Sexual Violence Identification and Women's Sexual Well-Being

Chelsea D. Kilimnik[1] · Cindy M. Meston[1]

Abstract

Purpose of Review Many individuals with histories of nonconsensual sexual experiences (NSEs) do not identify their experiences with common sexual violence labels, such as "sexual abuse," "rape," or "sexual assault." Understanding how identification of an NSE with these sexual violence labels may lead to sexual health outcomes will shed light on important underlying processes involved in reconciling one's NSEs with one's understanding of and experience with sexuality more broadly. In this review, we summarize the literature on sexual violence identification within the context of sexual well-being and reflect on the implications for identification within a changing climate of sexual violence awareness and discourse.

Recent Findings The majority of the literature has focused on aspects of the NSEs that may increase the likelihood of the individual identifying the experience with sexual violence labels. While there has been some research on the sexual correlates of identification, the overall picture of whether or not identification facilitates sexual well-being remains unclear. The authors conclude that identification is likely an observable proxy for complex implicit processes of identity change and sexual self-schema formation.

Summary Women's identification of NSEs with various labels is related to characteristics of the experience itself, attributions about the experience, and preconceived notions of sex and sexual violence. While identification has been associated with some positive outcomes (e.g., less self-blame), it has also been related to negative outcomes (e.g., greater sexual distress). Further research into the cognitive and affective processes involved in construing and identifying NSEs is warranted, particularly in the wake of the #MeToo era.

Keywords Nonconsensual sexual experiences · Identification · Sexual violence · Sexual well-being · Labeling

Introduction

Nonconsensual sexual experiences (NSEs) include any form of sexual activity that does not occur with freely given and ongoing sexual consent, including instances of coercion, incapacitation, the use of force or threats, or abuse of power or authority. There are also instances where consent cannot be given (e.g., by a child with an adult or significantly older peer.

Recent examinations into the prevalence rates of NSEs have found that approximately 20% of women have NSEs in their lifetime[1] [1, 2]. Prevalence rates, however, vary as a function of how the researchers define these experiences (e.g., penetration vs. contact, age cutoffs) and the language used in measurement and recruitment (e.g., "rape," "sexual abuse," "sexual assault") [3, 4•].

In addition to a lack of consensus on the operational definition of NSEs across research studies and state laws, research suggests that there is wide variability in the way in which women understand and use common sexual violence labels when referring to their experiences. For instance, a recent

---

✉ Cindy M. Meston
mestoncm@utexas.edu

[1] Seay Psychology Building, The University of Texas at Austin, 108 E. Dean Keeton St., A8000, Austin, TX 78712, USA

---

[1] While sexual violence is experienced by men, non-binary, and transgender individuals as well, the focus of the current article is on women. This is, in part, because NSEs and NSE identification have been researched most comprehensively in this population and because potentially confounding sociocultural factors that apply to these different groups of individuals (e.g., women, men, gender non-conforming individuals) vary.

meta-analysis found that approximately 60% of women with NSEs who met the operational definitions of rape did not identify their experiences with that label [5••]. The growth of the #MeToo movement in the past year has provided a platform for women to identify as an individual who has had an NSE. Understanding how women's identification of these experiences with sexual violence labels relates to their psychosexual well-being is a timely and important area of examination as it likely indexes a more nuanced cognitive process of how individuals perceive their NSEs, make meaning of the experiences, and integrate them into their larger schemas of sexuality and the self.

NSE Identification

A substantial proportion of women whose NSEs meet legal or operational definitions of sexual violence do not identify them with common sexual violence labels, such as "sexual assault," "rape," or "sexual abuse" [5••, 6, 7]. The tendency to identify NSEs with these labels has been referred to in the literature as "acknowledgement," "labeling," "defining," and "identification." Individuals who do identify their NSEs with these terms (i.e., identifiers) have been the primary subjects of research on NSEs due to the recruitment language of selecting for individuals with these experiences (e.g., "sexual abuse survivors") and previously used measurement tactics (e.g., "have you ever been raped?"). This has lead researchers to question whether or not there are "hidden victims" (or non-identifiers) that are being excluded from scientific inquiry and outreach initiatives [8]. Understanding the ways in which women self-identify their NSEs may also shed light on important processes of post-NSE schema and identity formation, as the process of labeling events can have an impact on the way the events are construed [9].

