

Predicting Body Shame of College Women Based on Sexual Victimization Recency and Frequency

Ava T. Carcirieri and Suzanne L. Osman*
Salisbury University

ABSTRACT. We examined body shame based on sexual victimization experience, including its recency and frequency. Participants were 228 undergraduate women from a midsize 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 experienced sexual victimization within the past year had greater body shame than women who experienced it earlier or not at all. However, unexpectedly, the latter two groups did not differ on body shame, and victimization frequency was not associated with body shame scores. Recent victimization experience may be most salient in the mind of the victim. Furthermore, perhaps women with recent victimization have not had time to overcome potential body-related trauma, as compared to women with earlier victimization.

Rape and sexual victimization are prevalent among college women (Fisher, Cullen, & Turner, 2000; Harned, 2000; Koss, Gidycz, & Wisniewski, 1987). Body-related disturbances, including body shame, are also common in the female student college population (Harned, 2000; McKinley, 1999; McKinley & Hyde, 1996; Tylka & Sabik, 2010). For example, researchers have found higher levels of body shame in female undergraduates than in male undergraduates and middle-aged mothers (McKinley, 1998, 1999). Researchers conceptualize body shame as feeling negatively about oneself when one's body does not conform to a set of internalized cultural standards for the idealistic female body (McKinley & Hyde, 1996). Researchers have examined body shame in the context of childhood sexual abuse, as well as its link to adulthood abuse in noncollege populations (Andrews, 1995, 1997; Andrews & Hunter, 1997; Vidal & Petrak, 2007). Using female undergraduate samples, other researchers have reported that sexual victimization is associated with various negative outcomes, including lowered self-esteem, depression, and disordered eating (Harned, 2000; Naville, Spanierman, Heppner, & Clark, 2004; Sable, Danis, Mauzy & Gallagher, 2006). However, the link between body shame and victimization has

been neglected in the undergraduate population. Thus, the purpose of the current study was to examine the relation between body shame and sexual victimization, including the role of recency and frequency in a sample of college women.

Researchers have suggested that negative body-related feelings and self-evaluations may be a risk factor for sexual victimization, given that one's body is violated if sexually victimized (Harned, 2000; Oppenheimer, Howells, Palmer, & Challoner, 1985; Schechter, Schwartz, & Greenfield, 1987). The negative feelings regarding the victimization experience may become associated with the body in the mind of the victim. Thus, having these types of experiences may bring more negative aspects of the body into focus. If focused on negative body self-evaluations, a woman may be at increased risk for feeling body shame. Furthermore, factors that increase the salience of the victimization experience in the mind of the victim may heighten level of body shame, including recency and frequency. The more recently a victimization experience has occurred, the more salient it may be to the victim. Likewise, the more times a woman is victimized, the more strongly she may associate her body with negative victimization-related feelings.

In support of the connection between

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sexual victimization and body-related disturbances, although Harned (2000) did not examine body shame, she found that concerns about body shape and eating disturbances among college women were associated with many types of sexual victimization, including gender harassment, unwanted sexual attention, sexual coercion, attempted rape and rape. Sexual abuse in childhood was also associated with greater body shame in community and clinical samples (Andrews, 1995, 1997; Andrews & Hunter, 1997). Inconsistent with these findings, Andrews (1995) did not find a relation between adulthood abuse and body shame in a sample of London women aged from 32 to 56 years old who were at high risk for developing clinical depression. Regardless, the samples used in Andrews's (1995, 1997) and Andrews and Hunter's (1997) studies may not generalize to the female college population. Furthermore, abuse in Andrews's (1995) study was defined as sexual or physical, but the majority of adulthood abuse reported in this sample was physical rather than sexual (i.e., 11% sexual; 33% physical). Thus, conclusions regarding the relation between adulthood sexual abuse and body shame could not be made clearly and need further investigation.

