

The Moderating Effect of Hope and Grit on the Relationship Between Sexual Assault and
Functional Impairment

Bailie S. Stine

Oklahoma State University

Abstract

Approximately one-fifth of female college undergraduates experience a sexual assault (DeCou, Kaplan, Spencer, & Lynch, 2019). This percentage increases to 33% when looking at a lifetime prevalence of sexual assault in women (DeCou et al., 2019). Previous research has shown that after experiencing a sexual assault, there are a variety of negative mental health outcomes that can occur, including depression, PTSD, and functional impairment (Tomasula, Littleton, Anderson, & Riley-Tillman, 2012). To our knowledge, no studies have been conducted to examine factors that have the potential to reduce functional impairment after experiencing a sexual assault.

The purpose of this present study was to examine the relationship between perceived sexual assault severity, functional impairment, hope, and grit. Participants (n=82) were primarily Caucasian females participating in research through Oklahoma State University's SONA system. Participants were required to have a history of unwanted sexual experiences to be included in the study. Upon providing informed consent to partake in the study, participants completed questionnaires measuring hope, grit, functional impairment, psychological well-being, and various aspects of their assault—the particular item of interest being perceived assault severity. Results provided evidence to support previous findings that perceived sexual assault severity is positively related to functional impairment. Results further indicated that higher levels of hope and grit are negatively associated with functional impairment. Utilizing a bias corrected bootstrapping procedure, it was found that hope moderates the effect of perceived assault severity on impairment, whereas grit does not. These findings suggest that even with higher

perceived sexual assault severity, high levels of hope can reduce the levels of impairment experienced afterwards. Therefore, these findings have potential implications for the improvements of therapy in which hope is a focal point of improvement within the individual to reduce the negative outcomes associated with sexual assault.

Introduction

Trauma is not a rare occurrence as the majority of individuals will experience at least one traumatizing event throughout their lifetime (Au, Dickstein, Comer, Salters-Pedneault, & Litz, 2013). One of the more prevalent traumatic events occurring throughout the United States are sexual assaults. Across the nation, one-third of women will report experiencing a sexual assault at some point in her lifetime, which is double the rate that men experience such events (DeCou, Kaplan, Spencer, & Lynch, 2019; Tomasula, Littleton, Anderson, & Riley-Tillman, 2012). Narrowing the focus towards college female undergraduates, previous research has found that approximately one-fifth of women experience at least one sexual assault during their post-secondary educational careers (DeCou et al., 2019; Kelley & Gidycz, 2019). These statistics are primarily based on reported experiences. Rennison (2002) found that approximately 74% of sexual assaults go unreported, which suggests that the rates of sexual assault may be greater than indicated in some studies.

Sexual assault is associated with many negative mental and physical health outcomes, such as depression, posttraumatic stress disorder, and substance abuse (DeCou et al., 2019; Tomasula et al., 2012; Kelley & Gidycz, 2019), with anywhere from 8% to 54% of victims experiencing high levels of impairment (Au et al., 2013). Other areas of impairment after experiencing an assault are behavioral difficulties, school difficulties, and an increase in risky sexual behaviors (Tomasula et al., 2012). Furthermore, survivors of sexual assault may experience such high levels of impairment that they may attempt suicide or engage in increased suicidal ideation and behavior (Tomasula et al., 2012). Survivors of sexual assault, regardless of

whether the experience occurred during childhood or adulthood, ruminate on suicide at an increased rate in comparison to those that have never experienced a sexual assault (DeCou et al., 2019). Additionally, not only are individuals with a history of assault at an increased risk of attempting suicide, their attempts tend to be more medically serious (Tomasula et al., 2012), thereby the possibility of a completed suicide attempt increases. Chang et al. (2015) utilized a college-student population to find that there is a positive association between suicidal risk and sexual assault. This means that as sexual assault increases, so does the risk of suicide. The reason for this may be due to an individual experiencing increased levels of hopelessness after a sexual assault (Chang et al., 2015). These findings imply that lower levels of hope within a survivor of sexual assault increases their levels of suicidal ideation (Chang et al., 2015).

