Rape is prevalent among college women, with reported rates ranging from 15% to 30% in some samples (Botta & Pingree, 1997; Cleere & Lynn, 2013; Kahn, Jackson, Kully, Badger, & Halvorsen, 2003; Osman, 2016). Rape has also been linked to a multitude of negative outcomes including substance abuse, self-objectification, sexual dissatisfaction, and symptoms of post-traumatic stress disorder, depression, anxiety, and disordered eating (Carr & Szymanski, 2011; Harned, 2000; Layman, Gidycz, & Lynn, 1996; Orlando & Koss, 1983; Oshodi, Macharia, Lachman, & Seedat, 2017). Another construct that has been examined for its relation to rape is body shame. Researchers have asserted that, because rape is a body-intrusive experience, negative feelings produced by the rape can be manifested as body-related concerns including body shame. Following rape, a woman might associate her negative feelings with her body and, thus, focus on negative aspects of her body, placing her at risk for elevated body shame (Carcirieri & Osman, 2011; Carr & Szymanski, 2011; Harned, 2000; Oppenheimer, Howells, Palmer, & Challoner, 1985; Schechter, Schwartz, & Greenfeld, 1987).

Body shame can be defined as the shame felt by a woman when her body does not fit with internalized idealistic cultural standards ( McKinley & Hyde, 1996), and has been associated with sexual victimization in childhood and adulthood including rape (Andrews, 1995, 1997; Carcirieri & Osman, 2011; Carr & Szymanski, 2011; Davidson & Gervais, 2015; Vidal & Petrak, 2007). For example, Vidal and Petrak (2007) examined body shame in their clinical and community sample of women who experienced sexual victimization. They reported that body shame scores in their sample were greater than those reported for a validation sample of university students, although sexual victimization was not measured in this university sample (Andrews, Qian, & Valentine’s, 2002). Furthermore, a positive relationship between body shame and sexual victimization was found in samples of female college students (Carcirieri & Osman, 2011; Carr...
trigger event may occur at some point that helps
work alone. Rather, they suggested that some other
time influences rape-related outcomes, it does not
and trust). Burt and Katz (1987) suggested that, if
all factors measured in their study (e.g., self-value
reported to range from within a year to over 8 years.
However, recency since rape was not associated with
positive association between self-reported interper-
& Koss, 1983). Also, Burt and Katz (1987) found a
period directly following the victimization (Orlando
sexual satisfaction during four time periods (i.e.,
time data were collected, which averaged 18 months
following victimization). These women reported
the greatest satisfaction during the most recent
time period measured, and the lowest during the
period directly following the victimization (Orlando
& Koss, 1983). Also, Burt and Katz (1987) found a
positive association between self-reported interper-
sonal skills and length of time since rape occurred,
and a negative association between avoidant coping
and length of time since rape occurred, which was
reported to range from within a year to over 8 years.
However, recency since rape was not associated with
all factors measured in their study (e.g., self-value
and trust). Burt and Katz (1987) suggested that, if
time influences rape-related outcomes, it does not
work alone. Rather, they suggested that some other
trigger event may occur at some point that helps
motivate women to work through their rape, thus
resulting in improved outcomes for women raped
longer ago compared to those raped more recently.
Rape acknowledgment specifically refers to a woman’s acknowledgment of her own rape
experience such that an acknowledged victim
would label her experience as rape (Koss, 1985).
However, many college women who have been
raped are unacknowledged, which means that
they have experienced rape, but do not label their
experience as rape. Rape acknowledgment is a rape-
related event that may occur soon after a woman
experiences rape. However, evidence has suggested
that it often occurs at a later point in time (Botta
& Pingree, 1997; Gleere & Lynn, 2013; Peterson
& Muehlenhard, 2011) and that it may be a trigger
that motivates a woman to deal with her experience
and eventually leads her to improved outcomes or
recovery (Kelley & Gidycz, 2015; Littleton et
al., 2006). Although body shame based on rape
acknowledgment status has not been examined,
rape acknowledgment has been associated with
other outcomes, both positive and negative.