Determinants and Theories of Identification

The majority of the research on NSE identification has examined determinants of identifying the experience with sexual violence labels. Peterson and Muehlenhard proposed the match-and-motivation model for NSE identification, a dual component model for identification [10]. The *match* component of the model posits individuals are more likely to identify their NSEs as rape if their experience is characteristically similar to their *rape script*, or their previously held beliefs of what rape entails. There is some evidence to suggest that NSEs that match traditional or stereotypical beliefs of what sexual violence involves (e.g., violent, "stranger danger" scenarios) are more likely to be identified by the individual using sexual violence labels [6]. For instance, NSEs that involve more force, injury, or violence have been associated with a greater likelihood of sexual violence identification [11–15]. Additionally, greater resistance and clearer refusals by the

woman have been associated with more identification [16, 17]. Research has also demonstrated that women with very narrow perceptions of what rape looks like (i.e., endorsement of rape myths, such as "He didn't mean to" or "She didn't fight back"), are less likely to identify their experiences with the "rape" label [14, 18]. A summary of the literature connecting NSE characteristics to NSE identification is provided in Table 1.

The *motivation* component of the model also suggests that individuals might have different motivations for not identifying, such as avoiding stigma associated with being labeled a victim of rape [10]. For instance, some researchers have proposed that sexual violence labels in themselves may be harmful and result in negative self-fulfilling prophecies in the ways in which individuals with NSEs interact with others and how others react to them [34]. Indeed, research has found that women reported not identifying their NSEs as rape as a means of avoiding a negative label or negative attributions of the label [10, 19, 35]. Orchowski et al. found that individuals who were under the influence of drugs or alcohol at the time of the NSE were more likely to ascribe a label of "miscommunication" to their NSE opposed to a sexual violence label [26]. The authors discussed how this may be indicative of internalized victim blaming as it ascribes responsibility to the individual. Indeed, some research has suggested that individuals who harbor self-blame for their NSEs are less likely to identify them with sexual violence labels [10, 26, 30, 32]. Yet, other research has found that identifiers report greater levels of self-blame than non-identifiers [11], as well as no differences in the degree of self-blame reported by identifiers and non-identifiers [20].

Research on the likelihood of identification based on the characteristics of the NSEs implies that the NSE itself, along with preconceived notions of sex and sexual violence, determines the way in which an individual construes their experience. It is likely, however, that there are other sociocultural and intrapersonal variables involved in the identification process [36]. Indeed, research suggests that identification changes over time [10, 19–22, 32], reflecting an internal process of reconceptualizing the experience [37].

Some researchers have proposed an information-processing model of interpersonal violence that posits individuals must reconcile their NSE with previously held schematic beliefs about themselves, others, and the world [38]. Schemas are constructed from experiences and memories that shape individuals beliefs, behaviors, and attitudes. Sexual self-schemas are a set of beliefs about the self as a sexual being that have been developed through sexual experiences and sociosexual learning to guide and direct future behaviors. The model describes three pathways through which individuals may engage in the information-processing, including (1) *assimilating* the NSE into prior schematic beliefs by a process of minimizing the importance of the NSE, and (potentially)

Table 1 Summary of the NSE characteristics shown to have associations with the likelihood of identification

NSE characteristic	Label(s)	NSE onset[a]	Outcome
Violence/force/injury	Sexual abuse, rape sexual, assault	Childhood, adolescent, adulthood	Greater physical force, violence, or obtained injury associated with a greater likelihood of identification [11–17, 19–25]
Resistance	Rape, sexual assault	Adulthood, adolescence	More resistance or clearer refusals associated with a greater likelihood of identification [11, 16, 17, 19, 20, 22, 23]
Incapacitation/intoxication	Rape, sexual assault	Adulthood, adolescence	Greater intoxication or incapacitation at the time of the NSE is associated with less likelihood of identification. [11, 17, 20–22, 26]
Fear at the time of NSE	Sexual abuse	Childhood	Experiencing fear or distress at the time of the NSE was associated with greater likelihood of identification [27, 28••]
Familial relationship with perpetrator	Sexual abuse, sexual assault	Childhood, adolescence, adulthood	Having a familial relationship with the perpetrator results in a greater likelihood of identification [15, 16, 27]
Romantic relationship with perpetrator	Sexual abuse, rape, sexual assault	Childhood, adolescence, adulthood	Having a romantic relationship with perpetrator was associated with a lower likelihood of identification [8, 15, 16, 29•]
Perpetrator is a stranger	Rape, sexual assault	Adolescence, adulthood	Less familiarity with the perpetrator of the perpetrator being a stranger was associated with a greater likelihood of identification [8, 11, 24, 26, 30, 31]
Chronicity	Sexual abuse, rape, sexual assault	Childhood, adolescence, adulthood	More incidences of NSEs associated with a greater likelihood of identification [12, 15, 16, 23, 25, 27, 28••]
Penetration	Sexual abuse, rape	Childhood, adolescence, adulthood	Penetrative NSEs associated with greater likelihood of identification [15, 19, 21, 25, 27]
Time since the NSE	Sexual abuse, rape, sexual assault	Childhood, adolescence, adulthood	Longer time since the NSE associated with a greater likelihood of identification [10, 12, 16, 19–23, 32, 33]
Earlier age of NSE onset	Sexual abuse, rape, sexual assault	–	Earlier age of NSE onset is associated with a greater likelihood of NSE identification [12, 15, 28••, 33]