The variable of functional impairment is a spectrum that ranges from low impairment to high impairment. Being on the lower end of this spectrum is indicative of less negative health outcomes and increased psychological health. Examples of low levels of impairment include maintaining romantic relationships, the ability to hold a job, and academic success. On the other hand, individuals experiencing high levels of impairment may begin using substances, withdraw from society, or commit suicide (Tomasula et al., 2012). After experiencing a traumatic event, such as a sexual assault, impairment will be present to some degree. However, the degrees in which an individual will be impaired will differ between individuals. Since previous research has suggested that positive psychology factors are associated with decreased negative mental health outcomes (Hirsch et al., 2011), this study focuses on the positive psychology factors of hope and grit.

Hope and Grit

Hope is the determination to reach goals and an ability to create plans to successfully meet those goals (Chang et al., 2015). There is an ample amount of research suggesting that there is a relationship between hope, or lack thereof, and negative health outcomes (Stermac, Cabral, Clarke, & Toner, 2014; Hirsch, Sirois, & Lyness, 2011; Chang et al., 2015; Chang et al., 2017). For example, the presence of positive psychology factors, such as hope, are strong predictors of decreased negative mental health outcomes (i.e. depression) in part due to hope potentially moderating the relationship between impairment and depression symptoms (Hirsch et al., 2011). Higher levels of the agency component of hope are associated with posttraumatic growth—rather than posttraumatic stress—and less distress after experiencing a trauma, such as sexual assault (Stermac et al., 2014). Conversely, the loss of hope is associated with increased negative affect after sexual assault (Chang et al., 2017).

Grit can be defined as the courage to push through the fear of failure in order to persist at a given task (Lucas, Gratch, Cheng, & Marsella, 2015). Grit is that ability to overcome obstacles that arise in the pursuit of a goal, therefore individuals possessing higher levels of grit are more likely to continue towards important life goals despite the difficulties they might encounter (Lucas et al., 2015). These important goals include events such as performing well in class (portrayed through GPA), at work (ability to remain employed), and in their social life (getting married; Duckworth et al., 2007; Eskreis-winkler, Duckworth, Shulman, & Beal, 2014). These important areas of life that can be reached through grit are also the three main domains that can be affected by functional impairment. A study conducted by Lucas et al. (2015) found that

individuals with increased levels of grit are going to invest more effort and persist in tasks even when the task is not going well. Furthermore, the researchers coupled this finding by noting that grittier individuals are more likely to stay and fight through the adversity even when given the option to quit (Lucas et al., 2015). These findings suggest that individuals with higher levels of grit are less likely to commit suicide or express suicidal behavior because this research supports that gritty individuals do not give up when the ‘going gets tough.’

Current Study

There is ample evidence supporting that a traumatic event, such as sexual assault, leads to negative mental health outcomes. Furthermore, many of these mental health outcomes—depression, PTSD, or suicidal behavior—are accompanied by high levels of impairment in daily functioning. Therefore, major aspects of an individual’s life can be impacted by an unwanted sexual experience. To our knowledge, no studies have investigated if hope and grit moderate the relationship between perceived sexual assault severity and functional impairment. This area of study is important because it has the potential to provide insight into how to reduce levels of impairment experienced by survivors of sexual assault by focusing on the positive psychology constructs of hope and grit. The present study examined the relationship between hope, grit, functional impairment, and perceived assault severity. Four hypotheses were tested:

1. Higher levels of perceived assault severity would be associated with higher levels of impairment.
2. Higher levels of hope would be associated with lower levels of impairment.
3. Higher levels of grit would be associated with lower levels of impairment.

4. The present study is cross-sectional, hence a true moderating relationship cannot be determined. However, for the purpose of informing future longitudinal studies, we tested whether hope and grit moderated the relationship between sexual assault and impairment.
 - a. Higher levels of hope would moderate the effect of sexual assault on impairment.
 - b. Higher levels of grit would moderate the effect of sexual assault on impairment.

Methods

Participants

Participants in this study included a total of 82 undergraduate students who reported experiencing at least one unwanted sexual experience at some point throughout their lifetime. Participant ages ranged from 18 to 41, with a mean age of 19.90 ($SD = 3.34$). Participants were primarily Caucasian (74.4%), with mixed races constituting 11% of the sample, Black or African American at 6.1%, American Indian or Alaska Native at 4.1% , and Asian at 2.4%. The majority of this sample were female undergraduates (87.8%).