Some researchers have found positive impacts
associated with acknowledgment including better
adjustment and coping, less distress, more social
support and greater empathy for other women who
have been raped (Botta & Pingree, 1997; Clements
& Ogle, 2009; Littleton et al., 2006; Osman, 2016).
Conversely, other have found negative impacts
associated with acknowledgement including greater
feelings of stigma, confusion and sadness, and
more post-traumatic stress disorder and somatic
symptoms (Conoscenti & McNally, 2006; Kahn et
al., 2003; Layman et al., 1996; Littleton et al., 2008).
Furthermore, some researchers have found no
differences based on acknowledgment status such
as in psychological well-being or sexual satisfaction
(Layman et al., 1996; McMullin & White, 2006;
Orlando & Koss, 1983), and other studies have pro-
duced inconsistent results. For example, Layman
et al. (1996) did not find a difference in self-blame
between acknowledged and unacknowledged
women, Bondurant (2001) found that acknowl-
edged women engaged in more self-blame, whereas
others have found that acknowledged women
engaged in less self-blame (Botta & Pingree, 1997;
also found that acknowledged women reported
consuming less alcohol since rape than those who
were unacknowledged, but in one of the only stud-
ies to consider both time and acknowledgment,
McMullin and White (2006) found no differences

& Szymanski, 2011; Davidson & Gervais, 2015).
However, in their sample of female undergraduates,
Carcirieri and Osman (2011) also examined body
shame based on the recency of sexual victimization.
They found elevated body shame levels among only
those reporting recent victimization (victimization
that took place within the past year). These women
reported greater levels of body shame than both
nonvictims and women reporting earlier victim-
ization (between age 14 and the past year). The
experience of negative mental health symptoms
within a year after rape was consistent with other
findings (Oshodi et al., 2017) in which symptoms
(e.g., anxiety and depression) lasted at relatively
stable levels when measured over the course of six
time periods within about a year following rape
(within 2 weeks, 1 month, 3 months, 6 months,
9 months, and 12 months).

Carcirieri and Osman’s (2011) findings were
also consistent with prior research revealing some
improved outcomes for women raped longer
ago compared to those raped more recently, and
improved outcomes over the course of time (e.g.,
trauma, sexual satisfaction, interpersonal skills,
coping; Burt & Katz, 1987; Orlando & Koss, 1983;
Testa, Tamsen, Livingston, & Koss 2004). More spe-
cifically, women rated how traumatic or upsetting
sexual victimization had been for them at the time
that it occurred and at the time of data collection
(victimization occurred an average of 4 to 5 years
earlier). Their reported trauma levels were higher
at the time of their victimization (Testa et al., 2004).
In other research, women rated their levels of
sexual satisfaction during four time periods (i.e.,
the month before experiencing sexual victimiza-
tion, the month after, 3 months after, and at the
time data were collected, which averaged 18 months
following victimization). These women reported
the greatest satisfaction during the most recent
time period measured, and the lowest during the
period directly following the victimization (Orlando
& Koss, 1983). Also, Burt and Katz (1987) found a
positive association between self-reported interper-
sonal skills and length of time since rape occurred,
and a negative association between avoidant coping
and length of time since rape occurred, which was
reported to range from within a year to over 8 years.
However, recency since rape was not associated with
all factors measured in their study (e.g., self-value
and trust). Burt and Katz (1987) suggested that, if
time influences rape-related outcomes, it does not
work alone. Rather, they suggested that some other
trigger event may occur at some point that helps
in alcohol consumption between acknowledged and unacknowledged women (raped since age 14 and prior to the start date of the study) when assessed longitudinally at two different times separated by a period of about 10 months. However, they did find evidence suggesting that rape acknowledgment may be associated with decreased alcohol use over time. Thus, both recency since rape and acknowledgment status may be important to consider for other rape-related outcomes including body shame, but most studies examining acknowledgment did not investigate how it may interact with recency since rape. Considering how these factors may interact could shed light on the mixed results in the rape acknowledgment literature.