Note: Not all of the papers presented here examined all of the NSE characteristics. Papers that did not find associations with these or other characteristics are not presented here.

[a] The NSE onset categories were determined by how the authors of the papers referred to it. Adolescence was usually defined as those NSEs occurring since the age of 14 or under the age of 18. Childhood NSEs were usually defined by those occurring under the age of 16 or under the age of 18. Adulthood was considered everything over the age of 18

not identifying it as rape, (2) *accommodating* the NSE by altering previously held schematic beliefs to adjust for this experience, and potentially end up identifying the experience as rape, or (3) *overaccommodating* the NSE, which involves adaptations of previously held schematic beliefs into maladaptive beliefs (e.g., "Both intimacy and sex are dangerous") [38]. An empirical examination of this model suggests that different processes of integrating the NSE into previously developed schemata are associated with different coping strategies and outcomes [39]. In line with this idea of integrating the experience into previously developed schemas, one study found that individuals who identified their NSEs as sexual assault, rape, or sexual abuse had sexual self-schemas that were more dominated by their NSEs in comparison to non-identifiers [40••]. The authors proposed that NSE identification might involve a process of internalizing the NSE into broader sexual schemas through mechanisms of identity formation and making sense of the experience. While theories of the process of identification (e.g., match-and-motivation model) have been proposed and some research has begun to investigate the

cognitive and affective processes of identification, this internal process is not yet fully understood.

Psychological Correlates of NSE Identification

The psychological correlates of NSEs and identification are important to consider in the context of sexual health given the high coexistence of both mental health and sexual health concerns in women. NSE identification may indirectly impact sexual well-being through psychological processes. There has been a general assumption in the literature that labeling the NSE as a form of sexual violence is a critical part of psychologically recovering from the experience [41]. More recently though, others have purported that the use of labels, that by their nature restrict interpretation of the event, may hinder the recovery process by further confusing and limiting the meaning-making process following a potentially traumatic event [36].

Research into the mental health of identifiers and non-identifiers has found mixed results in psychological correlates

of NSE identification. Some of the literature suggests that identifiers have more severe psychological outcomes than non-identifiers, such as more PTSD symptoms [20, 42•]. One study of college women with NSE histories that occurred after the age of 14 found that identifiers did not report significantly more anxiety or depression symptoms than identifiers, but did report greater PTSD symptoms [23]. Another study assessing college freshman found that women who identified their NSEs that occurred after the age of 14 as rape did not significantly differ from non-identifiers on psychological distress [43]. Both identifiers and non-identifiers, however, demonstrated more distress than those with no NSEs. Other research suggests that identifiers indicate *less* emotional interference with their social and work life than do non-identifiers [21] and a greater likelihood of disclosing the experiences to others [21, 23]. While disclosure of NSEs to officials or loved ones is often framed as a positive outcome, there is mixed findings on the degree to which disclosure and reporting are helpful or harmful [44]. Other research has found that the NSE itself, regardless of what women call it, is associated with negative psychological outcomes [20, 45, 46]. With most of this research being cross-sectional, it is unclear if NSE identification leads to different outcomes or if different post-NSE outcomes influence the way in which women perceive and identify their NSEs.

