



Associations Between Unwanted Sexual Contact and Depression, Anxiety, PTSD, Drinking to Cope, and Low Self-Esteem



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Introduction

- Victims of sexual assault were found to have post traumatic stress disorder (PTSD) development following an assault (Ullman et al., 2006; Zoellner, Foa, & Brigidi, 1999)
- Individuals who have been sexually assaulted have significant associations with lower sexual self-esteem and lower self-esteem in general (Krahe & Berger, 2017; Kurcharska, 2017).
- Victims of sexual assault that have PTSD are associated with higher alcohol consumption (Gilligan-Bedard, et. al., 2014) and individuals who report less coping control are more likely to have increased drinking as sexual assault related distress increases (Stappenback et al., 2015).
- Women who were sexually assaulted within the last two years were associated with greater depression and lower self-esteem (Kucharska, 2017)
- Sexual assault victims are more likely to have anxiety and depression symptoms than individuals who have not been sexually assaulted (Choudhary, Smith, & Bossarte, 2012).

Hypotheses:

- H1: People who endorse more kinds of unwanted sexual contact will report more depressive symptoms, anxiety symptoms, PTSD scores, and greater drinking to cope
- H2: People who endorse more kinds of unwanted sexual contact are more likely to have lower self-esteem

Method

Participants:

- N=154 ages ranged from 22-42 with a mean age of 36 (SD = 5.50)
- 53.25% females, 46.75% males
- 62.34% White/Caucasian, 22.73% Asian, 7.14% Black/African American, 3.25% Native American/American Indian, 2.6% Multi-Ethnic, 1.3% Other, 0.65% Native Hawaiian/Pacific Islander
- 92.21% Non-Hispanic/Latino, 7.79% Hispanic/Latino
- 80.52% heterosexual, 15.58% bisexual, 3.25% lesbian or gay, 0.65% prefer not to say
- 46.41% married, 31.37% exclusively dating, 9.15% nearly engaged, 8.5% engaged, 4.58% casually dating
- 81.51% cohabitating with partner, 18.49% not living with partner

Procedure:

Participants were recruited through Mechanical Turk and were compensated \$2.50 for completing the survey. They were required to be at least 18 years of age, a citizen of the United States, and in a current relationship.

Measures:

- Sexual Assault was measured with Modified Sexual Experiences Survey (SES-R, Testa et al., 2004)
- Depression was measured with Patient Health Questionnaire (PHQ, Kroenke et al., 2001)
- Anxiety was measured with Generalized Anxiety Disorder 7-item scale (GAD-7, Spitzer et al., 2006)
- PTSD was measured with PTSD Checklist for DSM-5 (PCL-5, Blevins C. A., 2016)
- Self-esteem was measured with Rosenberg Self-Esteem Scale (RSES, Rosenberg, M., 1979)
- Drinking was measured with Modified Drinking Motives Questionnaire-Revised (DMQ, Grant et al., 2007) and Short Inventory of Problems - Alcohol and Drugs (SIP-AD, Blanchard et al., 2003)

Results

- We used general linear regression models, where we regressed our outcomes on gender, age, and total number of unwanted sexual experiences.
- On average, 31.34% of participants endorsed at least 1 unwanted sexual experience ($M = 1.12$, $SD = 2.26$).

Outcome	Predictor	b	t	p
Depression	Gender	0.440	0.39	0.700
	Age	-0.332	-3.08	0.003
	Unwanted sexual experiences	1.121	4.49	<0.001
Anxiety	Gender	-0.064	-0.06	0.954
	Age	-0.121	-1.16	0.250
	Unwanted sexual experiences	0.774	3.20	0.002
Self-Esteem	Gender	-0.108	-0.91	0.362
	Age	0.022	1.99	0.049
	Unwanted sexual experiences	-0.069	-2.67	0.009
Alcohol and Drug Problems	Gender	2.467	2.47	0.015
	Age	-0.198	-2.09	0.039
	Unwanted sexual experiences	0.799	3.64	<0.001
PTSD	Gender	6.799	2.22	0.028
	Age	-1.083	-3.73	<0.001
	Unwanted sexual experiences	3.213	4.79	<0.001
Drinking to Cope with Anxiety	Gender	0.080	0.36	0.719
	Age	-0.063	-2.85	0.006
	Unwanted sexual experiences	0.109	2.25	0.027
Drinking to Cope with Depression	Gender	0.263	1.12	0.265
	Age	-0.070	-3.01	0.003
	Unwanted sexual experiences	0.131	2.56	0.012

Variables	1	2	3	4	5	6	7	8	9	10
1. Total Unwanted Sexual Experiences	-									
2. Gender	-.08	-								
3. Age	-.16	-.22**	-							
4. Depression	.39***	.04	.30***	-						
5. Anxiety	.29***	-.01	-.14	.82***	-					
6. Self-Esteem	-.25**	-.10	.23**	.74***	.70***	-				
7. Drug & Alcohol Problems	.31***	.20*	-.25**	.47***	.42***	.40***	-			
8. Drinking to Cope with Anxiety	.33**	.06	.38***	.50***	.51***	.38***	.46***	-		
9. Drinking to Cope with Depression	.36***	.13	.40***	.57***	.55***	.44***	.57***	.83***	-	
10. PTSD	.40***	.19*	.38***	.89***	.76***	.69***	.52***	.57***	.67***	-
Means	1.119	.468	36.429	6.393	5.787	3.502	4.365	2.578	2.359	19.533
SDs	2.265	0.501	5.504	7.132	6.415	0.693	6.12	1.123	1.219	19.989

Discussion

- On average, there are over 450,000 victims of sexual assault or rape every year in the United States (Department of Justice, 2020). Therefore, it is important to understand the outcomes of unwanted sexual contact so there can be adequate resources and support available to victims.
- In supported hypothesis one, participants who endorsed more kinds of unwanted sexual contact had significantly higher depressive symptoms, anxiety symptoms, PTSD, and greater drinking to cope scores.
- In supported hypothesis two, participants who endorsed more kinds of unwanted sexual contact had significantly lower self-esteem scores.

Limitations:

- About 70% of participants did not endorse having experienced any kind of unwanted sexual contact.
- A relatively small sample size was collected (N = 154).

Future Directions:

- Having a sample with more racially diverse participants would be more representative of the population.
- Recruiting a sample of only sexual assault victims would more clearly display the consequences of unwanted sexual contact.
- Examining revictimization and severity of unwanted sexual contact incidents on intensity of symptoms would also be important in understanding the lasting effects of unwanted sexual contact.



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