Consistent with the theoretical idea that negative feelings resulting from rape can be manifested as body shame given that rape is a violation of one’s body, increased body shame has been linked to sexual victimization in college women (Davidson & Gervais, 2015). However, Carcirieri and Osman (2011) found this only for women who had been victimized within the past year. Thus, recency since rape might have an impact on body shame. However, the potential influence of recency may co-occur with rape acknowledgment, given that women often do not acknowledge rape in the more immediate aftermath of its occurrence, but rather at some later point in time (Botta & Pingree, 1997; Cleere & Lynn, 2013; Littleton, et al., 2006; Peterson & Muehlenhard, 2011). Also, although rape experience may be a risk factor for body shame, body shame has never been examined based on rape acknowledgment status. Therefore, the purpose of the current study was to build on the literature by examining the role of each of these factors (recency since rape and acknowledgment status), and how they might interact to influence body shame. More specifically, body shame among women who reported behaviors consistent with legal definitions of rape was examined based on acknowledgment status (yes; no) and recency since rape (within the past year; between age 14 and the past year). These time frames were based both on past research (Carcirieri & Osman, 2011; Oshodi et al., 2017) and the standard time frame items used on the Sexual Experiences Survey (Koss et al., 2007).

If a woman’s acknowledgment of her own rape can occur at any point in time following rape, and eventually leads to improved outcomes or recovery, as past researchers have proposed (Kelley & Gidycz, 2015; Littleton, et al., 2006), then women raped more recently who have acknowledged rape are more likely to be actively trying to understand and deal with their experience, which may heighten body shame compared to other victim groups. Women who have acknowledged-earlier rapes are more likely to have moved further through the recovery process and, therefore, may have lower body shame compared to other victim groups. Finally, unacknowledged women may not be able to fully move through the recovery process so that their body shame scores may remain relatively more stable, regardless of recency since rape. Thus, we predicted that there would be an interaction between rape acknowledgment status and recency since rape such that (a) women in the acknowledged-earlier group would have the lowest body shame scores, and (b) women in the acknowledged-earlier group would have the highest body shame scores.

Method

Participants

Participants were 255 women who reported behaviors consistent with legal definitions of rape in a larger sample of 929 undergraduate women. These women were enrolled in either an introductory or upper-level psychology course at a midsize public university on the U.S. east coast. They volunteered as an option for extra credit, and were recruited via course announcements. Women who were raped in this sample were identified based on the Sexual Experiences Survey-Short Form Victimization (SES-SFV; Koss et al., 2007), which is described below. Participants were between 18 and 24 years old (M age = 19, SD = 1.5). Eighty-one percent of participants identified as European American, 9% African American, 3% Hispanic, 2% Asian, and 5% Biracial or Multiracial. Fifty-six percent of participants identified as first-year students, 16% sophomores, 9% juniors, and 19% seniors.

Measures

To measure body shame, participants completed the Body Shame subscale (BSS) of the Objectified Body-Consciousness Scale (OBCS; McKinley & Hyde, 1996), rating their level of agreement with eight items on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). Sample items include “I feel like I must be a bad person when I don’t look as good as I could,” “When I’m not the size I think I should be, I feel ashamed,” and “I would be ashamed for people to know what I really weigh.” Two items on the BSS were
reverse scored, and final scores were calculated as an average, with higher scores indicating greater body shame (McKinley & Hyde, 1996). The BSS of the OBCS is a reliable and valid measure. The Cronbach alpha in the current study was .83, which is similar to Cronbach alphas found in other samples of undergraduate women (ranging from .75 to .86; Carciriieri & Osman, 2011; Davidson & Gervais, 2015; McKinley & Hyde, 1996; Noser & Zeigler-Hill, 2014). With regard to validity, the BSS has been associated in the expected directions with body esteem, surveillance, self-objectification, sexual violence, and disordered eating (Davidson & Gervais, 2015; McKinley & Hyde, 1996; Moradi, Dirks, & Matteson, 2005).