Sexual Correlates of NSE Identification

Decrements in sexual well-being have been widely documented as pervasive and long-lasting concerns for women with NSE histories [47, 48, 49•, 50]. It may be that the age of NSE onset is implicated in the relationship between identification and sexual outcomes. The majority of research on the sexual correlates of NSE identification has focused on aspects of sexual functioning and satisfaction, and the literature has yielded mixed results. There have been several studies that show no difference between identifiers and non-identifiers in sexual well-being in women who experienced NSEs after age 14. An early study examining differences in sexual function (as measured by Drive and Satisfaction subscales of the Derogatis Sexual Functioning Inventory [51]) in college women found no differences in sex drive or satisfaction between those who did and did not identify their NSEs as rape [20]. Similarly, a more recent study of undergraduate women found no differences in sexual satisfaction. Between those who did and did not identify their NSEs as sexual assault, however, both groups demonstrated less satisfaction than those with no NSE histories [52••]. In contrast to this, a study of college women found that those who identified their childhood NSEs (occurring before age 16) as sexual abuse reported higher levels of sexual distress than women who did not use that label. Non-identifiers and identifiers, however, did not significantly differ on sexual functioning [27].

Kilimnik et al. found that women who did and did not identify their NSEs (occurring at any point in their lifetime) with sexual violence labels did not differ on sexual dysfunction, though identifiers demonstrated a significantly lower level of sexual functioning than did those with no history of NSEs [40••]. Furthermore, the researchers demonstrated that identification status moderated the degree to which the prominence of NSEs within sexual schemas predicted for sexual functioning. That is, greater prominence of NSEs in women's schemas predicted for decrements of sexual functioning in identifiers; there was no significant relationship observed between NSE prominence in sexual schemas and sexual functioning for non-identifiers. These findings also held after controlling for NSE characteristics (e.g., age of NSE onset, relationship to perpetrator). This provides further support for the models and theories positing that identification involves a process of integrating experiences into broader schemas. Additionally, another study examining sexual function in women with NSE histories (occurring after the age of 14) found identifying NSEs with a sexual assault label was associated with more avoidant coping, which in turn was associated with lower levels of sexual lubrication and satisfaction [53••]. It may be that identification is a proxy for an internal process, such as schema reformation, that is more directly related to sexual outcomes than the use of the labels per se.

In addition to examinations of sexual functioning and satisfaction, researchers have assessed how differences in NSE identification may relate to different sexual behaviors, attitudes, and revictimization risk. In a community recruited convenience sample, individuals who identified their childhood NSEs (occurred before the age of 16) as sexual abuse reported greater avoidance of sexual activity in contrast to non-identifiers, whereas non-identifiers reported greater sexual compulsivity than did their identifying counterparts [28••]. LeMaire et al. found that, compared to identifiers, women with NSE histories (age of onset not specified) who did not identify their experiences as rape reported attitudes that were more tolerant of sexual harassment [54••]. Additionally, Kilimnik and Humphreys examined whether identification of adult NSEs (occurring after age 18) as sexual assault was related to undergraduate women's sexual consent attitudes [55••]. The study found that non-identifiers reported less positive attitudes around sexual consent negotiations and indicated using more indirect behavioral approaches for negotiating sexual consent than did identifiers and those with no NSE histories. In line with this, Marx and Soler-Baillo found that, among undergraduate women with NSE onset after the age of 14, those who did not identify their NSEs as sexual assault took longer to recognize threat in a sexual situation than both identifiers and individuals with no NSE histories [45]. Furthermore, in an examination of college women with NSE histories (that occurred after the age of 14), Littleton et al. found that during a 6-month follow-up period after the initial assessment of NSE

identification, non-identifiers were approximately two times more likely to have experienced another NSE [22]. These findings suggest that not identifying NSEs with these labels may be associated with attitudes and behaviors facilitating a greater risk for future sexual violence experiences.

Conclusions and Considerations

Researchers have consistently stated that NSE identification is not an adequate measure of whether or not someone has experienced sexual violence [19, 26, 45]. Indeed, there are more similarities than differences in the experiences and outcomes of identifiers and non-identifiers and, regardless of identification, women with NSE histories have greater psychosexual decrements than women without NSE histories [e.g., 43, 45]. The inconsistencies in the literature reviewed suggest that the question of whether identifying NSEs with sexual violence labels is beneficial or harmful is largely unknown. It is likely that the answer is more complex than one option being better than the other. Reconciling NSEs within the larger context of an individual's sexual experiences, social constructions, and sexual schemas involves information-processing and identity changes [10, 36, 39]. Differences in this process of incorporating NSEs into sexual schemas may predict for differences in well-being outcomes [39, 40••].

Some researchers have argued that, independent of the personal outcomes for individuals with NSE histories, NSE identification has benefits for society at large, such as more formal reporting and more accurate prevalence estimates, greater awareness of the scope of the problem, and more perpetrators being identified [42•, 43]. In line with this, research on the implications of sexual violence and effective post-NSE treatment interventions may end up biased toward identifiers if women who do not identify their NSEs with these sexual violence labels are not actively recruited [4•]. Yet, NSE identification remains a personal process that may influence the post-NSE adjustment trajectories of women.

