

EFFECTS OF THE SEVERITY OF CHILD SEXUAL ABUSE AND PERPETRATOR
RELATIONSHIP ON COLLEGE FEMALES' SELF-ESTEEM

By

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ABSTRACT

Child sexual abuse (CSA), perpetrator characteristics and self-esteem were studied using an extant data set comprised of a subsample of 177 college females. It was hypothesized that there would be a difference in the severity of CSA based on the identity of the perpetrators (i.e., other children, adults, or both children and adults) and the perpetrator relationship to the victim. Results indicated that the CSA was more severe among children who were abused by both a child and an adult. No significant results were found regarding the relationship of the perpetrator to the victim. The second hypothesis sought to determine if there were differences in CSA victims' levels of self-esteem based on perpetrator identity and relationship to the victim. No differences were found in levels of self-esteem based on identity of perpetrator or relationship to the victim. Attachment theory was used to discuss the effects of CSA on victims.

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CHAPTER I

Introduction

Child abuse has an impact on all of us within society, from negative media attention such as in the case of child molester Jerry Sandusky, Penn State University football coach, to the lives of numerous children and families that have been traumatized as a result of sexual abuse. The recent conviction of Jerry Sandusky for 45 counts of sexual abuse of children brings much criticism and contempt in the public's eye (Wolverton, 2012). This event has brought greater awareness of the occurrence of child sexual abuse in society as well as the severe consequences for individuals, families and communities.

Due to the number of university officials that failed to report the abuse; this national scandal has led to ongoing investigations and indictments of their failure to report child abuse within the collegiate athletic community (Wolverton, 2012). The officials had suspicions that sexual behaviors were occurring for over 14 years, but had not followed through with mandatory reporting laws (Wolverton, 2012). Because the officials did not have evidence they did not report, however, there only has to be suspicion of abuse to make a report. Child abuse cases are investigated by child protective services in order to establish the evidence if abuse has actually occurred. This is an area that the public now has knowledge of if they did not know beforehand, due to this national example of failure to report crimes against children. Penn State officials are rethinking their culture in order to create an open climate for people to truly protect

children from abuse by reporting immediate suspicions to those in authority (Wolverton, 2012).

Child sexual abuse (CSA) is a category of abuse along with other types, such as physical and emotional abuse, as well as neglect. In 2010, the national rate of abuse was about 9.2 victims per 1,000 children (USDHHS, 2008). CSA may not be reported as prevalently as physical abuse, but is usually co-occurring with other types of abuse. It remains a hidden problem in many cases because people do not report it as frequently as physical abuse or neglect. CSA has serious effects on children. Mostly, the effects are discussed as they relate to physical, emotional, social and mental health. Factors that determine the resiliency of the child in overcoming the abuse are related to the frequency, intensity, and duration of the abuse as well as other factors such as the relationship between the child and the perpetrator, and the age and developmental level of the child when the abuse occurred. Girls are more likely to be abused by family members, and boys are more likely to be abused by strangers (Finkelhor, et al., 1990). Sibling sexual abuse is a growing area of research and is drawing more attention. According to Rudd and Herzberger (1999) sibling sexual abuse occurs more frequently than any other form of sexual abuse.

Examining the support systems within the child's life is critical in understanding how these systems impact the child and offset any negative effects from the CSA experienced. Caregivers who are more supportive tend to have greater levels of attachment to the child, whereas a guardian who is close to the perpetrator is less likely to be supportive of the victim (Yancey & Hansen, 2010). Self-esteem is another variable to

consider in determining the harmful effects of CSA. Low self-esteem is said to increase the likelihood of psychiatric conditions developing and is most commonly associated with depression in the DSM-IV (Fassler, Ameodeo, Griffin, Clay, and Ellis, 2005). In thinking about ways to help the victims, it is suggested that child sexual abuse treatment programs be aimed at strengthening children's self-efficacy can greatly impact their likelihood of lessening internalized symptomatology among preschool and early elementary school- aged children (Kim & Cicchetti's, 2003). CSA can have a long term impact on victims in many areas of their lives including self-esteem (Finkelhor & Browne, 1985).

The purpose of this study is to examine the effects of child sexual abuse on female adult's self-esteem. Also, it will be determined who the perpetrators of abuse are and what the characteristics of that abuse looks like in terms of severity. An empirical review of the research on child sexual abuse and attachment will be used as the theoretical framework.

Theoretical Overview

Attachment theory, proposed by Bowlby and Ainsworth, (1973) consists of patterns of interaction that precipitate healthy development into adulthood. A child develops secure or insecure attachments to their caregiver based on multiple interactions with that caregiver. These interactions provide the basis of the child's ability to trust and interact with others interpersonally. Healthy attachment is characterized by a secure attachment whereas an unhealthy pattern is adverse to the child's development and is

characterized by an anxious or avoidant pattern of behavior. Childhood trauma, such as child sexual abuse could play a role in how healthy and unhealthy attachment patterns develop (Bowlby & Ainsworth, 1973).

Statement of Research Questions

The following research questions have been developed for the purpose of this study.

1. What is the prevalence of child sexual abuse by other children as the perpetrator among a sample of college females?
2. What is the prevalence of both CSA by an adult perpetrator among a sample of college females?
3. What is the prevalence of CSA by both a child and an adult perpetrator among a sample of college females?
4. Are the perpetrators family or non-family members?
5. What is the gender of the perpetrators?

Definition of Terms

Attachment Theory: developed by John Bowlby (1969, 1973) refers to a child's early experience of being nurtured and developing a bond with a caring adult that affects all aspects of behavior and development.

Child Protective Services: within the State of Tennessee, (CPS) is the state agency that oversees the reports of abuse and neglect for children.

Child Sexual Abuse: (CSA) Finkelhor (1986) defined CSA as any exposure to sexual activity, regardless of age difference, and forced or coerced sexual behavior imposed on a child and sexual activity between a child and a much older person, (at least 5 years) whether coercion is obvious or not.

Duplicate Victim: The *duplicate* count of child victim's counts a child each time he or she was found to be a victim (USDHHS, 2008).

External symptoms of CSA: aggression, antisocial, and undercontrolled behavior (Kendall-Tackett, et al., 1993).

Incest: sexual intercourse between persons so closely related that they are forbidden by law to marry. Retrieved on August 7, 2012 from www.dictionary.reference.com.

Internal symptoms of CSA: withdrawn behavior, depression, fearfulness, inhibition, and overcontrol (Kendall-Tackett, et al., 1993).

Perpetrator: the person who is responsible for the abuse or neglect of a child (USDHHS, 2008).

Post -Traumatic Stress Disorder: (PTSD) a mental disorder occurring after a traumatic event outside the range of usual human experience, and characterized by symptoms such as reliving the event, reduced involvement with others, and manifestations of autonomic arousal such as hyperalertness and exaggerated startle response. Retrieved on August 7, 2012 from www.dictionary.reference.com.

Self-efficacy: According to Albert Bandura, self-efficacy is a person's belief in his or her ability to succeed in a particular situation. Bandura described these beliefs as determinants of how people think, behave, and feel (1994).

Self-esteem: an attitude toward the self whereby each characteristic of the self is evaluated according to a value that has developed during childhood and adolescence (Guindon, 2010).

Self-worth: the amount of self-acceptance or self-approval individuals have for themselves.

Substantiated- an incident of child abuse or neglect, as defined by State law, is believed to have occurred. Retrieved on August 7, 2012 from Child Welfare Information Gateway www.childwelfare.gov/pubs/factsheets/cpswork.cfm.

Traumagenic Dynamic Model: a model developed by Finkelhor and Browne (1985) which includes four dynamics that are used to explain the effects of CSA. They are traumatic sexualization, stigmatization, betrayal, and powerlessness. They define traumatic sexualization as a result of child sexual abuse where through a developmental process a child's sexuality is shaped inappropriately and results in interpersonal dysfunction.

Unique Victim: The *unique* count is when the child is only counted once no matter how many times a report was received (USDHHS, 2008).