The SES-SFV (Koss et al., 2007) was also completed to identify women who have been raped. On this measure, rape includes oral, anal, or vaginal penetration without consent due to intoxication, threatening harm, or using force. This survey includes nine questions that measure rape experience, but do not use the term rape. For example, “A man put his penis into my vagina, or someone inserted fingers or objects without my consent by threatening to physically harm me or someone close to me.” If the participant indicated rape experience on any of these items, they were classified as a rape victim and included in the analyses. Each of these nine items was followed by two questions asking when an experience (i.e., rape) took place, “How many times in the past 12 months” and “How many times since age 14,” with instructions specifying that the first question “refers to the past year going back from today,” and the second question “refers to your life starting on your 14th birthday and stopping 1 year ago from today.” These are the standard time frames for the SES-SFV. If rape occurred within the past year, recency since rape was classified as “recent.” If rape occurred since age 14 and prior to the past year, recency since rape was classified as “earlier.” If multiple rapes were reported, categorization was based on the most recent rape. Acknowledgment of rape was then measured by asking, “Have you ever been raped?” If the individual responded “yes,” the person was classified as acknowledged. If the individual responded “no,” the person was classified as unacknowledged. The SES-SFV is a valid measure for classifying rape and distinguishing between unacknowledged and acknowledged rape. For example, based on this measure, acknowledged rape has been associated with greater empathy for a rape victim than unacknowledged rape, and indicating victimization experience on the SES-SFV has been associated with expected outcomes such as intimate partner violence, body surveillance, body shame, somatization, depression, anxiety, and post-traumatic stress disorder intrusive experiences in previous studies (Davidson & Gervais, 2015; Davis, Gilmore, Stappenbeck, Balsan, & Norris, 2014; Osman, 2016).

Procedure
We obtained approval to conduct this study from an Institutional Review Board. Before administering the surveys, participants signed an informed consent form. We supplied participants with surveys that included demographic questions, followed by the BSS of the OBCS, and then the SES-SFV. Participants responded to these surveys in a large classroom setting (but not during a class) where they were instructed to sit every other seat apart to ensure privacy. Participant responses were anonymous. When participants finished, they placed their surveys in an anonymous drop bag and were provided references for counseling options as they left the room.

Results
Prevalence
As described above, based on responses to the SES-SFV, there were 255 women who experienced rape. We dropped four people from the analyses because they were missing data when asked about rape occurrence within the past year. Analyses, therefore, included 251 women who experienced rape. Participants who labeled their experience as rape were included in the acknowledged group (n = 46 or 18% of the sample). Of those, 65% reported acknowledged-recent experience (n = 30), and 35% reported acknowledged-earlier experience (n = 16). Participants who did not label their experience as rape were included in the unacknowledged group (n = 205). Of those, 60% reported unacknowledged-recent experience (n = 123), and 40% reported unacknowledged-earlier experience (n = 82). Given that those who are acknowledged are likely to be older and further along in their undergraduate careers than those who are unacknowledged (Botta & Pingree, 1997; Kahn et al., 2003), and that recency since rape may also influence these factors, we tested for group differences on our demographic variables (i.e., age, college class, and race). Women raped earlier were older F(1, 249) = 13.69 p < .0001, partial \( \eta^2 = .053 \), and further along in school, F(1, 249) =
9.85, \( p = .002 \), partial \( n^2 = .038 \), than women raped more recently. See Table 1 for demographic means and percentages based on group.

**Analysis of Covariance (ANCOVA)**

To test the hypotheses, we conducted a 2 x 2 (Acknowledgment Status x Recency Since Rape) ANCOVA on the body shame scores. Although there were unequal sample sizes, Levene’s test demonstrated that the assumption of homogeneity of variance for the ANCOVA was not violated, \( F(3, 247) = 1.67, p = .174 \). Age, \( p = .534 \), partial \( n^2 = .002 \), and college class, \( p = .393 \), partial \( n^2 = .003 \), were entered as covariates to control for their effects and were not significant. There was no significant main effect for acknowledgment status, \( F(1, 249) = 0.56, p = .455 \), partial \( n^2 = .002 \), but a significant main effect for recency since rape was revealed, \( F(1, 249) = 15.36, p < .0001, \) partial \( n^2 = .059 \). There was also a significant interaction between recency since rape and acknowledgment, \( F(3, 247) = 5.59, p = .019 \), partial \( n^2 = .022 \).