Given the dramatic rise in attention paid to sexual misconduct in the past year and the growing momentum of the #MeToo movement giving voice to women speaking out and identifying, it is likely that determinants and correlates of identification will change. Previously, identifying as having had an NSE often involved disclosing into an environment of isolation, shame, or even disbelief. In light of the #MeToo movement, identification now involves belonging to a community of women actively sharing their experiences and reclaiming the narrative of sexual violence. It may be that the cognitive processes involved in identification and outcomes associated with identification alter as a result of the #MeToo movement. A recent poll of 3372 adult men and women in the USA by Women's Health and Men's Health magazines discovered that since the #MeToo movement accelerated about a year ago, 37% of women and 7% of men

have re-evaluated past sexual encounters and now identify them as "inappropriate" [56]. Evidently, the globally changing discourse of sexual violence is influencing the way individuals think about and construe their sexual experiences. Thus, ongoing research into the field of NSE identification is warranted.

Further research into the cognitive and affective processes of identifying NSEs, opposed to the characteristics of the experience itself, may shed light on the current inconsistencies in the literature and inform further theoretical development on the mechanisms through which identification relates to psychosexual outcomes. There are notable gaps in the research. For instance, the bulk of the research has involved women in college or universities and NSEs that occurred after the age of 14. Future research should focus on examining NSE identification with an operationalization of NSEs that is inclusive of childhood NSEs and in more diverse populations (e.g., community samples, gender non-conforming individuals, men). Examining NSE identification within countries with more gender inequality may also inform the processes that underlie identification. For instance, in countries that have been riddled with warfare, such as Afghanistan and the Democratic Republic of Congo, gender-based sexual violence has been normalized, which has resulted in a culture of extreme impunity [57, 58]. Women's process of NSE identification may differ dependent on the sociocultural context in which their experiences take place.

With the exception of a few studies, the research has primarily been cross-sectional. Longitudinal and prospective studies should be implemented to better examine NSE identification as an ongoing process of schema and identity formation over time. Additionally, few studies examining psychosexual identification correlates have thoroughly controlled for the potential confounds of differences in NSE characteristics between the experiences of identifiers and non-identifiers. Without accounting for differences in the event-level characteristics of the NSE itself, the sexual health differences observed between identifiers and non-identifiers cannot be confidently attributed to identification. While some researchers attempt to address this by only selecting for individuals with similar NSE characteristics, findings cannot be fully generalized without examining identification across the full spectrum of NSEs [4•]. Lastly, research has demonstrated that there are labels with which more women identify their NSEs. For instance, one study found that 95% of women studied ($n = 73$) identified their NSEs as "a bad sexual experience" [10]. It may be beneficial for researchers to use more inclusive labels in the recruitment of women with NSE histories in order to fully capture the spectrum of NSE identification.

NSE identification does not appear to be a necessary part of the recovery process, but it is intricately implicated in post-NSE adjustment trajectories. In light of the #MeToo movement, there are likely new sociocultural factors acting on

women's processes of shaping meaning and identity from these experiences. Tarana Burke, the woman who first gave voice to the #MeToo movement in 2006, recently discussed the next steps for the movement involving reflecting on and discussing how women can navigate the post-disclosure phase of experiencing sexual violence [33]. While Burke believes that "naming it is just the beginning of the journey," her standpoint acknowledges that the process of "naming it" is unique for different women [33]. The implications of a climate encouraging self-identification of NSEs for societal gain is still unknown and the psychosexual implications of identifying these experiences with sexual violence labels seem to vary. Yet, many women still do not, and likely will not, identify their NSEs with these labels, whether it be "rape," "sexual abuse," or simply stating "#MeToo." Considering the identification process as a dynamic one that varies across individuals and changes over time may be critical to keeping the sexual violence discourse inclusive and supportive for women with NSE histories regardless of the labels they ascribe to their experience.

Compliance with Ethical Standards

Conflict of Interest   Ms. Kilimnik reports receiving grant funds from the Canadian Institute of Health Research (CIHR) as well as the International Society for the Study of Women's Sexual Health (ISSWSH), during the conduct of the study.

Dr. Meston reports serving as a consultant for Strategic Science and Technologies, LLC., Endoceutics, Inc., AMAG Pharmaceuticals, Inc., and S1 Biopharma, Inc., outside the submitted work.

Human and Animal Rights and Informed Consent   This article does not contain any studies with human or animal subjects performed by any of the authors.

Publisher's Note   Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

References

Papers of particular interest, published recently, have been highlighted as:
• Of importance
•• Of major importance

1.   Muehlenhard CL, Peterson ZD, Humphreys TP, Jozkowski KN. Evaluating the one-in-five statistic: women's risk of sexual assault while in college. J Sex Res. 2017;54:549–76.
2.   Pereda N, Guilera G, Forns M, Gómez-Benito J. The prevalence of child sexual abuse in community and student samples: a meta-analysis. Clin Psychol Rev. 2009;29:328–38.
3.   Gorey KM, Leslie DR. The prevalence of child sexual abuse: integrative review adjustment for potential response and measurement biases. Child Abuse Negl. 1997;21:391–8.
4.• Kilimnik CD, Pulverman CS, Meston CM. Methodologic considerations for the study of childhood sexual abuse in sexual health outcome research: a comprehensive review. Sex Med Rev. 2018;6: 176–87 **This review paper discusses the inconsistencies in the methods used to examine sexual correlates of childhood sexual abuse and proposes comprehensive methods to increase the generalizability and interpretability of findings from sexual health outcome research in the sexual violence field.**
5.•• Wilson LC, Miller KE. Meta-analysis of the prevalence of unacknowledged rape. Trauma Violence Abuse. 2016;17:149–59 **This is the first and only meta-analysis conducted on sexual violence identification to date and found that a substantial majority (60%) of individuals with experiences that met operational definitions of rape did not identify their experience with the rape label.**
6.   Littleton HL, Rhatigan DL, Axsom D. Unacknowledged rape: how much do we know about the hidden rape victim? J Agress Maltreat Trauma. 2007;14:57–74.
7.   Marsil DF, McNamara C. An examination of the disparity between self-identified versus legally identified rape victimization: a pilot study. J Am Coll Heal. 2016;64:416–20.
8.   Koss MP. The hidden rape victim: personality, attitudinal, and situational characteristics. Psychol Women Q. 1985;9:193–212.
9.   Muehlenhard CL, Powch IG, Phelps JL, Giusti LM. Definitions of rape: scientific and political implications. J Soc Issues. 1992;48:23–44.
10. Peterson ZD, Muehlenhard CL. A match-and-motivation model of how women label their nonconsensual sexual experiences. Psychol Women Q. 2011;35:558–70.
11. Bondurant B. University women's acknowledgment of rape. Viol Against Wom. 2001;7:294–314.
12. Hammond CB, Calhoun KS. Labeling of abuse experiences and rates of victimization. Psychol Women Q. 2007;31:371–80.
13. Kilpatrick DG, Resnick HS, Saunders BE, Best CL. Rape, other violence against women, and posttraumatic stress disorder. In: Dohrenwend BP, editor. Adversity, stress, and psychopathy. New York: Oxford University Press; 1995. p. 161–76.
14. Peterson ZD, Muehlenhard CL. Was it rape? The function of women's rape myth acceptance and definitions of sex in labeling their own experiences. Sex Roles. 2004;51:129–44.
15. Stander VA, Olson CB, Merrill LL. Self-definition as a survivor of childhood sexual abuse among navy recruits. J Consult Clin Psychol. 2002;70:369–77.
16. Cleere C, Lynn SJ. Acknowledged versus unacknowledged sexual assault among college women. J Interpers Violence. 2013;28:2593–611.
17. Schwartz MD, Leggett MS. Bad dates or emotional trauma? The aftermath of campus sexual assault. Viol Against Wom. 1999;5:251–71.
18. Newins AR, Wilson LC, White SW. Rape myth acceptance and rape acknowledgment: the mediating role of sexual refusal assertiveness. Psychiatry Res. 2018;263:15–21.
19. Fisher BS, Daigle LE, Cullen FT, Turner MG. Acknowledging sexual victimization as rape: results from a national-level study. Justice Q. 2003;20:535–74.
20. Layman MJ, Gidycz CA, Lynn SJ. Unacknowledged versus acknowledged rape victims: situational factors and posttraumatic stress. J Abnorm Psychol. 1996;105:124–31.
21. Botta RA, Pingree S. Interpersonal communication and rape: women acknowledge their assaults. J Health Commun. 1999;2:197–212.
22. Littleton H, Axsom D, Grills-Taquechel A. Sexual assault victims' acknowledgement status and revictimization risk. Psychol Wom Q. 2009;33:43–2.