Victim: a person who suffers from a destructive or injurious action or agency (USDHHS, 2008).

CHAPTER II

Review of Literature

The literature review analyzed information from a variety of research including both government prevalence rates and empirical research. The literature review examined how child sexual abuse (CSA) is defined by a variety of sources and how prevalence rates are reported to the public. A review of the effects of CSA on a person's self-esteem was also addressed. Personal and psychological developmental factors that contribute to a healthy psychological and personal well-being were discovered. Lastly, attachment theory was discussed as a framework for learning about how family dynamics are impacted when CSA exists both within the family context and outside of the family unit.

Definitions of abuse and child sexual abuse

CSA is a part of the greater scope of child abuse but cannot be compared to physical, emotional abuse or neglect. There has been a large amount of research regarding the prevalence of child sexual abuse and its impact on children who have experienced it. The Child Welfare Information Gateway suggests that sexual abuse is a type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities.

The Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. §5101), as amended by the CAPTA Reauthorization Act of 2010, which retains the existing definition of child abuse and neglect as at a minimum:

“Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.”

Another more complex, thorough definition developed and enacted by The State of Tennessee enacted Citation: Ann. Code § 37-1-602 defines child sexual abuse as the commission of any act involving the unlawful sexual abuse, molestation, fondling, or carnal knowledge of a child under age 13, including:

- Aggravated rape, sexual battery, or sexual exploitation of a minor
- Criminal attempt for any of the offenses listed above
- Especially aggravated sexual exploitation of a minor
- Incest
- Rape, sexual battery, or sexual exploitation of a minor
- Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen
- Any contact between the genitals or anal opening of one person and the mouth or tongue of another person
- Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose
- Intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator
- Intentional exposure of the perpetrator's genitals in the presence of a child, or any other sexual act intentionally perpetrated in the presence of a child, if such

exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose

- Sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to solicit for or engage in prostitution or engage in sexual exploitation

However, most studies categorize CSA on the basis of other factors. For example, a review of empirical research by Kendall-Tackett, Williams-Meyer, Finkelhor (1993) confer that abuse severity is used to explain the type of abuse the victim experienced. In other words, CSA would be classified as severe if penetration was involved and sexual abuse that involves no physical contact would be considered less severe. Examples of the latter would be perpetrator exposure, sexual talk, and viewing pornography. Other considerations regarding the severity of abuse include the use of threat or force, weapons, and physical abuse (Paolucci, Genuis, and Violato, 2001). Beitchman, Zucker, Hood, daCosta, and Akman (1991) stated that the more severe the abuse, the more severe the symptoms of the abuse.

Obviously, these definitions differ in their detail, scope, and breadth, which make it difficult to distinguish between the types of CSA and/or to compare incidence and prevalence rates. Adding to this confusion is the fact that studies of various forms and aspects of child abuse rely on definitions that differ in their perspectives resulting in fragmented rather than comprehensive analysis of CSA incidence and outcomes. The current research proposal utilizes Finkelhor's 1986 definition of CSA that consists of two types of interaction. Finkelhor (1986) defined CSA as forced or coerced sexual behavior imposed on a child and sexual activity between a child and a much older person, (at least 5 years) whether coercion is obvious or not (Finkelhor, 1986). For purposes of this

research proposal, the severity of abuse will be categorized by low, medium and high levels of intensity and frequency. These are further defined in the methodology chapter.

Incidence Rates for Child Abuse and Child Sexual Abuse

As stated previously, one concern with current statistics is the differences in the way abuse is reported, defined, and collected. Due to the variations of reporting methods in the child welfare system, we cannot truly get an accurate picture of the scope of child abuse in America. According to the United States Department of Health and Human Services in 2008, the rate of substantiated reports of child abuse was approximately 10 per 1,000 children ages zero to seventeen. Younger children are more frequently victims of child abuse than older children. There were 22 substantiated child abuse reports per 1,000 children under age one, compared with 12 for children ages one to three, 11 for children ages four to seven, nine for children ages eight to 11, eight for children ages 12-15, and 5.5 for adolescents ages 16-17 (USDHHS, 2008). In 2010, also reported by the United States Department of Health and Human Services, approximately 3.3 million reports of suspected abuse pertaining to six million children were made in the United States. Some of these reports are the result of duplicate children being reported. In 2010, 19 % of reports were substantiated, 63 % were unsubstantiated, and one percent had indicated abuse (USDHHS, 2010).

All 52 states submitted data to the National Child Abuse and Neglect Data System (NCANDS) about the dispositions of children who received one or more child protective services responses. For 2010, more than 3.6 million (duplicate) children were subjects of

at least one report and received one or more dispositions. Fifty states reported the total duplicate count of perpetrators as 891,218 and the total unique count of perpetrators as 510,824. The *duplicate* count of child victim's counts a child each time he or she was found to be a victim. The *unique* count is when the child is only counted once no matter how many times a report was received. For the analysis included in this report, a perpetrator is the person who is responsible for the abuse or neglect of a child. To break down the information further, Child Protective Services investigations or assessments determined that for *unique* victims 78.3% suffered neglect, 17.6% suffered physical abuse, and 9.2 percent suffered sexual abuse (NCANDS, 2010). More than two-fifths (45.2%) of *unique* perpetrators were men and more than one-half (53.6%) were women. More than one-third (36.3%) of unique perpetrators were in the age group of 20–29 years. More than 80 percent (84.2%) of unique perpetrators were between the ages of 20 and 49 years (NCANDS, 2010).

These incidence rates demonstrate that the issue of child abuse is still an ongoing issue because there has not been much variation in the number of children affected throughout the reporting years. This research proposal is designed to answer questions as to the severity of CSA based upon a sample, both with interfamilial and non-interfamilial perpetrators, in order to closely analyze the effects of abuse on a person's self-esteem. Future implications include looking at how family members and other people in the child's life can contribute to minimizing the impact of CSA on the child and family. By looking closely at each of these variables, it can help educate the public about the true

face of CSA, help others identify the experiences and symptoms of CSA, and contribute to the healing process for them and their families.

Victimization by gender. Victims in the age group of birth to one year had the highest rate of victimization at 20.6 per 1,000 children of the same age group in the national population. Victimization was split between the sexes, with boys accounting for 48.5 % and girls accounting for 51.2 %. Fewer than one percent of victims had an unspecified sex (NCANDS, 2010). These prevalence rates demonstrate the significance of the problem and the necessity of further research in the area of CSA. In a nationally representative study by Basile, Chen, Lynberg and Saltzman (2007), 60% of female and 69% of male victims were first raped before age 18. A quarter of females were first raped before age 12, and slightly more at 34% were raped between the ages of 12 and 17. Males before age 12 encountered their first rape at 41%, and 27% between the ages of 12 and 17. A common pattern for adolescents who offend against peers or adults is that they tend to choose female victims, and the group of adolescents who sexually offend younger children, including sibling offenders, choose female, male or both genders as victims (Worling, 2001).

In a phone study conducted by Finkelhor, Hotaling, Lewis, and Smith (1990), 1,145 men and 1,481 women were asked questions about sexual experiences that occurred during childhood (before age 18). Sixteen percent of men (n=169) and 27% of women (n=416) disclosed sexual abuse. The median age of abuse was 9.9 for boys and 9.6 for girls. Boys were more likely to be abused by strangers (40%) and girls were more likely to be abused by family members (29%). For both girls and boys, they were both

victimized mainly by men at 83% for boys and 98% for girls. Force was used in only 15% with boys and 19% with girls. Most events only occurred once. There was a small number of peer abuse. There was no significant difference in abuse duration between the genders. It is interesting to note that boys were somewhat more likely to never have disclosed the abuse (Finkelhor, et al., 1990).