To examine the interaction, planned pairwise comparisons were conducted with a \( p \leq .01 \) significance level requirement using Dunn’s procedure to control for total experimentwise error. Although the means were in the expected directions, women in the acknowledged-earlier group did not differ significantly from those in the unacknowledged-earlier group, \( p = .088 \), partial \( n^2 = .031 \), and women in the acknowledged-recent group did not differ significantly from those in the acknowledged-recent group, \( p = .175 \), partial \( n^2 = .012 \). As expected, women in the unacknowledged-recent and -earlier groups did not significantly differ, \( p = .094 \), partial \( n^2 = .014 \), but women in the acknowledged-recent and -earlier groups did, \( p = .001 \), partial \( n^2 = .223 \) (see Figure 1).

**Discussion**

The current study examined the influence of rape acknowledgment status and recency since rape occurrence on body shame levels in a sample of college women who have been raped. It was predicted that acknowledged women raped within the past year would score higher on body shame than those in other groups, and that acknowledged women raped earlier would score lower on body shame than those in other groups. Although means were in the expected directions, these hypotheses were not statistically significant. Results revealed that women in the acknowledged-earlier group reported lower body shame than those in the acknowledged-recent group, but no other significant differences between groups were found.

Findings from the present study were consistent with results from McMullin and White (2006), who found no differences between acknowledged and unacknowledged rape victims on various outcomes measured at two different points in time about 10 months apart. However, their evidence regarding alcohol consumption following rape suggested that the benefits of acknowledgment may be seen over...
time. Although the present study was not longitudinal, results suggest that outcomes for acknowledged women measured at a later time period since rape may be better than for acknowledged women measured within a year of being raped. However, because acknowledged and unacknowledged participants did not differ on body shame, it is not clear if those who acknowledged their rape fare better or worse than those who did not acknowledge their rape when measured at a later or more recent time period.

It is also noteworthy that, although the difference between the two unacknowledged groups did not reach significance, there was a trend toward higher body shame scores for the recent group. The direction of the means also suggests a possibility that acknowledged-recent rape may be associated with heightened body shame compared to unacknowledged-recent rape, whereas acknowledged-earlier rape may be associated with lower body shame than unacknowledged-earlier rape. However, further research is needed to examine these potential relationships. Future study of both acknowledgment and recency since rape may also continue to shed light on the contradictory findings in the acknowledgment literature.

Results from the current study suggest that perhaps past researchers who reported positive outcomes (Botta & Pingree, 1997; Clements & Ogle, 2009; Littleton et al., 2006) had more acknowledged participants who were raped earlier, and those reporting negative outcomes (Conoscenti & McNally, 2006; Kahn et al., 2003; Layman et al., 1996) had more acknowledged participants who were raped more recently. This possibility highlights the importance of examining acknowledgment and recency since rape together.

Future researchers may also consider identifying more specific and different time frames since rape occurred because the current study was limited by the standard time frames utilized by the SESSFV. For example, women in the recent group who were raped within a month may differ from those raped 11 months before (Frazier et al., 2001), and women in the earlier group who were raped 2 years before may differ from those raped 5 years before. It may also be important to note that the current study examined recency since rape occurred, not recency since acknowledgment occurred, which could also be considered in future studies.

In the current study, participants completed the body shame measure prior to the sexual victimization measure. Thus, potential order effects should be considered. Also, although women in the acknowledged-earlier group reported lower body shame than those in the acknowledged-recent group, cause and effect cannot be assumed because participants could not be randomly assigned into groups. Therefore, other unmeasured characteristic factors may vary between the groups and potentially influence body shame. For example, research has found that women raped by a stranger are more likely to personally acknowledge their experience as rape than are women raped by an acquaintance (Koss, 1985; Koss, Dinero, Seibel, & Cox, 1988). Another limitation of the current study was the lack of control for experiential factors that might have impacted body shame during the time since rape occurred. For example, the acknowledged participants might have been more likely to utilize therapy, engage in coping strategies, or seek other types of support that may explain their lower body shame in the earlier compared to the recent group, and the relatively similar body shame levels reported by the two unacknowledged groups (Kelley & Gidycz, 2015; Littleton et al., 2006). These possibilities, as well as other rape factors (e.g., number of rape experiences, degree of physical injury, age at the time of rape, rape knowledge, police involvement) can be examined in future research for their influence on body shame and other outcomes. Future studies including various populations and obtaining higher rates of acknowledged participants may also help expand understanding of these associations, given that the current study examined female college students who were largely European American, and the sample size of acknowledged women was relatively small (18%), which warrants caution regarding generalizability and conclusions. Finally, although the effects observed in the current study were not large, which is reasonable given that multiple factors likely impact body shame, results may reflect subtle impacts on body shame that could have educational and clinical significance at the individual level.