23. Littleton HL, Axsom D, Breitkopf CR, Berenson A. Rape acknowl-edgement and postassault experiences: how acknowledgment status relates to disclosure, coping, worldview, and reactions received from others. Violence Vict. 2006;21:761–78.

24. Kahn AS, Jackson J, Kully C, Badger K, Halvorsen J. Calling it rape: differences in experiences of women who do or do not label their sexual assault as rape. Psychol Wom Q. 2003;27:233–42.

25. Katerndahl D, Burge SK, Kellogg N. Factors that predict how women label their own childhood sexual abuse. J Child Sex Abus. 2006;15:43–54.

26. Orchowski LM, Untied AS, Gidycz CA. Factors associated with college women's labeling of sexual victimization. Violence Vict. 2013;28:940–58.

27. Rellini A, Meston C. Sexual function and satisfaction in adults based on the definition of child sexual abuse. J Sex Med. 2007;4: 1312–21.

28.•• Vaillancourt-Morel M, Godbout N, Bédard MG, Charest É, Briere J, Sabourin S. Emotional and sexual correlates of child sexual abuse as a function of self-definition status. Child Maltreat. 2016;21:228–38 **This study is one of the few studies to examine sexual corre-lates of identification of childhood NSEs with the sexual abuse label. The findings indicated that identifiers reported more sex-ual avoidance than non-identifiers, while non-identifiers report-ed more sexual compulsivity than identifiers.**

29.• Jaffe AE, Steel AL, DiLillo D, Messman-Moore TL, Gratz KL. Characterizing sexual violence in intimate relationships: an exam-ination of blame attributions and rape acknowledgment. J Interpers Violence 2017;online ahead of print:1–22 **This study examined identification of NSEs with the rape label in the association between perpetrator relationship and blame attributions. The study found that women who had an NSE with an intimate partner were less likely to identify their NSEs as rape, which in turn predicted for more self-blame for the NSE.**

30. Frazier PA, Seales LM. Acquaintance rape is real rape. In: Schwartz MD, editor. Researching sexual violence against women: method-ological and personal perspectives. California: Sage Publicatoins; 1997. p. 56–64.

31. Koss MP, Dinero TE, Seibel CA, Cox SL. Stranger and acquain-tance rape: are there differences in the victim's experiences? Psychol Wom Q. 1988;12:1–24.

32. Pitts VL, Schwartz MD. Promoting self-blame among hidden rape survivors. Humanit Soc. 1993;17:383–98.

33. Burke T. #MeToo founder Tarana Burke on what needs to happen after the hashtag. Glamour. 2017. https://www.glamour.com/story/metoo-founder-tarana-burke-what-needs-to-happen-after-the-hashtag. Accessed 13 Sept 2018.

34. Holguin G, Hansen DJ. The "sexually abused child": potential mechanisms of adverse influences of such a label. Aggress Violent Behav. 2003;8:645–70.

35. Magley VJ, Shupe EI. Self-labeling sexual harassment. Sex Roles. 2005;53:173–89.

36. Young SL, Macguire KC. Talking about sexual violence. Wom Language. 2003;26:40–52.

37. Roller C, Martsolf DS, Daucker CB, Ratchneewan R. The sexuality of childhood sexual abuse survivors. Int J Sex Health. 2009;21:49–60.

38. Resick PA, Schnicke MK. Cognitive processing therapy for sexual assault victims. J Consult Clin Psychol. 1992;60:748–56.

39. Littleton H. An evaluation of the coping patterns of rape victims: integration with a schema-based information-processing model. Viol Against Wom. 2007;13:789–801.

40.•• Kilimnik CD, Boyd RL, Stanton AM, Meston CM. Identification of nonconsensual sexual experiences and the sexual self-schemas of women: implications for sexual functioning. Arch Sex Behav. 2018;47:1633–47 **This study demonstrated that for identifiers, but not for non-identifiers, greater prominence of NSEs in**

sexual schema predicted for decrements in sexual functioning. It provides important empirical support for the theory that identification is an explicit proxy for internal processes of sex-ual schema changes which in turn influence sexual well-being.

41. Gidycz CA, Koss MP. Predictors of long-term sexual assault trauma among a national sample of victimized college women. Violence Vict. 1991;6:175–90.

42.• Wilson LC, Scarpa A. Unacknowledged rape: the influences of child sexual abuse and personality traits. J Child Sex Abus. 2015;24:975–90 **This study examined the relationship between childhood sexual abuse history and later life sexual violence identification. Their findings indicated that less severe forms of childhood NSEs predicted for less identification. The authors infer that previous NSEs may provide a more developed rape script to aid in identification processes later on.**

43. McMullin D, White JW. Long-term effects of labeling a rape expe-rience. Psychol Women Q. 2006;30:96–105.

44. Holland KJ, Cortina LM, Freyd JJ. Compelled disclosure of college sexual assault. Am Psychol. 2018;73:256–68.

45. Harned MS. Does it matter what you call it? The relationship be-tween labeling unwanted sexual experiences and distress. J Consult Clin Psychol. 2004;72:1090–9.

46. Marx BP, Soler-Baillo JM. The relationships among risk recogni-tion, autonomic and self-reported arousal, and posttraumatic stress symptomology in acknowledged and unacknowledged victims of sexual assault. Psychosom Med. 2005;67:618–24.

47. Becker JV, Skinner LJ, Abel GG, Axelrod R, Cichon J. Sexual problems of sexual assault survivors. Women Health. 1984;9:5–20.

48. Leonard LM, Follette VM. Sexual functioning in women reporting a history of child sexual abuse: review of the empirical literature and clinical implications. Annu Rev Sex Res. 2002;13:346–88.

49.• Pulverman CS, Kilimnik CD, Meston CM. The impact of child-hood sexual abuse on women's sexual health: a comprehensive review. Sex Med Rev. 2018;6:188–200 **This paper is a recent comprehensive review that outlines in detail the numerous sex-ual correlates and mechanisms of sexual influence for child-hood sexual abuse on adult sexual functioning.**

50. van Berlo W, Ensink B. Problems with sexuality after sexual as-sault. Annu Rev Sex Res. 2000;11:235–57.

51. Derogatis LR, Rosen R, Leiblum S, Burnett A, Heiman J. The Female Sexual Distress Scale (FSDS): initial validation of a stan-dardized scale for assessment of sexually related personal distress in women. J Sex Marital Ther. 2002;28:317–30.

52.•• Kilimnik CD, Trapnell PD, Humphreys TP. Negative affectivity in females' identification of their nonconsensual sexual experiences and sexual dissatisfaction. Can J Human Sex. 2016;25:177–85 **This study examined the identification of NSEs with the sexual as-sault label and the relationship with negative affectivity and sexual dissatisfaction. The findings demonstrated that identi-fiers had higher levels of trait-level negative affect, though iden-tifiers and non-identifiers did not differ on sexual satisfaction, while both groups with NSEs had less satisfaction than those with no NSEs.**

53.•• Kelley EL, Gidycz CA. Labeling of sexual assault and its relation-ship with sexual functioning: the mediating role of coping. J Interpers Violence. 2015;30:348–66 **This study of examined identi-fication of NSEs with the sexual assault label and the relation-ship with coping strategies and sexual functioning. The findings demonstrated that sexual violence identification had an indirect effect through avoidant coping mechanisms predicting for low-er levels of sexual lubrication and satisfaction.**

54.•• LeMaire KL, Oswald DL, Russell BL. Labeling sexual victimiza-tion experiences: the role of sexism, rape myth acceptance, and tolerance of sexual harassment. Violence Vict. 2016;31:332–46 **This study examined sexual violence identification of adult NSEs with the rape label and found that non-identifiers were**

more tolerant of sexual harassment than were identifiers. The results add to a literature that posits that schemas and attitudes associated with non-identification may facilitate further exposure to sexual violence.

55.•• Kilimnik CD, Humphreys TP. Understanding sexual consent and nonconsensual sexual experiences in undergraduate women: the role of identification and rape myth acceptance. Can J Human Sex. 2018;27:195–206 **This was the first study to examine how NSEs were associated with sexual consent attitudes**. **The study found that non-identifiers reported less positive attitudes toward consent negotiations and indicated using more indirect and behavioral** approaches to communicating consent than did identifiers.

56. Canning K. We asked, you answered: here's how the #MeToo movement has impacted your health one year later. Women's Health 2018. https://www.womenshealthmag.com/life/a23013571/metoo-movement-survey-one-year-later. Accessed 13 Sept 2018.

57. Ahmad L, Avoine PA. Misogyny in 'post-war' Afghanistan: the changing frames of sexual and gender-based violence. J Gend Stud. 2017;27:86–101.

58. Baaz ME, Stern M. Why do soldiers rape? Masculinity, violence, and sexuality in the armed forces in Congo (DRC). Int Stud Quart. 2009;53:495–518.