Finkelhor & Dziuba-Leatherman (1994) conducted a telephone study involving two thousand children aged 10-16 years old. Of these, 3.2 % of girls and .6 % of boys suffered from contact sexual abuse. Contact incidents were defined as a person touching the sexual parts of a child, penetrating the child, or having any oral-genital contact with the child. A little less than half of the sexual assaults were perpetrated by other juveniles, 16 % by family members and 72 % by nonfamily members. There were more reports from boys concerning violence to genitals than contact sexual abuse. It was reported that girls were at a higher risk of attempted and completed kidnapping being perpetrated by adults for the purpose of sexual assault. Boys were at a higher risk of nonfamily/peer assault directed at the genitals.

Lynskey and Fergusson (1997) used data from an 18 year longitudinal study where CSA victims were interviewed at length about their sexual abuse experiences prior to age 16. Sexual experiences ranged from contact to noncontact. Contact episodes consisted of sexual fondling, genital contact, and attempts to undress the respondent, as well as incidents of attempted or completed oral, anal, or vaginal intercourse. Noncontact episodes consisted of indecent exposure, public masturbation, and unwanted sexual attention. Victims were asked about the age in which abuse occurred, number of events,

duration of abuse, types of abuse, if physical restraint was used, if the victim considered it abuse at time of incident, characteristics of perpetrator, relationship, if abuse was disclosed, and whether they had sought counseling. Results of the study showed that only 17 males reported CSA, so both males and females were combined to equal 107 total persons who reported CSA. Of these, 14% were abused before the age of five; 29% were abused between six and ten years of age and 57% were abused between the ages of 11 to 16 years of age. Of the sample, 47.7% reported that the abuse involved physical restraint or violence; 22.4% reported noncontact abuse, 43.9% involved contact but not attempted or completed intercourse; and 33.7% involved contact with completed vaginal, oral or anal intercourse. Parents or sibling perpetrators were 15%; 13.1% by another relative; 53.3% abused by someone they hardly knew; and 32.7% by a stranger. Some involved multiple perpetrators (Lynskey and Fergusson, 1997).

Ullman's (2007) sample of mostly female college students reported less than 22.8% of CSA. Of that sample, 66.5% of these experienced multiple incidents and involved attempted or completed penetration. Students were abused by known perpetrators 89.4% of the time and only 10.6% had encounters with strangers. Family members were the perpetrators 37.8% of the time, 28.2% were neighbors, and 13.5% were friends. Both men and women were likely to be sexually abused if they also reported that their family life was unhappy and their family situation consisted of one non-biological parent. This could be due to the parents providing limited supervision and attention, therefore creating increased vulnerability for the child (Finkelhor, et al., 1990).

There are a few consistent differences in the reaction of boys and girls to CSA. The lack of these findings is in contrast to the popular belief that boys are likely to manifest externalized symptoms and girls are more likely to exhibit internalized symptoms. Internalizing symptoms are withdrawn behavior, depression, fearfulness, inhibition, and over control. Externalizing symptoms are aggression, antisocial, and under controlled behavior (Kendall-Tackett, et al., 1993). The missing data on consistent gender differences are remarkable because girls are more likely to suffer from interfamilial abuse, which is associated with more severe effects (Finkelhor, et al., 1990).

Family and Non-family Perpetrators

In a nationally representative study by Basile, Chen, Lynberg and Saltzman (2007), female victims were most likely to report having been sexually abused by intimate partners at 30%, abuse by family members at 23%, and by acquaintances at 20%. Meiselman (1978) found that several female children were abused in 15% of cases of father-daughter incest. There was a 50% more likelihood of sexual approaches being made toward other female victims in the home. Stern, Lynch, Oates, O'Toole, and Cooney (1995) reports that nonfamily members tend to abuse victims in shorter durations and frequencies. In addition, victims are slower to disclose when a family member is the perpetrator.

Kendall-Tackett et al.,(1993) purports that the closer the relationship between perpetrator and victim, the greater the impact is on the child. Severity of abuse should not be determined by family relationship alone because it is possible that children can have a

closer relationship to non-family members than family members. For example, just because a father is in the home does not make him stronger in relationship to the victim. He may not have a strong attachment to the child and therefore, would not be a deciding factor in determining the effect of the abuse just because of having the title of father. Although Beitchman et al., (1991) showed that those abused by fathers or step-fathers were more likely to exhibit trauma symptoms than those abused by others. Abuse by relatives was more severe, began at a much younger age, lasted longer, and resulted in greater PTSD symptoms than abuse by strangers or someone hardly known. Those abused by relatives also reported more emotional closeness to the perpetrator both before and after the abuse (Ullman, 2007).

A bias exists that assumes fathers will only abuse daughters. There is a chance that the father may cross genders and become an abuser to both male and female siblings. This puts males at risk of sexual abuse, yet it is much more likely for abuse to occur with other female siblings (Wilson, 2004a). When considering abuse within families involved with the court system, the courts disagree in determining the occurrence of incestuous abuse. Incest can be seen as a one-time occurrence or ongoing risk that the sexual abuse will continue (Wilson, 2004b). There is no consistent risk assessment used in determining the perpetrators' likelihood of abusing siblings in the home. This can present challenges when determining custody and visitation arrangements for both the perpetrators in and out of the home, as well as the victim and their siblings.

Wilson (2004b) suggests that courts should assume that siblings of the victim of incest should also be considered at risk. The results of Proeve, Day, Mohr, & Hawkins

(2006) study supports Wilson's (2004) information that males and females are both at risk for CSA when perpetrators are willing to cross the gender boundary. Proeve and colleagues (2006) found 232 perpetrators offending female victims, 62 male victims, and 24, both male and female victims. For victims of familial sexual abuse only, 135 offenders abused females, 13 males, and nine both male and female victims. Proeve (2006) specified that 28% of offenders with male victims crossed the gender boundary, although 43% of these under age 25 had crossed the gender boundary to male victims (Proeve, 2006).

Sibling sexual abuse. Sexual abuse between siblings is receiving more attention these days, although research is still very limited on the subject. Once again, the issue of how statistics are collected does affect the limited information available on CSA occurring with a sibling. Only 11% of the studies on child abuse in the last 30 years have focused on sibling abuse specifically, and a limited number of these have used a relational approach for assessing and treating the sibling incestuous family (Caffaro & Conn-Caffaro, 1998). Worling (2001) found that 69% of the reported interfamilial sexual offenders had assaulted siblings and the remaining had assaulted cousins, nieces and nephews.

It was previously thought that sibling sexual abuse occurred because of natural sexual curiosity between siblings, but the reality of the situation is bringing more awareness. Sibling incest is defined as behaviors that are not motivated by sexual developmental curiosity but are geared more towards inappropriate sexual contact, such as oral and anal penetration, as well as less severe types such as exposure to pornography.

A sibling who sexually abuses another sibling typically does so because of a need to feel secure physically. Another reason is because the sibling feels a loss of control and attempts to use threat or force to gain control (Phillips-Green, 2002). The goal of the sibling perpetrator is aimed at causing harm. When CSA is occurring, there are usually other abusive type behaviors within the family dynamics (Phillips-Green, 2002). In most cases of normal sibling rivalry, there is greater focus on gaining rewards through the family's resources (i.e. time, attention, material things, and support systems). As the severity of the sibling abuse rises, there is greater likelihood of abuse in psychological, physical and sexual categories (Caffaro & Con-Caffaro, 1998). In addition, abusive interactions between siblings can lead to normalizing aggressive interpersonal behavior (Phillips-Green, 2002).

Effects of Child Sexual Abuse (CSA)

Examining the effects of CSA on the child and family is important to understanding the relationship dynamics within the family and how the effects can vary from victim to victim. In addition, it is important to realize that the examination of the effects of CSA can be difficult due to the variation of symptoms experienced stemming from other negative childhood experiences. These could include events such as physical abuse and neglect or even witnessing domestic violence (Swanston, Plunkett, O'Toole, Shrimpton, Parkinson, & Oates, 2003), and having family members who are drug users or who struggle with mental health issues (Dong, Anda, Felitti, Dube, Williamson, Thompson, Loo, & Giles, 2004).