Questionnaires

Brief Grit Scale (BGS). The BGS is an eight-item self-report survey which is used to assess an individual's level of grit (Duckworth & Quinn, 2009). This survey utilizes a five-point Likert scale (1 = *Not at all like me*; 5 = *very much like me*) in response to the items. Before summing all items to find the total BGS score, some items must first be inversely scored. These items include item one, three, five and six and are scored so that one point is assigned to *Very much like me* and five points are assigned to *Not at all like me*. All other items are scored regularly. After assigning each participant the correct points per item, the items are summed and

then divided by eight to yield the total grit score. The maximum score is five (extremely gritty) and the minimum score is one (not at all gritty).

The Adult Hope Scale (AHS). The AHS is a self-report inventory that measures the levels of hope an individual possesses (Snyder et al., 1991). The authors recommend that when administering the scale, it is called “The Future Scale”. It consists of 12 items, in which participants were instructed to respond to each statement to the degree that it best described them. In response to these items, an eight-point Likert scale was used (1 = *definitely false*; 8 = *definitely true*). Within the 12 items, there were four agency items (items 2, 9, 10, and 12) and four pathway items (items 1, 4, 6, and 8). To yield the total Hope Scale score, all of the pathway items and the agency items were summed together to accumulate a collective score. Higher sum scores are associated with higher levels of hope within the individual.

Schwartz Outcome Scale (SOS). The SOS is a ten-item self-report measure that assesses the participants’ psychological well-being (Blais, Lenderking, Baer, deLorell, Peets, Leahy, & Burns, 1999). Participants are asked to indicate the degree to which each statement best fits their general feelings over the past seven days. A couple of example statements to measure psychological well-being include, “I am able to handle conflicts with others,” and “My life is progressing according to my expectations.” The measure uses a six-point Likert scale (0 = *Never* ; 6 = *All or nearly all the time*) and all items are summed to yield a total score. Similar to the AHS, a higher sum score indicates better psychological health. Any scores that are summed to be at least 41 are considered non-clinical.

Sheehan Disability Scale (SDS). The SDS is a four-item questionnaire in which participants self-report their levels of impairment in three main areas of their life (Sheehan, 1983). These areas include work/school, social life, and family life or responsibilities within the home. The fourth item focuses on how much the above symptoms interfere with their overall daily life. This specific questionnaire assesses an individual's level of impairment using a 10-point Likert scale (0 = *not at all impaired*, 5 = *moderately impaired*, 10 = *very severely impaired*), and further utilizes a 5-point Likert scale for the overall daily impairment (0 = *no symptoms; normal activity*, 4 = *symptoms/problems radically change or prevent normal work or social activities*). Scoring the SDS requires totaling up the first three items, with higher scores indicating higher levels of impairment. It is important to note that any item with a rating higher than five may indicate significant functional impairment.

Sexual Assault Severity Scale (SASS). The SASS was a 74-item self-report questionnaire that collects information regarding various aspects of the individual's sexual assault to yield a comprehensive measure of assault severity (Swinson, 2013). The items were separated into eight sections, with each section measuring something different about the assault. The sections included: type of unwanted sexual experience (attempted and completed), assault characteristics, victim offender relationship, perceived assault severity, methods of coercion, substance use (drug and alcohol), peritraumatic schemas, and posttraumatic schemas. For select sections, individuals may have skipped the entire section if it did not apply to them. For example, in the methods of coercion section, if a participant answered "None of the above" to the question "The person(s) who I had the sexual experience with did which of the following to persuade me

to do the sexual act:” then they did not answer the next three items related to this specific question. Instead, they were routed to the next question in the section if applicable. For this specific study, the section concerning perceived assault severity was of particular interest.

Demographic information. Participants were also asked to report basic demographic information such as age, gender, race, sexual orientation, and education.

Procedure

Participants completed an online prescreener to identify if they met the inclusion criteria. Participants meeting the inclusion criteria were emailed an invitation to participate. Participants gave informed consent before continuing on with the study, and if they elected to participate, completed a battery of questionnaires focusing on hope, grit, psychological well-being, functional impairment, and their sexual assault. Due to the sensitive material being discussed, all questions regardless of the questionnaire had the answer choice ‘*Prefer not to answer.*’ To ensure valid responses throughout the survey, a total of five validity items (e.g., I frequently forget my first name) were implemented throughout the various questionnaires. If responses to these items indicated that participants were responding carelessly or invalidly, they were routed to an invalid debriefing form and did not receive any participation credit as compensation for taking the study. However, no participants were removed due to invalid responding.

Results

Hypotheses Results

To test hypotheses 1 through 3, a correlational analysis was utilized. Consistent with our first three hypotheses, we found a significant positive relationship between perceived assault

severity and functional impairment ($r = .33$; $p < .003$). A significant negative relationship was found between hope and functional impairment ($r = -.417$; $p < .000$). A significant negative relationship was found between grit and functional impairment ($r = -.251$; $p < .024$), yet the relationship was weaker than the relationship found with hope. See Table 1.

Table 1. *Correlation matrix for variables of interest*

Measure	Perceived Assault Severity	AHS	BGS	SDS	SOS
Perceived Assault Severity	-				
AHS	-.200	-			
BGS	.526	.412**	-		
SDS	.329**	-.417**	-.251**	-	
SOS	-.262*	.644**	.307**	-.756**	-

Note: $p < .05 = *$; $p < .01 = **$; AHS = Adult Hope Scale, BGS = Brief Grit Scale, SDS = Sheehan Disability Scale, SOS = Schwartz Outcome Scale. Hypothesized analyses are in bold.

To evaluate hypothesis 4a, a bias corrected bootstrap procedure was conducted to examine the moderation effect of hope. The SASS perceived assault severity score was entered as the dependent variable and the total SDS was entered as the independent variable. The results yielded that a significant positive relationship between perceived assault severity and impairment persisted through low levels of hope ($p < .05$; 95% CI = .073 to .910) and moderate levels of hope ($p < .01$; 95% CI = .072 to .724). However, this relationship is not significant when high levels of hope are present ($p = .17$; 95% CI = -.135 to .743), therefore supporting the hypothesis that hope moderates the effect of sexual assault on impairment. In relation to hypothesis 4b, regardless of the levels of grit present—low, moderate, or high—the relationship between perceived assault severity and impairment remained significant. Therefore, our hypothesis that

higher levels of grit would moderate the effect of sexual assault on impairment, was not supported by our findings.

Discussion

Consistent with prior research (e.g., Au et al., 2013), we found a significant positive relationship between perceived assault severity and levels of impairment. These findings suggest that the more severe an individual finds their sexual assault to be, the more impairment they will experience afterwards. The increased levels of impairment present after an assault may be due to the negative mental health affects (i.e. depression and PTSD) that are associated with experiencing a sexual assault (DeCou et al., 2019; Tomasula et al., 2012; Kelley & Gidycz, 2019). Hence, high impairment may be associated with depression or posttraumatic stress disorder rather than the sexual assault itself. Therefore, future research would benefit from controlling for depressive and posttraumatic symptomology to better understand the relationship between impairment and sexual assault.

In addition to prior research on positive psychology factors and decreased negative mental health outcomes (e.g. Hirsch et al., 2011) we found that higher levels of hope and grit are associated with lower levels of impairment. This means that the more hopeful, goal-oriented, and gritty an individual is than they are at a decreased risk of experiencing high levels of impairment. One implication of this finding is that by instilling hope and grit into individuals at a young age, then we decrease the likelihood of them experiencing negative mental health outcomes after a trauma. Since it is known that a majority of individuals will experience at least one traumatic event in their lifetime, this implication, as a whole, is highly important.

Interestingly, it was further found that high levels of hope moderate the effect of perceived assault severity on impairment. This means that high levels of hope within an individual disrupt the relationship between perceived assault severity and impairment. Therefore, if a survivor of sexual assault perceives their assault as extremely severe, yet they possess high levels of hope, then they will experience markedly lower levels of impairment in comparison to low to moderate levels of hope. One implication of this finding is that knowing a survivor's level of hope may give insight into the likelihood that they will experience the negative mental health effects of sexual assault. Furthermore, since the results suggest that hope buffers against impairment, then this psychological aspect—hope—could be a focal point that therapists and crisis counselors aim to improve within survivors. Developing a sense of hope for the future may allow the survivor to positively engage in various domains of their life.

Unfortunately, the moderating effect that was found for hope was not found for grit. One reason that grit may not act as a moderator is because the significant relationship between grit and impairment was weaker than the relationship between hope and impairment. Therefore, according to these findings, even high levels of grit are not significant enough to disrupt the relationship between sexual assault severity and impairment. Meaning that if an individual perceives their assault as highly severe, and they possess high levels of grit, they are still likely to experience high levels of impairment.

Limitations

Limitations of the current study include the lack of random assignment and that a student sample is being utilized. Without random assignment, we cannot assess for causal relationships

between our variables. Furthermore, using a student sample—largely comprised of Caucasian females—reduces the generalizability to other age groups, racial and ethnic groups, and non-student samples. Additionally, this study only focused on the traumatic event of sexual assaults. As such, the results may not apply to other types of trauma, such as car accidents or war combat.

Conclusions

Traumatic experiences such as sexual assault occur at an alarming rate, with 33% of women experiencing a sexual assault at one point in their lifetime (Decout et al., 2019). An abundant number of studies have found that negative mental health outcomes are associated with sexual assault, including high levels of impairment (DeCou et al., 2019; Tomasula et al., 2012; Kelley & Gidycz, 2019). Therefore, it is important for those in the psychology field to better understand what factors moderate the relationship between sexual assault and functional impairment in order to establish beneficial treatments.

This current study found that high levels of hope moderate the relationship between perceived assault severity and functional impairment. This finding is important because it provides therapists and crisis counselors a starting point for their sessions when treating survivors of sexual assault. By focusing on increasing levels of hope, individuals may experience decreased symptoms of depression and posttraumatic stress disorder in addition to decreased levels of impairment. Furthermore, researchers could utilize these findings to develop a novel intervention program for survivors of sexual assault.

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APPENDIX A

Questionnaires

Demographic Information

To start with, we would like to get some background information from you.

1. What is your age? _____

2. What is your gender? _____

3. What is your current marital situation (please check one)?

_____ Married _____ Separated _____ Never married/Single
 _____ Common law marriage _____ Divorced _____ Widowed

4. Do you consider yourself to be Hispanic or Latino (see definition below)? Yes No

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

5. What is your race? (please check one)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment. |
| <input type="checkbox"/> Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> Black or African American | A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| <input type="checkbox"/> Multiple races | |
| <input type="checkbox"/> None of the above | |

6. What is the highest grade in school you have completed (please check one)?

- Less than High School (**record actual grade**) A.A. or other degree that is not a B.A. or B.S.
 High School 4 years of college with degree
 1 year of college or technical school Postgraduate, M.D., Ph.D.
 2 or more years of college but did not graduate

7. How many people do you live with (not including yourself)?

Number of children Number of adults

8. During the past year, what was your total family income? \$ _____

9. Do you **currently** take medication for emotional, mental, or psychological problems (e.g., depression, anxiety, ADHD, insomnia/sleep problems)? No Yes

If yes, please list below (if you need additional room, please continue on the back of this page):

Date Prescribed	Medication name	Dosage	Reason for medication

10. **In the past**, did you take medication for emotional, mental, or psychological problems (e.g., depression, anxiety, ADHD, insomnia/sleep problems)? No Yes

If yes, please list below (if you need additional room, please continue on the back of this page):

Duration	Medication name	Dosage	Reason for medication
From to			
From to			
From to			
From to			

11. Have you ever been in therapy or counseling for emotional, mental, psychological, or addiction problems? No Yes

If yes, please list below (if you need additional room, please continue on the back of this page):

Duration	Type of provider (PhD, MD, priest, social worker)	# of sessions	Reason for therapy
From to			
From to			
From to			

12. Have you ever been hospitalized for emotional, mental, or psychological problems (e.g., anxiety, depression, drugs)? No Yes

If yes, please list below (if you need additional room, please continue on the back of this page):

Duration	Length of stay	Reason for hospitalization
From to		
From to		
From to		

13. Has anyone in your family (parents, grandparents, brothers, sisters, aunts, uncles, cousins) ever had an emotional, mental, or psychological problem? No Yes

If yes, please list below:

Person's Relationship to you (e.g., mother, paternal aunt, etc.)	Diagnosis/Problem(s) or Symptom(s)	Treatment Received? (Y/N)	Type of Treatment

14. Do you have any of the following medical problems:

	Yes	No	Prefer not to answer
Thyroid Problems			
Seizures			
Migraine Headaches			
Diabetes/pre-diabetes			
Hypoglycemia (low blood sugar)			
Anemia			
Asthma			
Irritable Bowel Syndrome			
Fibromyalgia			
Cancer			
Heart Disease			

15. How old is your biological mother? If you are not sure, please take your best guess.

16. How old is your biological father? If you are not sure, please take your best guess.

Brief Grit Scale

Please respond to the following items. Be honest – there are no right or wrong answers!