Vidal and Petrak (2007) found that 75% of their noncollege sample of women who were sexually assaulted reported shame, including body shame. Vidal and Petrak also reported greater body shame scores in their sample compared to Andrews, Qian, and Valentine's (2002) sample of London college women. However, Andrews et al. did not measure sexual victimization experience in their sample of undergraduates. Thus, without knowing the victimization status of these college women, the question of whether sexual victimization after childhood is directly related to greater body shame remains.

Although body shame was common among Vidal and Petrak's (2007) sample of sexually assaulted women, there were other characteristics of their sample that made it nongeneralizable to the college student population. First, the women ranged from 17 to 50 years old, with an average age of 29.8, which is older than the traditional college student. Second, the sample size was relatively small ($n = 25$), and of the sample, even fewer women ($n = 17$) had completed higher education. Lastly, the majority of these women ($n = 20$) were a clinical sample seeking therapy.

Other considerations from Vidal and Petrak's (2007) study include that the surveys were

completed in an uncontrolled environment. Also, there was no clear timeframe for post assault. The sexual abuse could have occurred weeks or decades before the time of the study, at any point in life from age 16 on. Thus, confounds from other life events and memory biases may have existed. It may therefore be important to have more defined and recent timeframes. Lastly, many participants had a history of previous sexual victimization, which may exacerbate negative outcomes. For instance, Naville et al. (2004) found that prior victimization was associated with lower self-esteem. Thus, it may be important to consider the number of times a woman has experienced sexual victimization.

To build on the current literature, we examined the relation between body shame and sexual victimization experience in a sample of college women because this group is at risk for sexual assault but has been neglected in this area of research. Given that victimization involves body violation, researchers have postulated that negative feelings resulting from these types of experiences may be manifested as body-related concerns. Thus, sexual victimization may be a risk factor for body shame (Andrews, 1997; Oppenheimer et al., 1985; Schechter et al., 1987). Furthermore, more recent and frequent victimization may increase the salience of these events and, thus, the risk for even greater body shame. Therefore, our first hypothesis for the current study was that female college students with victimization experience, as indicated by the Sexual Experiences Survey (SES; Koss et al., 1987), would have higher body shame scores than students with no victimization experience. Our second hypothesis was that female college students with recent victimization (in the past year) experience, as indicated by the SES, would have higher body shame than students victimized earlier. Our third hypothesis predicted that, for female college students with victimization experience, more frequent sexual victimization, as indicated by the SES, was expected to be associated with greater body shame. Lastly, our fourth hypothesis predicted that female college students with both recent and more frequent victimization, as indicated by the SES, would have the highest body shame scores.

Method

Participants

Participants were 228 undergraduate women from a pool of volunteers enrolled in an introductory psychology class at a midsize public university on

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the east coast. Most women were 18–22 years old (96%; age range 18–43). To restrict the sample to traditional college-aged women, we dropped students over the age of 22 ($n = 9$). Eighty-six percent of the sample identified their race as White/European, 9% African American, 2% Hispanic, and 2% Asian. Sixty-one percent of the sample identified themselves as freshman, 17% as sophomores, 5% as juniors, and 18% as seniors.

Measures

The Sexual Experiences Survey (SES; Koss et al., 1987) consists of 10 yes-or-no questions that measure four types of sexual victimization experiences (sexual contact, attempted rape, sexual coercion, rape) designed to detect unacknowledged victims (Koss & Oros, 1982). Sample items include, “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?,” “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?,” and “Have you had sexual intercourse when you didn’t want to because a man gave you alcohol or drugs?” Following each of the 10 questions, participants who answered “yes” also circled the number of times (0 to 5 or more) the experience occurred since age 14 and within the past year. We considered students who answered “yes” to any of the victimization questions to have victimization experience and students who answered “no” to all 10 questions to have no sexual victimization experience. 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. However, 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 & 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*). We computed mean scores, which could range from 1 to 7, with higher scores indicating greater body shame. The overall mean score in the present sample ($M = 3.51$) was similar to mean BSS scores in other samples of college women (McKinley, 1999; McKinley & Hyde, 1996). The Cronbach alpha for the BSS in the current study was .84. McKinley and Hyde (1996) reported Cronbach alphas of .75 and .84 for two samples of undergraduate women and .70 for a sample of middle-aged women. They also found the expected positive relations between the BSS and the endorsement of cultural body standards, as well as body surveillance, and negative relation between the BSS and body esteem.