Beitchman (1991) states that the more severe the abuse, the more severe the symptoms of the abuse. Severe forms of CSA which last longer and occur with more than one abuser may increase the amount of traumatic sexualization and sense of powerlessness (Easton et al., 2011). Existing studies conclude that the abuse experiences using force and penetration are associated with negative outcomes (Paolucci, Genuis, & Violato, 2001; Browne & Finkelhor, 1986). Factors such as increased duration of abuse and family member perpetrators are associated with negative outcomes (Browne & Finkelhor, 1986). Poor mental health outcomes occur in those who have been severely abused by people they trust for a long time (Kendall-Tackett et al., 1993). Research shows that female victims, as well as those abused by father figures are more symptomatic (Kendall-Tackett et al., 1993).

Research from CSA survivors suggests increased depression, lower self-esteem, increased stress levels, poorer communication and conflict management skills (Cherlin, Burton, Hurt, & Purvin, 2004). In a study by Fergusson, Horwood and Lynskey (1996), it was concluded that exposure to CSA is related to symptoms such as depression, anxiety, substance use disorders, attempted suicide and deliberate self-harm, as well as other negative psychological outcomes. Exposure to CSA is higher among families with parental conflict, dysfunctional parent-child relationships and parental adjustment problems.

Beitchman, Zucker, Hood, daCosta and Akman, reviewed 45 studies of sexually abused children. They discovered that sexually abused children were symptomatic in the areas of post traumatic stress disorder (PTSD), and sexualized behavior, although this is

not a true comparison for those abused vs. non-abused. PTSD symptoms can be characterized as anxiety, depression, withdrawn behavior, somatic symptoms, aggression and problems in school (Beitchman et al., 1991). Sexualized behavior can be characterized as sexualized play with dolls, excessive or public masturbation, seductive behavior, requesting sexual stimulation from adults or other children, and sexual knowledge beyond age appropriateness (Beitchman et al., 1991). Kendall-Tackett et al., (1993) disagree with supporting PTSD as the universal diagnosis for CSA. This is based on the notion that not all children show signs from the abuse. The findings of their study do conclude however, that a close perpetrator relationship, high frequency of contact, long duration, the use of force, and sexual acts including oral, anal, and vaginal penetration lead to a greater number of symptoms for victims. Lack of maternal support at time of disclosure accompanied by a negative outlook or coping style can lead to increased symptoms (Kendall-Tackett, 1993).

More recently, Easton et al., (2011) analyzed some of the variables in adults who experienced CSA and asked them questions about the dimensions of emotions, behaviors, evaluative and sexual functioning. Dimensions of behaviors included being afraid of sex. Questions were asked regarding behaviors associated with the abuse that resulted in issues with being touched or unable to be sexually aroused. The evaluative area focused on if the person was dissatisfied with sex. Sexual functioning was asked about in terms of level of functioning. The researchers also looked at the age when abuse first occurred, the frequency, duration, any physical assault or injury by the abuser, more than one abuser, relationship between themselves and the abuser, and how long before they disclosed the

abuse. The emotional and behavioral dimensions seem to have been the most affected by CSA than the evaluative for all areas questioned (Easton et al., 2011). Developmentally, children between the ages of three and seven are thinking of sex in terms of anatomical differences, privacy and amusement. Incest increased the likelihood of problems with touch. If most families are viewed as affectionate, combining CSA with affection can become confusing for the child when determining if the affection is appropriate or not (Easton et al., 2011).

Easton's 2011 results were consistent with Finkelhor and Browne's (1985) traumagenic model, which states that older children may exhibit more signs of sexual trauma due to their increased knowledge of sexual implications. Finkelhor and Browne (1985) developed the traumagenic dynamics model which includes four dynamics that are used to explain the effects of CSA. These concepts include traumatic sexualization, stigmatization, betrayal, and powerlessness. Traumatic sexualization is defined as a problem in the developmental processing whereby a child's sexuality is shaped inappropriately and results in interpersonal dysfunction (Finkelhor & Browne, 1985). The traumagenic model will be discussed further in the self-esteem section.

Disclosure and Later Adjustment

The victim's disclosure of CSA is important to understanding incidents rates and dynamics of phenomenon. Ullman (2007) found that most students disclosed their experiences once they became adults. For example, approximately, 63.3% of students told someone a year or more after the abuse occurred. Of this group, 44.9% felt that

disclosing the abuse made them feel better. Disclosure was more likely to occur sooner when non-family members were the perpetrators. More post-traumatic stress disorder (PTSD) symptoms were seen with victims who delayed disclosure of sex abuse (Ullman, 2007). Children who disclose CSA and receive a negative response have the capacity to produce feelings of shame and guilt when the statements are not accepted or believed by parents or others (Easton, Coohy, O'leary, Zhand, & Hua, 2011). These negative responses can impact the child's self-esteem into adulthood if the victim's feelings remain unresolved (Easton, Coohy, O'leary, Zhand, & Hua, 2011). It is common for victims in childhood and adulthood to receive unsupportive feedback and disbelief when they disclose abuse. Feelings of betrayal can potentially occur when the victim lacks support and validation of the experiences, especially when the perpetrator is of close relationship (Ullman, 2007).

The good news is that many children showed no signs of adverse effects from the abuse in a study conducted by Kendall and Tackett et al., (1993). For those that did, one half to two-thirds of children became less symptomatic in the first year or year and a half after their disclosure, whereas 10-24% become more so. Six to nineteen percent experienced additional sexual abuse. Fears and physical symptoms dissipated the most quickly, whereas aggressiveness and sexual preoccupations were the most likely to continue or increase. In addition, these children were more likely to experience recovery if they had a supportive family environment (Kendall-Tackett, 1993). Elliott and Carnes (2001) found that the more supportive the parent is to the child victim, the less likely they are to develop emotional and behavioral problems.

Finkelhor (1990) estimates that 20-40% of CSA victims will not experience problems adjusting in later life due to the abuse suffered. Several factors are associated with the degree to which a victim of CSA adjusts as an adult. Personality factors, family characteristics, and the quality of interpersonal relationships are important determinants of adjustment after exposure to CSA. Kendall-Tackett et al., (1993) suggests that victims of CSA are likely to return to their normal functioning within 18 months of disclosing abuse. This may be due to the child's age at time of abuse. The younger the age, the more resilient they may be, whereas older children may have a harder time coping with the trauma of the abuse. Conversely, Beitchman (1991) states that younger victims may have more negative reactions due to possible length of abuse, whereas older children may show more negative reactions due to more threat or force used during abuse. Preschool children and school aged children both showed more sexualized behaviors than non-abused peers (Beitchman, 1991).

Self-esteem

Researchers and clinicians from a variety of disciplines view self-esteem as an important element in the lifespan. Self-esteem affects motivation, behavior, and satisfaction with life. Self-esteem can also be viewed as a basic human need as purported by Abraham Maslow (Crain, 2005). Rosenberg (1965) researched the development of self-image and its consequences during adolescence and adulthood. He reports that self-image is closely related to personality because self-esteem is an attitude toward the self whereby each characteristic of the self is evaluated according to a value that has developed during childhood and adolescence. The interpretation of responses from

others, whether perceived or real, in positive or negative ways is a strong indicator of self-esteem (Rosenberg).

Self-worth is intertwined with self-esteem in regards to competence and achievement. It can also be viewed as the amounts of self-acceptance or self-approval individuals have for themselves. Worth is dependent on values from society and is shaped by feedback from others. Self-esteem is both a general or global evaluation of self and a specific or selective evaluation of self. This means that people evaluate all the various aspects of the self and assign different values and meanings to them based on their own self judgment (Guindon, 2010). Both cognitive and affective attitudes have an effect on self-esteem differently (Rosenberg). This being said, self-esteem is therefore ever-changing based on the various roles in one's life and situations one encounters.