	Not like me at all	Not much like me	Somewhat like me	Mostly like me	Very much like me
1. New ideas and projects sometimes distract me from previous ones.	1	2	3	4	5
2. Setbacks don't discourage me.	1	2	3	4	5
3. I have been obsessed with a certain idea or project for a short period of time but later lost interest.	1	2	3	4	5
4. I am a hard worker.	1	2	3	4	5
5. I often set a goal but later choose to pursue a different one.	1	2	3	4	5
6. I have difficulty maintaining my focus on projects that take more than a few months to complete.	1	2	3	4	5
8. I finish whatever I begin.	1	2	3	4	5
9. I am diligent.	1	2	3	4	5

The Adult Hope Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

- 1 = Definitely False
- 2 = Mostly False
- 3 = Somewhat False
- 4 = Slightly False
- 5 = Slightly True
- 6 = Somewhat True
- 7 = Mostly true
- 8 = Definitely true

- ___ 1. I can think of many ways to get out of a jam.
- ___ 2. I energetically pursue my goals.
- ___ 3. I feel tired most of the time.
- ___ 4. There are lots of ways around any problem.
- ___ 5. I am easily downed in an argument.
- ___ 6. I can think of many ways to get the things in life that are important to me.
- ___ 7. I worry about my health.
- ___ 8. Even when others get discouraged, I know I can find a way to solve the problem.
- ___ 9. My past experiences have prepared me well for my future.
- ___ 10. I've been pretty successful in life.
- ___ 11. I usually find myself worrying about something.
- ___ 12. I meet the goals that I set for myself.

Schwartz Outcome Scale

Please respond to each statement by circling the number that best fits how you have generally felt over the last 7 days. There are no right or wrong responses. Often the first answer that comes to mind is best.

	Never						All or nearly all the time
1. Given my current physical condition, I am satisfied with what I can do.	0	1	2	3	4	5	6
2. I have confidence in my ability to sustain important relationships.	0	1	2	3	4	5	6
3. I feel hopeful about my future.	0	1	2	3	4	5	6
4. I am interested and excited about things in my life.	0	1	2	3	4	5	6
5. I am able to have fun.	0	1	2	3	4	5	6
6. I am generally satisfied with my psychological health.	0	1	2	3	4	5	6
7. I am able to forgive myself for my failures.	0	1	2	3	4	5	6
8. My life is progressing according to my expectations.	0	1	2	3	4	5	6
9. I am able to handle conflicts with others.	0	1	2	3	4	5	6
10. I have peace of mind.	0	1	2	3	4	5	6

Sexual Assault Severity Scale

Please answer the following questions regarding any unwanted sexual behavior you have experience since the age of 18.

How many times, since the age of 18, have any of the following sexual behaviors happened to you without your permission or consent?

	Never	Once	Twice	Three times or more
1. Someone touched, kissed, or rubbed against the private parts of your body (i.e., breasts, crotch, butt), but did not attempt sexual intercourse				
2. Someone TRIED to perform oral sex on you				
3. Someone TRIED to make you perform oral sex on them				
4. Someone TRIED to have vaginal sex with you (either with his penis or by inserting fingers or objects)				
5. Someone TRIED to have anal sex with you (either with his penis or by inserting fingers or objects)				

	Never	Once	Twice	Three times or more
6. Someone performed oral sex on you				
7. Someone made you perform oral sex on them				
8. Someone had vaginal sex with you (either with his penis or by inserting fingers or objects)				
9. Someone had anal sex with you (either with his penis or by inserting fingers or objects)				

Assault Characteristics

If you have experienced any of the previous unwanted sexual acts, please answer the following questions. If you have experienced more than one unwanted sexual act, use the experience that was most distressing for you to answer the questions.

10. How old were you when the sexual experience occurred? _____

11. How much time has passed since the sexual experience occurred?

- 1 = < 1 week
- 2 = 1-4 weeks
- 3 = 1-2 months
- 4 = 3-6 months
- 5 = 7-11 months
- 6 = 1-2 years
- 7 = More than 2 years

12. How many people were involved in the sexual experience (excluding you)?

- 1
- 2
- 3
- 4
- 5+

13. Was the person(s) you had the sexual experience with male or female? If there were multiple people and some were male and some female, then mark "Both"

- 1 = Male
- 2 = Female
- 3 = Both

14. The sexual experience occurred:

- 1 = in public, outside (i.e., parking lot, alley, park)
- 2 = in public, inside (i.e., bar, public bathroom)
- 3 = at the person's house/apartment/dorm
- 4 = at my house/apartment/dorm
- 5 = Other: _____

15. The person(s) who I had the sexual experience with was: (If more than one person, circle all that apply)

a = stranger

b = someone I just met

c = an acquaintance

d = close friend/confidant (but I've never had sexual relations with him/her before)

e = someone that I've had previous sexual relations with (i.e., acquaintance, close friend, ex)

f = a significant other or spouse

16. How close of a relationship did you have with the person you had the sexual experience with?

0	1	2	3	4	5	6	7	8	9	10
Not at all Close										I trusted them with my secrets

If there was more than one person involved, please rate how close of a relationship you had with the person when the sexual experience happened. Circle N/A if there was no second, third, fourth, or fifth person involved.

17. How safe did you feel with the person prior to the sexual experience?

0	1	2	3	4	5	6	7	8	9	10
Not at all Safe										Extremely Safe

If there was more than one person involved, please rate how safe you felt with each person prior to the sexual experience. Circle N/A if there was no second, third, fourth, or fifth person involved.

18. Approximately how many people were present during the sexual experience (but did not participate)?

No one else present (0)

1

2

3

4

5+

0 = No 1 = Yes

36. How many drinks did you have?

0 (N/A)

1-2

3-4

5-6

7+

37. Please rate your degree of intoxication at the time of the sexual experience. If you did not drink alcohol, circle N/A.

N/A

0	1	2	3	4	5	6	7	8	9	10
Not at all drunk										Black out drunk

38. Did the person(s) you had the sexual experience with insist that you drink alcohol?

0 = No

1 = Yes

39. To your knowledge, did the person(s) you had the sexual experience with put any drugs or substances in your drink?

0 = No

1 = Yes

40. To your knowledge, did the person(s) you had the sexual experience with drink alcohol before or during your sexual encounter?

0 = No

1 = Yes

41. Approximately, how many drinks did the person(s) have? If you are unsure, please take your best guess.

None

1-2

3-4

5-6

7+

42. Please rate the person(s) level of intoxication at the time of the sexual experience. If the person(s) was not drinking, circle N/A

N/A

0 1 2 3 4 5 6 7 8 9 10
 Not at all Black out
 drunk drunk

43. At the time of the sexual experience, were you using illicit substances (i.e., marijuana, ecstasy, oxycontin, crack, cocaine, meth)?

0 = No

1 = Yes

44. What drug(s) did you use?

- | | | |
|---|--------------------|--------------|
| a. marijuana | d. methamphetamine | g. mushrooms |
| b. prescription pain meds/
sedatives (i.e., oxycontin) | e. ecstasy | h. none |
| c. crack/cocaine | f. LSD | |

45. Please rate how high you were at the time of the sexual experience. If you did not use any drugs, circle N/A.

N/A

0 1 2 3 4 5 6 7 8 9 10
 Not at all Extremely
 high high

46. Did the person(s) you had the sexual experience with insist that you use illicit substances?

0 = No

1 = Yes

47. To your knowledge, what drug(s) did the person(s) use?

- | | | |
|---|--------------------|--------------|
| a. marijuana | d. methamphetamine | g. mushrooms |
| b. prescription pain meds/
sedatives (i.e., oxycontin) | e. ecstasy | h. none |
| c. crack/cocaine | f. LSD | |

48. Please rate how high the person(s) was at the time of the sexual experience. If the person(s) did not use drugs, mark N/A.

N/A

58. The world is a dangerous place.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
59. I feel like no matter what I do, bad things happen to me.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
60. I feel broken or damaged.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
61. I will not be the same person after this.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree

Posttraumatic Schemas

Please answer the following questions regarding some of the thoughts or beliefs you may have had SINCE the sexual experience. This would include the time IMMEDIATELY following the sexual experience to TODAY

	Timeframe: IMMEDIATELY AFTER to TODAY												
62. I did not expect this person(s) to ever harm me.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
63. I did not expect something like this to happen in the location I was in.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
64. This sexual experience happened because of something I said or did.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
65. I “led on” the person I had the sexual experience with.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree

66. This sexual experience happened because I am too trusting of others.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
67. This sexual experience happened because I am a weak person.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
68. I will not be able to trust anyone again.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
69. People are not who they appear to be.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
70. I will never feel safe again.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
71. The world is a dangerous place.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
72. I feel like no matter what I do, bad things happen to me.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
73. I feel broken or damaged.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree
74. I will not be the same person after this.	0	1	2	3	4	5	6	7	8	9	10	Strongly Disagree	Strongly Agree