This study contributes to the literature (Carcirieri & Osman, 2011; Davidson & Gervais, 2015) as among the first to examine body shame based on rape acknowledgment status and recency since rape. Although the present results may not be conclusive, they support the idea that time alone may not predict rape-related outcomes (Burt & Katz, 1987), and that acknowledgment status may also play a role in predicting body shame. Specifically, if a woman acknowledges that she has been raped, and she experienced rape over a year ago,
she is likely to report lower body shame than an acknowledged woman raped more recently. On the other hand, an unacknowledged woman may not fare better based on recency since rape. Thus, although it is not entirely clear that acknowledged women are better off compared to unacknowledged women for either time frame, results do suggest that acknowledged women may be better off regarding body shame if they were raped longer ago as compared to within a year. Furthermore, it is worth noting that women in the acknowledged-earlier group reported a mean body shame score (M = 3.03, SD = 1.32) that appears comparable to the score reported by Carcieri and Osman’s (2011) nonvictimized group of college women (M = 3.4, SD = 1.2), as well as to scores reported in other female college samples (e.g., M = 3.25, SD = 1.04; M = 3.36, SD = 1.12) (McKINLEY & Hyde, 1996; Moradi et al., 2005), suggesting that acknowledged women raped over a year ago might not fare worse than nonvictims on body shame.

The current findings can be useful information for therapists working with rape victims who are experiencing body shame. Knowing an individual’s acknowledgment status and how much time has passed since rape, in conjunction with other factors that may be important or related to body shame (e.g., disordered eating, depression, substance abuse, sexual dysfunction; Carr & Szymanski, 2011; McKinley & Hyde, 1996; Moradi et al., 2005; Sanchez & Kiefer, 2007), may help therapists optimize treatment plans for their patients. However, therapists should be aware that a patient’s acknowledgment status will not always be clear. Whereas women who seek therapy because they were raped are likely to be acknowledged, women undergoing therapy for some other reason could be an acknowledged or unacknowledged victim, if they have ever been raped. Results may also suggest considerations for rape education efforts on college campuses. The relatively low rates of acknowledgment found in the current study highlight the prevalence of unacknowledged rape in this population and may indicate a need for improved rape education. Also, it may be important to understand that many individuals targeted by these efforts may be unacknowledged rape victims who could become acknowledged as a result of exposure to the education (Peterson & Muehlenhard, 2011). Given this, the finding that acknowledged-earlier women may have lower body shame than acknowledged-recent women may be relevant and important for educators to share, while at the same time being sensitive to the possibility that both acknowledged and unacknowledged victims could be experiencing other negative rape-related outcomes to varying degrees.

References


**Author Note.** Carolyne Paige Merwin, Psychology Department, Salisbury University; Suzanne L. Osman, Psychology Department, Salisbury University.

Special thanks to Psi Chi Journal reviewers for their support.

Correspondence concerning this article should be addressed to Carolyne Paige Merwin, Psychology Department, Salisbury University, 812 Goshen Road #C29, West Chester, PA 19380. E-mail: cmerwin@mail.immaculata.edu
3 REASONS TO JOIN PSYCAS

1. PSYCAS BENEFITS STUDENTS AND YOUR PROGRAMS.
   Most psychology students apply to more than one program. For students, the Centralized Application Service (CAS™) for psychology programs streamlines the application process, taking away the need to repeat application steps for each program of interest. A CAS can also streamline admissions processes for your psychology program, reducing the manual administrative work for admissions teams and faculty and facilitating the sharing of best practices in recruitment and retention among programs.

2. PSYCAS PAINTS THE BIG PICTURE.
   PSYCAS provides data and analytics for all participating programs, collecting accurate statistics about the entire profession, such as a complete count of the number of applicants to psychology programs, their background and who from the applicant pool is accepted and enrolled into programs.