Global self-esteem is not based on effects of performance or competence as much as self-efficacy. Global self-esteem is closely related to self-acceptance and self-respect (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). Researchers propose that specific self-esteem and behavior are most relevant to each other and global esteem and psychological well-being are most relevant to each other (Rosenberg, et al., 1995). Global self-esteem is shown to be strongly related to anxiety, whereas, specific self-esteem has little direct effect on psychological well-being (Rosenberg, et al., 1995). Fishbein and Azjen (1975) model, as quoted from (Rosenberg et al., 1995) postulates that "the power of an attitude to predict a behavior is a function of how closely that attitude related to the act in question-the more specific the attitude, the greater its predictive power. If so, then a

specific self-esteem should be a better predictor of a specific behavior than is global self-esteem” (p. 144).

Self-efficacy refers to the individual’s level of confidence in achieving a specific performance level. The more self-efficacy a person has, the more successful outcomes are obtained. Bandura's self-efficacy theory asserts that all psychological treatments aid behavior change by creating and strengthening expectations of self-efficacy. Self-efficacy theory also states that self-efficacy expectations are inclined to past experience and by one's acknowledgment of accomplishment of a skill (Bandura, 1997). The ability to secure the desired outcome provides encouragement of one’s personal power. On the other hand, the inability to exert influence over events in one’s life fosters anxiety and possible despair (Bandura, 1997).

Effect of child sexual abuse on self-esteem. Logic leads to the speculation that CSA must have some impact on self-esteem. Learned helplessness is one concept that may contribute to understanding levels of self-esteem in CSA victims. In essence, given the dynamics of the abusive situation and relationship, victims are learning that their own actions do not affect what happens to them. They come to expect their future responses in these situations to be futile, which can lead to further victimization. The result is commonly referred to as “learned helplessness” (Bandura, 1982). Seligman (1975) is the original theorist for the concept of learned helplessness. He describes learned helplessness as a process where people learn that they cannot predict the outcome based on their behavior. As it relates further to CSA, people’s perceptions are adversely affected when they are repeatedly exposed to abusive events. Victims do not believe they

can make choices to protect themselves from the abuse or they limit themselves in their choices to only those things they feel will create successful outcomes. For example, if a child allows the abuse to occur, then they may believe that it may not happen as often or the abuse may not be as violent compared to if they were to try to resist it themselves and endure harsher treatment.

Traumagenic dynamics model. Finkelhor and Browne (1985) developed the traumagenic dynamics model which includes four dynamics that are used to explain the effects of CSA. This model allows for an ongoing multifaceted assessment process of the impending trauma and can be used for any type of abuse, but specifically can be used in relation to sexual abuse trauma in children. Children pre- and post- abuse, experience traumatic sexualization, stigmatization, betrayal, and powerlessness which account for a variety of outcomes. Traumatic sexualization is described using a developmental process of deceptively controlling the child's sexual development and the socialization of the child into flawed beliefs and assumptions about sexual behavior that result in interpersonal dysfunction. Betrayal involves children feeling that the person they have come to trust has caused them harm. Betrayal can also occur when someone within the family does not believe that the abuse occurred. Children will feel more betrayal the closer they are to the person in whom they trusted and the trust was damaged. Stigmatization covers all the mechanisms that weaken the child's positive self-image such as shame, exclusion, and negative stereotypes. Powerlessness comprises PTSD type mechanisms as well as the repeated aggravation of not being able to stop or escape the traumatizing experience or seek help from others. These dynamics change children's

cognitive and emotional point of reference regarding their perception of the world. As a result of the trauma, children's self-concept, world view, and affective capacities become distorted. Children can feel immobilized in their lives, and behavior problems can result (Finkelhor & Browne, 1985).

Severe forms of CSA which last longer and occur with more than one abuser may increase the amount of traumatic sexualization and sense of powerlessness (Easton et al., 2011). Results of the study completed by Fassler, Ameodeo, Griffin, Clay, and Ellis (2005), indicated that women with more severe CSA scored poorer on social adjustment, self-esteem, and life satisfaction, and were more likely to have a psychiatric problem.

Tremblay, Hébert, and Pich's (1999) results indicate that a major percentage of children exhibit internalized and externalized problems compared to the clinical average. Although, the study showed that children who are sexually abused do sustain high global self-worth. The relationship between perpetrator identity and internalizing behaviors is more critical if the perpetrator is a family member. It appears that the more a child feels supported by peers and family, the more self-worth they have and less externalized problems are reported; however, the more severe the abuse, the less likely they are to assess support from their friends. Children who use more avoidant coping strategies display more forceful and delinquent behavior problems (Tremblay et al., 1999).

Additional family conflict was associated with poorer adult outcomes, and higher family expressiveness and cohesion were consistently related with better adult outcomes. Having a positive family environment mediated the relationship between CSA and

depressed mood. These findings support the notion that a positive home environment can mediate the effects of CSA (Fassler et al., 2005). Internal and externalized behaviors were more common in younger children who are abused compared to younger non-abused children in a study conducted by Kim & Cicchetti's (2003). This finding supports the role of early parental relationships which can halt the development of behavior problems in young children.

Sexuality. Sexual self-esteem can be defined as the capacity to experience one's sexuality in a satisfying and enjoyable way (Snell & Papini, 1989). Self-esteem is affected by CSA and can result in problems with sexuality such as sexual desire, love and intimacy (Guindon, 2010). Self-esteem and attachment are connected due to performance-based sexual behaviors being tied to strong attachment bonds supported by a secure self (Schnarch, 1997). Individuals with avoidance attachment disorder may seek to avoid intimate sexual encounters. They may, in turn, seek promiscuous sex because they fear abandonment that a committed sexual relationship may bring (Guindon, 2010).

A positive definition of oneself is the key to establishing a healthy sexuality; however, children who are abused by family members, especially parents, are more likely to develop problems with their sexuality than children who are not abused (Easton et al., 2011). Incest increased the likelihood of problems with touch. Since most families are affectionate, when CSA is mixed with affection, the child can become confused if the affection is appropriate or not (Easton et al., 2011). Also, children who disclose CSA and receive a negative response can experience feelings of shame and guilt if the statements

are not accepted or believed by parents or others. This can impact the child's self-esteem into adulthood if feelings of guilt and shame are not resolved (Easton et al., 2011).

Another way that CSA can affect sexual self-esteem is noted in research from Whealin and Jackson (2002), whereby they suggest that repeated child unwanted sexual attention did affect women's sense of self. Poor body image was predicted by frequent unwanted sexual attention in childhood. Body image refers to perception of the body, including one's size, weight, or anything else that relates to physical appearance. Negative comments about one's appearance can be damaging over time. Lower self-regard can be developed when girls continually receive messages that they are not respected for their needs because their needs are seen as secondary to the perpetrators. High frequency of unwanted sexual attention also resulted in lower academic confidence. This was especially true when the unwanted attention was received at school. Girls tend to be less involved in school functions (Whealin & Jackson, 2002). The effects of unwanted childhood sexual attention were smaller compared to CSA. Looking at CSA independently, there were lower scores on academic confidence, global self-regard, and body satisfaction (Whealin & Jackson, 2002).

The study conducted by Lemieux and Byers (2008) examined the association between CSA and positive and negative outcomes of women's sexual functioning. There has been limited research looking at the link between cognitive sexual appraisals and CSA, with outcomes being diverse. Results indicate that CSA was significantly associated with seven realms of sexual functioning (adult sexual victimization, casual sex, unprotected sex, sexual withdrawal, number of sexual rewards, level of sexual costs,

and number of sexual costs). CSA involving sexual penetration or attempted sexual penetration was connected with more negative sexual functioning across the realms of adult sexual victimization, more frequent casual sex, more frequent unprotected sex, periods of sexual withdrawal, fewer sexual rewards, higher sexual costs, and lower sexual self-esteem (Lemieux & Byers, 2008). These findings indicate that the dynamics of CSA have a distinctive influence on women's long-term sexual adjustment. Non-sexual and CSA both have similar outcomes which reveal that women's abusive experiences in childhood, both sexual and nonsexual, parallel the effect of their sexual well-being in adulthood (Lemieux & Byers, 2008).