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 to aid in privacy. Prior to the distribution of surveys, participants signed an informed consent form, and all responses were completely anonymous.

Results

Prevalence

We dropped one person from the analyses due to missing data on the BSS. Also, one participant reported victimization experience prior to the age of 14 only and, thus, we dropped her from the analyses to avoid confounds. We categorized participants who indicated no victimization experience as the “never” group ($n = 118$). Almost half the sample ($n = 99$) indicated victimization experience (45 sexual contact, 12 attempted rape, 20 sexual coercion, and 22 rape). Of the women with victimization experience, 65% indicated that they had experienced victimization within the past year; we categorized them as the “recent” group ($n = 64$; based on participant ages, victimization could have occurred between 17 to 22 years old). We categorized all remaining participants with victimization experience (35%) as the “earlier” group ($n = 35$; indicated victimization experience since age 14 and prior to the past year). For the participants in the recent group, 23% indicated one incident, 30% indicated two incidents, 13% indicated three incidents, and the remaining 34% indicated more than three (range 4–12) incidents during the past year. For participants in the earlier

group, 31% indicated one incident, 29% indicated two incidents, 9% indicated three incidents, and the remaining 31% indicated more than three (range 4–15) incidents prior to the past year.

ANCOVA for Body Shame Scores

To test Hypotheses 1 and 2, we performed an ANCOVA based on the three groups on the body shame scores. Frequency, which we entered as a covariate to control for its effect, was not significant, $F(1, 216) = 1.46, p = .23$, partial $\eta^2 = .007$. There was a main effect for victimization experience, $F(2, 214) = 3.71, p = .026$, partial $\eta^2 = .034$. To examine the hypotheses more specifically, we calculated a priori pairwise comparisons using Dunn's procedure to control for total experimentwise error, resulting in a .017 significance level requirement. The recent group ($M = 4.0, SD = 1.3$) had greater body shame scores than the never ($M = 3.4, SD = 1.2, p = .003$, partial $\eta^2 = .05$) and earlier ($M = 3.2, SD = 1.0, p = .003$, partial $\eta^2 = .09$) groups. However, there was no significant difference between the never and earlier groups.

Regression for Body Shame Scores

We used a multiple regression analysis, with body shame as the criterion variable, to test Hypotheses 3 and 4 for all participants who indicated victimization experience on the SES ($n = 99$). Victimization as recent or earlier was dummy-coded and entered into the model first. Frequency of victimization was centered and entered into the model next as a continuous variable, followed by the interaction between these two variables. Pearson correlations among the variables appear in Table 1. The total proportion of variance accounted for by the full model was $R^2 = 10.2\%$, $F(3, 95) = 3.6, p = .016$. The interaction term was not significant, $\beta = .243, p = .66$. Thus, we examined the other two variables without the interaction term in the model. There was no main effect for frequency, $\beta = .253, p = .27$. The main effect for recent/earlier was significant, $\beta = 5.69, p = .008$, accounting for 8.8% of the variance.

Discussion

We designed this study to measure the relation between sexual victimization and body shame in a sample of college women. Hypothesis 1 predicted that female college students with victimization experience would have higher body shame scores than students without such experience, and partial support was found. Unexpectedly, students victimized prior to the past year (i.e., earlier group) did

not differ in body shame scores from students who indicated no victimization experience (i.e., never group). However, as predicted, students who reported victimization within the past year (i.e., recent group) had greater body shame scores than students in the never group. Consistent with Hypothesis 2, students who reported victimization within the past year had higher body shame scores than students who reported earlier victimization. Lastly, for students who indicated sexual victimization experience, Hypothesis 3 predicted an association between frequency of sexual victimization and body shame, and Hypothesis 4 predicted the highest body shame scores for students with both recent and frequent victimization. We did not find support for Hypotheses 3 or 4.

These findings are inconsistent with Andrews's (1995) study, which found no link between adulthood victimization and body shame. However, the abuse examined in Andrews' (1995) study was largely physical rather than sexual, the sample was older on average and at high risk for developing clinical depression, and Andrews used a different measure of body shame. The BSS used in the current study measures the shame an individual feels about oneself based on how well one meets idealized cultural standards of beauty. It is possible that women who are older and/or at risk for clinical depression experience less concern regarding pressures to fit ideal body standards than traditional undergraduate women. Nonetheless, given that the youngest participants in the current sample were 18 years old, reported victimization must have occurred no earlier than 17 years old in the recent group, which is consistent with age cutoffs in previous research defining adulthood experience (Andrews, 1995; Vidal & Petrak, 2007). Thus, inconsistent with Andrews (1995), these results

TABLE 1

Pearson Correlations of Body Shame, Recency/Earlier, Frequency, and Interaction Term

Measure	BSS	R/E	FREQ	R/E x FREQ
BSS	1.00	.297***	.179 [†]	.207 [†]
R/E		1.00	.250**	.331***
FREQ			1.00	.974***
R/E x FREQ				1.00

Note. BSS = Body Shame Scale; R/E = Recency/Earlier; FREQ = Frequency;
R/E x FREQ = Interaction term
[†] $p < .05$. ** $p < .01$. *** $p < .001$.

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show at least one population in which adulthood abuse is linked to body shame. Although Andrews (1995) found a link between childhood victimization and body shame, conclusions regarding childhood abuse from the current study cannot be made, given that the analyses included no one who reported victimization before the age of 14, including women in the earlier group.

As for the contributions of the current study, results showed that recent sexual victimization experience was associated with greater body shame than earlier or no victimization in female college students. Sexual aggression of any kind may be interpreted as an intrusive violation of the body, making one more conscious of the body and at risk for negative body-related feelings and self-evaluations, including body shame. However, more recent sexual victimization may be most salient so that its impact on body shame is greater. It is also possible that women who reported earlier victimization had more time than those in the recent group to cope with the body violation and overcome any related body shame or other negative self-evaluations.

Also, given that sexual victimization is prevalent among college women and that they have been neglected in research examining body shame and sexual victimization, the current study fills an important gap in this literature. However, our sample also limits our findings from being generalized beyond the female college population. The majority of participants in our sample were freshman. Freshman in the recent group ($n = 38$) may have been reporting on victimization experience that occurred in college or within the past year prior to the start of college, whereas freshman in the earlier group ($n = 20$) were likely reporting on experience that occurred prior to college. On the other hand, sophomores, juniors and seniors in the recent group ($n = 26$) were likely reporting victimization experience that had taken place since starting college, whereas those in the earlier group ($n = 15$) may have been reporting on victimization experience that occurred in college or prior to the start of college. Thus, although our sample contained college women, caution should be taken to consider that victimization experience during college may be different than victimization occurring prior to college. Future researchers could investigate this possibility and continue to examine the association between sexual abuse and body-related self-evaluations with different types of samples (i.e., college, noncollege, clinical), victims (i.e., adult, child, men), and sexual victimization

definitions (i.e., recency, frequency, severity). Future researchers could also investigate how the recency of a sexual assault may impact treatment programs for victims suffering from body shame and other body-related problems. Finally, our results suggest that clinicians working with victimized women may benefit from considering the recency of the victimization and understanding that body shame is a risk factor.

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