3. APPLICANTS WANT A MORE EFFICIENT APPLICATION PROCESS.
   Today’s applicants are familiar with CAS technology, and having experienced when applying to undergraduate programs, expect it for their graduate applications too. Across other professions and disciplines, 90% of applicants express a preference for using a CAS when applying to graduate school, and prospective psychology graduate students say that having access to an efficient, streamlined, and less-stressful applicant process is worth the PSYCAS service fee.

SIMPLIFIED. STREAMLINED. SMART.
LEARN MORE ABOUT PSYCAS AT PSYCAS.APA.ORG

ADVERTISEMENT
PREPARE TO CHANGE LIVES.

At the College of Clinical Psychology at Argosy University, we know that discovering your life’s purpose can make all the difference. Our supportive faculty is committed to helping you realize that purpose and succeed as a professional in one of the many areas of psychology research or clinical practice. Our Clinical Psychology programs offer a rigorous curriculum grounded in theory and research, while also fostering deep learning by incorporating experiential elements, classroom exercises, personal reflection and supervised field experiences.

And we’re proud to say that the Doctor of Psychology in Clinical Psychology (PsyD) program at each of our ten schools has received accreditation* from the American Psychological Association (APA), certifying that they meet their rigorous standards.

Each of our ten locations offers a degree in:
DOCTOR OF PSYCHOLOGY (PSYD) IN CLINICAL PSYCHOLOGY

We are now accepting applications for Spring and Fall 2018.
Learn more at clinical.argosy.edu/psichi

*The Doctor of Psychology in Clinical Psychology Program at Argosy University, Atlanta, Chicago, Hawaii, Orange County, Phoenix, San Francisco Bay Area, Schaumburg, Tampa, Twin Cities and Northern Virginia is accredited by the Commission on Accreditation of the American Psychological Association (APA). Questions related to the program’s accreditation status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation, American Psychological Association, 750 1st Street, NE, Washington DC 20002. Phone: (202) 336-5879 / E-mail:apasaccr@apa.org / Web: www.apa.org/ac/accr

Argosy University is accredited by the WASC Senior College and University Commission (885 Atlantic Ave., Suite 100, Alameda, CA 94501, wascac.org). Programs, credential levels, technology, and scheduling options are subject to change. Not all online programs are available to residents of all U.S. states. Administrative office: Argosy University, 601 South Lewis Street, Orange, CA 92896. ©2017 Argosy University. All rights reserved. Our email address is makeareways@argosy.edu

See auprograminfo.org for program duration, tuition, fees and other costs, median debt, salary data, alumni success, and other important information.
Publish Your Research in *Psi Chi Journal*

Undergraduate, graduate, and faculty submissions are welcome year round. Only the first author is required to be a Psi Chi member. All submissions are free. Reasons to submit include

- a unique, doctoral-level, peer-review process
- indexing in PsycINFO, EBSCO, and Crossref databases
- free access of all articles at psichi.org
- our efficient online submissions portal

View Submission Guidelines and submit your research at [www.psichi.org/?page=JN_Submissions](http://www.psichi.org/?page=JN_Submissions)

Become a Journal Reviewer

Doctoral-level faculty in psychology and related fields who are passionate about educating others on conducting and reporting quality empirical research are invited to become reviewers for *Psi Chi Journal*. Our editorial team is uniquely dedicated to mentorship and promoting professional development of our authors—Please join us!

To become a reviewer, visit [www.psichi.org/page/JN_BecomeAReviewer](http://www.psichi.org/page/JN_BecomeAReviewer)

Resources for Student Research

Looking for solid examples of student manuscripts and educational editorials about conducting psychological research? Download as many free articles to share in your classrooms as you would like.

Search past issues, or articles by subject area or author at [www.psichi.org/?journal_past](http://www.psichi.org/?journal_past)

Add Our Journal to Your Library

Ask your librarian to store *Psi Chi Journal* issues in a database at your local institution. Librarians may also e-mail to request notifications when new issues are released.

Contact PsiChiJournal@psichi.org for more information.