Attachment Theory

In the study of child sexual abuse, attachment theory is a useful tool in the explanation of the dynamics of the relationship between children and their abusers as well as the effects of CSA on the victims. An affectionate bond between a child and their parent or caregiver in early life impacts their human development across the lifespan (Bowlby, 1969; 1973). It is critical for parents to nurture and support their children as well as provide security and safety. A parent-child relationship characterized by consistent sensitivity to the child's needs and emotional availability promotes the child's development. Important to understanding the development of the child, are the adverse attachment styles of avoidant and anxious types formed between adults and children. The quality of the child's attachment is the main indicator of the skill level when going through the stages of development that lays the groundwork for their self-esteem and development of trust (Bowlby, 1969; 1973).

A child's early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance, and protection. Research shows that babies who receive affection and nurturing from their parents have the best chance of healthy development. A child's relationship with a consistent, caring adult in the early years is associated later in life with better academic grades, healthier behaviors, more positive peer interactions, and an increased ability to cope with stress.

Bowlby (1969; 1973) has posited that humans have an innate bonding system that keeps parents and caregivers at close proximity to their infants. He believed that infants have certain behavioral and emotional responses associated with separation that are fundamental parts of this system. This system is sensitive to what is going on in the environment in relation to the parent/child relationship. Internal working models are mental constructs that, although are constantly changing, form a base for someone's personality, relationships, beliefs, and ultimately, one's self. Internal working models may alleviate the effects of CSA on adult psychological functioning.

Attachment patterns. Ainsworth, Blehar, Waters and Wall (1978) studied different patterns of attachment in infants based on different types of care they received. These experiences in early childhood form a foundation for expectations into future relationships and how events in those relationships are interpreted. Ainsworth, et al. reported that mothers who provided infants with consistent care and emotional support

were more likely to have children with secure attachments. These infants used their mother to regulate stressful situations. Securely attached individuals are much more confident, trusting, and able to have intimate relationships with others. Mothers who are not consistent in their care and who are overprotective or inattentive were more likely to have children who had an anxious-ambivalent attachment pattern. This pattern is indicative of children who are inconsistent in their attempts to secure support from their mothers. Anxious-ambivalent individuals are likely to have difficulties such as increased amounts of conflict and dependent relationships. They have a fear others will abandon them. Mothers who are not nurturing or responsive to their infants needs produce children with an avoidant pattern. This pattern is indicative of children who do not seek support from their mothers and avoided them under stress. They also have more difficulty with intimate relationships in adulthood.

Alexander (1992) identified a variety of attachment styles such as dismissing, preoccupied, and fearful. Adult survivors of CSA who are dismissing are more likely to exhibit thoughts of denial towards the abuse. Parents who are preoccupied are more likely to have personal boundary issues. Fearful parenting styles are more likely to experience low self-esteem and personality disorders. Parents who are insecurely attached to their children are at an increased risk of not protecting their children from sexual perpetrators. The strength of the parent child relationship may influence the onset and continuation of CSA (Alexander, 1992).

Family dynamics. Most studies examined reveal that a strong factor of CSA is an unstable family environment. Applying attachment theory to child sexual abuse requires

examining the context of the family dynamics that affect the developing attachment patterns and precipitate later CSA. Mistrust is a common element among CSA victims. In cases of incest, there is certainly a broken trust between the parent and child which can affect the attachment internal working model. CSA victims also exhibit difficulties in intimate relationships because their sexual schema has been altered to such a high degree.

Sexual abuse is frequently associated with intergenerational insecure attachments. There are three main themes that are observed in families with characteristics of insecure attachments. They are rejection, role reversal/parentification, and fear/unresolved trauma. Rejection causes children to be much less likely to seek help from others or feel capable of defending themselves against abuse. Daughters who are incest victims are more likely to take on parent roles, especially with regard to their fathers. Abusive fathers have greater tendencies to desire to be parented themselves and are therefore not able to meet the needs of their children due to their own needs being unfulfilled.

Disorganized attachment dynamics are characteristic of the child not having a strategy for dealing with the separation and reunion with the parent because the parent is also both the root of and resolution of anxiety for the child. The child is disoriented and not sure how to approach the parent. This is expected to be seen in incestuous families where the perpetrating parent is both loving and abusive. These characteristics are also more common in individuals with fear or unresolved trauma. An example of this is parents who have had a history of sexual abuse themselves. Their schema of how to parent is influenced by their past abuse and how they interact and form attachments are tainted by their perceptions of that abuse that were never resolved. In summary,

attachment disturbances between any family members can lead to inability to meet one's need appropriately, difficulties with regulating oneself, and with seeking help from abuse (Alexander, 1992). Also, children with fear or unresolved trauma have decreased coping skills, which can increase the impact of sexual abuse.

The Guelzow, Cornett, and Dougherty (2002) study looked at social support systems, coping strategies, and global self-worth for victims and non-victims of CSA. Results indicate that maternal support was the only significant factor between victims and non-victims. CSA victims seem to perceive their mothers as less sympathetic and more disconnected emotionally compared with non-victims, especially when the perpetrator was a non-family member; however, when the perpetrator was a male family member, the victims felt the opposite to be true. Of the females who suffered CSA, 90% of the perpetrators were males and of these, more than 50% were family members (Guelzow, Cornett, & Dougherty, 2002). Paternal self-worth predicted global self-worth. Females tend to seek support from their fathers and can feel betrayed by their fathers if they are not present to protect them from the abuse. As a result, female victims fail to develop healthy coping skills which may lead to lower global self-worth (Guelzow et al., 2002). Families with only one parent or blended families are at greater risk. Also, parental dysfunction such as parenting problems, illness, (either mental or physical), alcoholism, drug use, and social isolation are also associated with CSA (Fergusson et al., 1996).

Other studies suggest that the consequences of CSA could be related to the quality of the child's attachment experiences both before and after the abuse experience, not just the trauma itself (Dimitrova, Pierrehumbert, Glatz, Torrisi, Heinrichs, Halfon, &

Chouchena, 2010). Attachment theory developed by Bowlby, proposes that because fearful and traumatic situations affect the attachment system throughout life, the quality of relationships can help or hurt one's ability to resolve these traumatic events. Secure attachments can assist in lowering anxiety that stems from traumatic events (Bowlby, 1973).

Affect regulation. Affect regulation and lower self-esteem are two other problems experienced by victims of CSA. Affect regulation posits that the adult uses the same strategy used by infants in dealing with anxiety within the attachment relationship. When the victim focuses more on the abuse, it brings on more depression and anxiety. When a child has unmet needs in childhood, they can grow up feeling unworthy of love and attention as adults. Looking at a person's attachment history can help to recognize the influence and impact of the individual's intimate relationships as well as parenting relationships (Alexander, 1992). The Bogaert and Sadava (2002) study investigated the relations between adult attachment and sexuality. They found that attachment security is related to greater self-reported physical appeal, whereas, anxious attachment was associated with lower physical appeal, earlier first intercourse, and lifetime sexual partners.

CSA affected adult attachment as discussed by Dimitrova et al., (2010). Adult survivors of CSA reported feeling less comfortable and more anxious with intimate relationships than non-abused women. Emotional regulation, also called "felt security," is a term that is used in the literature for attachment theory. Its meaning is reflected in one's ability to control one's emotions to feel secure. To experience felt security in close

interactions, there must be some positively influenced securely attached relationships within close proximity. This relational closeness may serve as a buffer between CSA and adult psychopathology (Dimitrova et al., 2010). These studies provide an important foundation for the examination of CSA and self-esteem.

Liem and Boudewyn (1999) study supports that CSA is more likely to occur in the context of other childhood stressors. For example, lack of supervision or extreme dependency needs can make a child more susceptible to sexual abuse. Individuals who have suffered maltreatment, that can include CSA, may also develop an adverse set of beliefs about themselves and others and an increased reliance on approval by others, which put them at further risk of exploitation as they continue as adults. Consistent with Bowlby's attachment theory, results indicate difficulties with affect regulation and impulse control among individuals who were challenged with recurring interpersonal trials that deprived them of the ability to develop secure attachments in early childhood. Also, it is not uncommon for victims to consistently blame themselves for the abuse. Interpersonally, people who blamed themselves were characterized as controlling, overly sensitive, hostile, paranoid, and increasingly vulnerable in relationships (Liem & Boudewyn, 1999). These behaviors may be viewed as protective factors exhibited in order to help them cope and to prevent them from being taken advantage of again in the future. Attachment is affected when children are learning not to reach out for help or approach others to disclose abuse because they have not been believed in the past. Their sense of trust has been damaged.

Conclusion

In summary, this review of the empirical studies clearly shows that the consequences of child sexual abuse are serious and can reveal themselves in a range of symptoms and behaviors. The age of the victim and the severity of the abuse both have an impact on long term effects into adulthood. Abuse by fathers or step-fathers has a more negative impact than abuse by other perpetrators. Experiences involving genital contact seem more serious. Presence of force seems to result in more trauma for the victim. The effects of abuse seem to be more intense for victims who have been victimized by male, adult perpetrators. When families are not supportive to the victim or if the victim has been removed from the home, there seems to be worse effects. The relationship between age of onset and the trauma is complex. Some of the effects of sexual abuse may be delayed into adulthood (Finkelhor, 1986).

The range of symptoms in some, lack of symptoms in others, as well as a lack of a dominant pattern suggests that diagnosis of CSA symptoms is complex. Symptoms cannot easily be used in formulating a PTSD diagnosis because the effects are so diverse; therefore, there needs to be more evidence before diagnosing PTSD in child sexual abuse victims. Other factors may affect the way children respond to abuse such as their intelligence, coping skills, adjustment skills, and how they interpret the abuse. It is important to consider the impact on the child's family and environment, as well as other role models in the child's life, and how they responded to the abuse disclosure (Kendall-Tackett, 1993). These studies are predominantly significant in providing a basis for the current research proposal.

The difficulty with many studies is how they categorize abuse severity; whereas some group all sexual behaviors into the same category which results in higher number of symptoms when looking at all levels of severity in sexual behaviors and symptoms. The same is true for coding the relationship to perpetrator when others say a step-father would not carry the same weight as a natural father even if the natural father is not in the home. Relationship to perpetrator should be measured by closeness within the relationship and not by using the label of family member/non-family member for defining the relationship. Another difficulty is that many researchers do not break down the ages of the children to determine the effects of the abuse based on the variety of age groups and how the abuse affects them developmentally. This would be another suggestion for future researchers.

Statement of Hypotheses

The current research proposes these hypotheses:

1. There will be a difference in the severity of CSA based on who perpetrated the abuse (children, adults or both children and adult perpetrated) and perpetrator relationship (family or non-family member).
2. There will be a difference in levels of self-esteem of CSA victims based on who perpetrated the abuse (a child, an adult or both a child and adult perpetrator) and perpetrator relationship (family or non-family member).

Chapter III

Methods

Subjects

The present study used an extant data set comprised of 404 female undergraduate students from the Psychology Subject pool at Middle Tennessee State University. Ages ranged from 18-46 with the mean age being 19.9 years. For the present study, a sub-sample was drawn from the original data that included only those subjects who had experienced child sexual abuse. Of the original 404 subjects, 182 females (45%) had experienced at least one occurrence of sexual abuse before the age of 12. Due to missing data, 5 subjects were eliminated from the study, leaving 177 subjects ranging in age from 18-46 with a mean age of 20.6 years. Approval for the study was sought from the Institutional Review Board at Middle Tennessee State University (see Appendix A).

Instruments

A questionnaire packet was developed that contained a consent form (see Appendix B), demographic questions, questions related to sexual experiences and a self-esteem scale (see Appendix C). Child sexual abuse and self-esteem were analyzed by modifying and combining two existing instruments: the Child Sexual Abuse Questionnaire (CSAQ), a modified version of Finkelhor's (1979) survey of Childhood Sexual Experiences, and the Rosenberg self-Esteem Scale (RSE) (1965). The CSAQ is not copyrighted and it is not necessary to acquire permission in order to use the questionnaire. The Questionnaire is available online and can be used by anyone for

educational and research purposes (Department of Sociology University of Maryland, 2005).

The Child Sexual Abuse Questionnaire. The Child Sexual Abuse Questionnaire (CSAQ) is a yes/no format questionnaire originally developed by David Finkelhor in 1979 (Finkelhor, 1979; Breitenbecher, 1999). The CSAQ assesses a variety of childhood sexual experiences ranging from fondling to intercourse, whether or not the experience included an element of threat. For this study, the victim's age, perpetrator's age, and whether or not the victim was threatened by the perpetrator were the items analyzed from the CSAQ. Finkelhor (1979), and Breitenbecher (1999) identified the age of 14 as the age limit of child sexual abuse survivors in this questionnaire. Of course, child sexual abuse can occur at any age, but for purposes of this study, the age range is extended to include the legal age limit of 18, as a child is considered underage until the age of 18.

There is no full psychometric data in the literature for Finkelhor's questionnaire. Most studies report the CSAQ to be a highly reliable and valid measurement of child sexual abuse experiences. Finkelhor, (1986), stated that validity of sexual abuse reports in well-established survey research may decline when victims may not remember all of the events of the experience due to the nature of the timing of the event and disclosure of the abuse in research. Finkelhor (1979) did concur that validation can come from comparisons of other studies' findings. Validity and reliability of questionnaires can also be attained through comparisons of self-reports of child sexual abuse and social service records (Tripp & Petrie, 2001).

The Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale (RSE) is a 10 item questionnaire that assesses global feelings of self-acceptance, self-respect, and self-worth (Liem & Boudewyn, 1999). The RSE consists of a Likert scale of four possible responses: 1=strongly agree, 2=agree, 3=disagree, and 4=strongly disagree. The RSE was designed as a global measurement of self-esteem and is reported to be a highly valid and reliable tool. It has a test-retest reliability of .85 and Cronbach's alpha of .83 (Connor, Poyrazli, Ferrer-Wreder, & Grahame, 2004). Liem and Boudewyn (1999), found an alpha coefficient of .88 in their study. When compared to other instruments for self-esteem, the RSE is said to be well constructed and valid (Liem and Boudewyn, 1999).

For the original data set, a factor analysis was conducted on the 10-item RSE in order to determine if any more refined constructs emerged. Two subscales emerged loading on two factors identified as self-worth and self-efficacy. Factor analysis on the total RSE scale has a reliability of .88. The two factors that emerged consisted of five items each yielding slightly lower chronbach alpha's of .79 and .80 respectively. The following statements were reflective of self-worth: 1) "I feel that I am a person of worth, at least on an equal plane with others," 2) "I feel that I have a number of good qualities," 3) "I take a positive attitude toward myself," 4) "On the whole, I am satisfied with myself," and 5) "I wish I could have more respect for myself." The remaining statements were reflective of self-efficacy: 1) "All in all, I am inclined to feel that I am a failure," 2) "I am able to do things as well as most other people," 3) "I feel that I do not have much to

be proud of,” 4) “I certainly feel useless at times,” 5) “At times I think I am no good at all.”

Procedure for Data Collection

Participants were given the questionnaire packet and informed that participation in the study would be voluntary. The students were instructed not to put any identifying information on this packet in order to assure that their identity would be protected and they would remain anonymous. Since the research questions were of a sensitive nature, they could have provoked negative responses. For that reason, the packet included resources and hotline numbers for any counseling. Any male participants or participants under the age of 18 in the Psychology pool were unable to participate.

Statistical Analysis

All data was analyzed using Statistical Package for the Social Sciences (SPSS) 20.0. Demographic information (i.e. age of respondents) and the research questions regarding prevalence rates of CSA, the relationship between the victim and perpetrator, gender of the perpetrator(s), the characteristics of the abusive experiences, as well as levels of self-esteem in those who were abused by other children and by other adults, were analyzed using descriptive statistics such as percentages and means.

The first hypothesis (i.e, there will be a difference in the severity of CSA based on whether the perpetrators are children, adults or both adults and children and perpetrator relationship) used a two-way between-groups analysis of variance (ANOVA). This allows for the examination of the individual and joint effect of two independent variables on one dependent variable. In this case, the independent, categorical variables (IV) are

perpetrators of CSA and the perpetrator relationship to the victim. The dependent, continuous variable (DV) is severity of the CSA.

Variables were created for relationship of the victim to the perpetrator. Relationships were categorized as “family” or “non-family”. Relationships for children abused before the age of 12 by another child were coded as “non-family” if they were strangers, a person you knew but not a friend, and/or a friend. They were coded as “family” if they were a niece, nephew, cousin, brother, stepbrother, sister, stepsister, uncle and/or aunt. Relationships for children abused before the age of 12 by an adult were coded as Non-family if they were “a stranger, person you knew but not a friend, a friend of yours, a friend of your parents, and or a guardian.” They were coded as Family if they were a “cousin, uncle, aunt, grandfather, grandmother, brother, stepbrother, sister, stepsister, father, stepfather, mother, and/or stepmother.”

Severity was coded as low, medium or high based on a set of the 9 behaviors taken from the questionnaire. Behaviors characterized as Low Severity were an “invitation or request to do something sexual, the other person showing his/her sex organs to you, and/or you showing your sex organs to other person.” Behaviors characterized as Medium Severity were “kissing and hugging in a sexual way, the other person fondling you in a sexual way, and/or you fondling other person in a sexual way.” Behaviors characterized as High Severity were “the other person touching your sex organs, you touching other person’s sex organs, and/or intercourse.” Based on the number of CSA instances subjects could report and the acts of the CSA, a range of severity was calculated for each subject. A simple, exclusive scoring system was

developed within which each low severity act received a score of “1”, each medium severity act received a score of “4”, and each high severity act received a score of “13”. This system ensures that a given score can only result from one set of values (i.e., a score of “9” represents two medium severity acts plus a low severity act or $4+4+1=9$). Further, no combinations of lower severity acts can reach higher severity levels (i.e., three low severity acts = 3 and three medium severity acts = 12). This system provides clarity and accuracy with regard to the interpretation of the severity scores. Therefore, victims who had been abused by a child only or an adult only could indicate from one to three instances of abuse with a range in severity from one to 39. Victims who had been abused by both a child and an adult could indicate from two to six instances of CSA with a range in severity from 2 to 78.

The second hypothesis (i.e., there will be differences in levels of self-esteem of CSA victims based on who perpetrated the abuse and the perpetrator(s) relationship to the victim) used general linear multivariate analysis of variance (MANOVA), which tests whether the subject groups have different population means based on the dependent variables considered jointly. The dependent variable (DV), young adult females' levels of self-efficacy and self-worth (subscales of the RSE), the continuous variables, were examined on the basis of their experience with CSA as perpetrated by a child or an adult or both a child and an adult and the relationship of the perpetrator(s) to the victim, which are the categorical, independent variables (IV).

CHAPTER IV

Results

In the original study, 404 questionnaires were returned from the Psychology Subject Pool. Out of this group, a subsample of 182 cases had at least one occurrence of child sexual abuse. After the elimination of subjects due to missing data, 177 subjects comprised the final sub-sample.

Descriptive statistics were used to answer the research questions that focused on prevalence rates. It was found that 79% (n=140) of the subjects in this study were abused by other children, while 8% (n=14) were abused by an adult, and 13% (n=23) experienced abuse at the hands of both children and adults. The perpetrators' relationship to the victim tended to be non-family (57% or n=101), while 23% (n=40) were family members, and 20% (n=36) of the subjects were victimized by both family members and non-family. It was not possible to determine the gender of the perpetrators due to the ambiguity in the question regarding the relationship of the perpetrator to the victim. Responses such as "a stranger, a person you knew but not a friend, a friend, a friend of your parents, a cousin, and a guardian" are gender neutral and could therefore skew the data.

Hypotheses

For the first hypothesis, a two-way ANOVA was conducted to explore the impact of who the perpetrators were (another child, an adult or both another child and an adult) and the relationship of the perpetrator to the victim (family member, non-family or both),

the independent variables, on the level of severity of the sexual abuse, the dependent variable. Preliminary assumption testing found one violation in the Levene's Test of Equality of Error Variances. The severity variable value was .008, which is less than the acceptable .05 level, therefore, a Bonferroni adjustment was computed to set a more conservative alpha level ($p = .006$). The interaction effect between the perpetrator and relationship to the victim was not statistically significant, $F(3, 169) = .97, p = .41$. There was a statistically significant main effect for the identity of the perpetrator $F(3, 169) = 7.68, p = .001$; and the effect size was large (partial eta squared = .08). Post-hoc comparisons using the Tukey HSD test indicated that the mean severity score for "both" perpetrators ($M = 19.13, SD = 9.90$) was significantly different from "child" perpetrators ($M = 9.03, SD = 8.51$) and "adult" perpetrators ($M = 10.21, SD = 4.63$). The main effects for the perpetrators' relationship to the victim (family member, non-family or both), $F(3, 169) = .25, p = .78$, did not reach significance.

For the second hypothesis, a one-way between groups multivariate of analysis (MANOVA) was conducted to determine the influence of who the perpetrators were (another child, an adult or both another child and an adult) and the relationship of the perpetrator to the victim (family member, non-family or both), the independent variables, on victims levels self-worth and self-efficacy, the dependent variable. No violations were noted in the preliminary assumption testing that was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity. The MANOVA revealed no significant differences in self worth and self-efficacy based on who the perpetrator was and/or the perpetrators'

relationship to the victims, $F(6, 336) = 1.07, p = .380$; Wilks' Lambda = .96; partial eta squared = .02.

Post Hoc Analysis

There were significant differences in levels of severity based on identity of the perpetrator. Since the significance was found for the victims of "both" child and adult perpetrators, the decision was made to examine the nature of the impact of multiple instances of abuse to assure that the results were accurate. The reasoning was that victims who were abused by "both" another child and an adult had to have reported at least two instances of abuse. However, victims of "child" only and "adult" only perpetrators could have experienced multiple instances of abuse as well. How do multiple instances of abuse affect the severity results? Descriptive statistics regarding the frequency of instances of abuse yielded the following information.

- 1) All victims of "adult" only perpetrators ($n=14$) had experienced only one abusive act.
- 2) Of the victims abused by "children" only ($n=140$), 40 reported multiple instances of abuse. They indicated experiencing a total of 91 abusive acts with 63.7% of the victims reporting two abusive acts and 36.3% reporting three abusive instances. The possible range of instances was from two to three. Their mean instance of abuse score was 2.28.
- 3) Victims of "both" child and adult perpetrators ($n=23$) reported a total of 61 abusive acts with 43.5% of them experiencing 3 abusive acts, 47.8% reporting 2 abusive acts, 4.4% reporting 4 abuses, and 4.4% reporting 5 abusive acts. The range of abusive instances was from two to six with a mean instance of abuse score of 2.65.

An independent samples t-test was conducted to compare the instances of abusive acts for subjects who experienced abuse by a “child” only and those who experienced abuse by “both” a child and an adult. There was a significant difference in the frequency of instances of abuse between the two groups with higher instance of abuse reported by victims of “both” perpetrators ($M = 2.65, SD = .76$) than the victims of “child” only perpetrators ($M = 2.28, SD = .45$); $t(61) = -2.13, p = .04$, two tailed. The mean difference in the scores was $-.38$ with a 95% confidence interval ranging from $-.74$ to $-.02$. The eta squared statistic (.036) bordered on a moderate effect size.

CHAPTER V

Discussion

The purpose of the present study was two-fold. The analysis of the data sought answers to the questions of how the perpetrator of the abuse (child, adult or both) and the relationship of the perpetrator to the victim (family member, non-family or both) impacted the severity of the abuse and then how did both variables impact victims' level of self-efficacy and self-worth. