for current trauma among attempted rape, sexual contact and sexual coercion. When respondents were asked to recall and indicate their level of trauma immediately after the victimization occurred, sexual coercion was rated as less traumatic than the other types of victimization. Although rape resulted in the greatest ratings for this type of trauma, rape was not significantly different from sexual contact or attempted rape. Testa et al. (2004) concluded that the rape and sexual coercion subscales of the Sexual Experiences Survey were valid measures of these two types of experiences. However, given that sexual contact and attempted rape may be interpreted with overlapping meaning,
they suggested collapsing these two forms of victimization into one category called noncompleted rape (victimization without penetration), as compared to sexual coercion (verbally coerced sexual intercourse) and rape (fits legal definition of rape).

Testa et al. (2004) also suggested caution in assuming that continuum scoring, based on objective severity of victimization on the SES, represents subjective severity. Other studies do support rape as being the most severe type of victimization on the SES in terms of various outcomes. For example, Briggs and Osman (2010) found that the experience of rape was the only type of victimization that significantly increased reports of rape empathy for a victim among a sample of college students. Also, Cecil and Matson (2005) found that adolescent African American women from a clinical sample reported lower levels of self-esteem and mastery (belief that one has control over life outcomes), and higher levels of depression and family dysfunction when they reported the experience of rape compared to no sexual victimization experience. Those with rape experience also reported lower self-esteem than those with attempted rape experience, and higher depression and lower mastery levels than those who reported sexual coercion. Cecil and Matson (2005) did not find significant differences among attempted rape, sexual coercion or contact for these dependent measures.

Other differences regarding types of victimization exist in the literature. For example, a study conducted by Testa and Dermen (1999) found that women with high levels of sexual activity and alcohol consumption scored lower on self-esteem and assertiveness if they reported sexual coercion, but not if they reported rape. Although the SES was not used, Zweig, Barber, and Eccles (1997) found that women who had been pressured into having sexual intercourse reported greater depression and social anxiety compared to women who had reported violent coercion (including rape) and women who reported no victimization. Siegel, Golding, Stein, Burnam, and Sorenson (1990) also did not use the SES, but found that respondents who experienced sexual assault with intercourse reported greater depression, distress, fear and anxiety than those who experienced assault without intercourse. Respondents who were physically threatened also scored higher on these factors than those who had been pressured by persuasion.

Although subjective severity regarding the different forms of victimization may vary (Testa, et al., 2004), prior research clearly supports the notion that different types of victimization may be associated with different outcomes, including for self-esteem, depression and trauma. Therefore, levels of body shame, which is the focus of the current study, may also vary as a function of type of sexual victimization experience. Although this has not been examined directly, types of sexual victimization, including sexual harassment, rape, and attempted rape, have been associated with eating disorders and concerns about body shape in a sample of college women (Harned, 2000). Furthermore, sexual abuse in childhood has been linked to greater body shame in community and clinical samples (Andrews, 1995, 1997; Andrews & Hunter, 1997), and body shame was prevalent in a noncollege sample of women who were sexually assaulted (Vidal and Petrak, 2007). Also, Carcirieri and Osman (2011) found increased body shame in college women who experienced sexual victimization recently (within the past year) as compared to college women who experienced victimization earlier or not at all. Carcirieri and Osman suggested that recent victimization experience may be more salient to the victim, who may not have had time to overcome potential body-related trauma, as compared to women with earlier victimization. This is consistent with Testa et al.'s (2004) finding that subjective trauma in a community sample of women was greater immediately following victimization experience than it was at the later time they participated in the study.

To build on this line of research, the current study will examine body shame of college women based on type of victimization experienced in the past year. It seems reasonable that the more severe and intrusive the victimization, the more one may experience body violation and an increased risk for body shame. However, based on the literature examining the SES (Koss et al., 1987; Testa et al., 2004), assigning subjective severity to these acts and distinguishing the victimization categories are difficult tasks. Thus, predictions in the current study were based on a combination of the severity continuum approach dictated by the SES scale, suggestions made by previous researchers (Testa et al., 2004) regarding validity findings, and level of body intrusiveness. Specifically, rape was hypothesized to lead to the greatest levels of body shame, followed by sexual coercion (both involve penetration of the body). Attempted rape and sexual contact were combined into one category (victimization without penetration) and, assuming that body violation is less severe when there is no penetration, this group was hypothesized to have the lowest levels of body shame of all three types of victimization. Finally, those with no victimization
experience were hypothesized to have lower body shame scores than all three victimization groups.

**Method**

**Participants**

Participants were 278 undergraduate women from a pool of volunteers enrolled in an introductory psychology course at a midsize public university on the east coast. Students were informed about their opportunity to participate in this study via their instructors, emails and a course website posting. The majority of participants were 18-22 years old (96%) (age range 18–43). Eighty-six percent of the sample identified their race as White/European, 8% African American, 2% Hispanic, and 2% Asian. Fifty-four percent of the sample identified themselves as freshman, 15% as sophomores, 7% as juniors, and 25% as seniors.

**Measures**

To measure types of sexual victimization experience, the Sexual Experiences Survey (SES) (Koss, et al., 1987) was administered. The SES consists of 10 yes or no questions that measure four types of sexual victimization (sexual contact, attempted rape, sexual coercion, and rape) and was designed to detect unacknowledged victims (Koss & Oros, 1982). Sample items include, "Have you had sexual intercourse when you didn’t want to because a man gave you alcohol or drugs?" (one of three questions measuring rape), "Have you given in to sexual intercourse when you didn’t want to because you were overwhelmed by a man’s continual arguments and pressure?" (one of two questions measuring sexual coercion), "Have you had a man attempt sexual intercourse when you didn’t want to by using some degree of force (e.g., twisting your arm, holding you down, etc.) but intercourse did not occur?" (one of two questions measuring attempted rape), and "Have you ever given into sex play (kissing, petting, fondling, but not intercourse) when you did not want to because a man used his position of authority (boss, teacher, counselor) to make you?" (one of three questions measuring sexual contact). Questions measuring sexual contact and attempted rape were combined and considered to represent one category (victimization without penetration) (Testa et al., 2004).

Following each of the 10 questions, participants who answered “yes” were also asked to circle the number of times (0 to 5 or more) the experience occurred within the past year. The SES is a valid and reliable measure, with scores corresponding to responses in interview format and Cronbach alphas of .74 and .73 in college and community samples of women, although answering “yes” to one victimization question does not necessarily predict experience with any other item (Koss & Gidycz, 1985). The Cronbach alpha for the SES in the current study was .67.

To measure body shame, we administered the Body Shame subscale (BSS) of the Objectified Body Consciousness Scale (OBCS) (McKinley and Hyde; 1996). This scale contains eight items including, “I feel like I must be a bad person when I don’t look as good as I could,” “I would be ashamed for people to know what I really weigh,” “When I’m not the size I think I should be, I feel ashamed,” and “I feel ashamed of myself when I haven’t made the effort to look my best.” Participants rated their agreement with each item on a Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). Scores were computed as an average and could range from 1 to 7 with higher scores indicating greater body shame. The overall mean score in the present sample ($M = 3.61$) is similar to mean BSS scores in other samples of college women (McKinley, 1999; McKinley and Hyde, 1996). The Cronbach alpha for the BSS in the current study was .85.

**Procedure**

We received approval to conduct the current study from an Institutional Review Board. We administered surveys, including demographic questions, the SES, and the BSS of the OBCS, in a classroom setting, and instructed participants to sit at least every other seat apart from one another for privacy. Prior to the distribution of surveys, participants signed an informed consent form, and all responses were completely anonymous.

**Results**

**Prevalence**

We dropped two people from the analyses due to missing data. We considered students who answered “no” to all 10 questions to have “no victimization” experience ($n = 132$). Students who answered “yes” to any victimization question and indicated that the victimization had occurred within the past year (Carcirieri & Osman, 2011) were further categorized by type of victimization. The groups “rape” ($n = 23$), “sexual coercion” ($n = 36$), and “victimization without penetration” ($n = 26$) were assigned based upon the most severe type of victimization reported. Note that, based on participant ages, victimization experience in the preceding three groups could not have occurred prior to the age of 17 years old. Participants who indicated
victimization experience prior to the past year \( (n = 59) \) were dropped from the following analysis.

ANOVA

To test the hypotheses, an ANOVA was performed on the body shame scores based on the four groups (no victimization, victimization without penetration, sexual coercion, rape). There was a main effect for victimization experience, \( F (3, 213) = 3.3, p = .02, \text{partial } \eta^2 = .04 \). To examine the hypotheses more specifically, pairwise comparisons were performed. As expected, those in the victimization without penetration group \( (M = 4.0, SD = 10) \) had greater body shame scores than those with no victimization \( (M = 3.45, SD = 10) \), \( p = .04, \text{partial } \eta^2 = .03 \). Participants who indicated that they were raped \( (M = 4.17, SD = 9.8) \) also had higher body shame scores than those with no victimization, \( p = .01, \text{partial } \eta^2 = .04 \). Unexpectedly, there were no other significant differences between the groups. See Table 1.

Discussion

The current study was designed to measure level of body shame in college women based on the type of sexual victimization they had experienced within the past year. We predicted that rape would lead to the highest body shame scores of all the groups. Sexual coercion was also expected to yield higher body shame scores than victimization without penetration because the latter does not involve penetration of the body. We also predicted that no victimization would have the lowest body shame scores of all the groups. As predicted, women who reported that they experienced rape and women who reported victimization without penetration had higher scores than women with no victimization experience. Unexpectedly, women who reported sexual coercion did not differ from women with no victimization and there were no other significant differences among the groups.

Findings from the current study are consistent with past research, suggesting that rape may tend to be most traumatic, exacerbate potential outcomes, and lead to the greatest increase in body shame, compared to other forms of sexual victimization (Briggs & Osman, 2010; Cecil & Matson, 2005; Testa et al., 2004). However, the act of penetration does not appear to be necessary to increase body shame, given that women in the sexual coercion group (involved penetration) did not have higher body shame scores than women with no victimization experience. Perhaps women who are sexually coerced are less likely to label their experiences as such and, thus, less likely to feel violated and shameful.

The finding that women in the victimization without penetration group (did not involve penetration) had higher body shame scores than women with no victimization experience provides further support that penetration is not needed to increase body shame. This is consistent with Harned's (2000) suggestion that nonpenetrative sexually harassing offenses may pose the greatest risk for eating and body image problems. However, given that the victimization without penetration group may have been reporting on a wide range of victimization experiences, including unwanted fondling, kissing, petting or attempted intercourse, it is not entirely clear what particular act(s) may have impacted body shame. Future researchers could continue to unravel this and other sexual victimization factors (e.g., presence of a weapon, how experience is labeled) that are associated with body shame using larger and varied samples (e.g., men, noncollege women).

Findings from the current study suggest that rape and victimization without penetration are associated with greater levels of body shame than no victimization, but sexual coercion is not. Thus, these different forms of sexual victimization may lead to varied outcomes. This has implications for therapists, who may want to consider the nature of the victimization experience(s) in designing treatment programs that address body shame.

References


Cecil, H., & Matson, S. (2005). Differences in psychological health and family dysfunction by sexual victimization type in a


Table 1
Means, Standard Deviations and Cell Sizes for Body Shame Scores

<table>
<thead>
<tr>
<th>Type of Sexual Victimization</th>
<th>M</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Victimization</td>
<td>3.45</td>
<td>10</td>
<td>132</td>
</tr>
<tr>
<td>Victimization without Penetration</td>
<td>4.0</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Sexual Coercion</td>
<td>3.74</td>
<td>9.5</td>
<td>36</td>
</tr>
<tr>
<td>Rape</td>
<td>4.17</td>
<td>9.8</td>
<td>23</td>
</tr>
</tbody>
</table>

Note. Scores could range from 1 to 7 and higher scores indicate greater body shame.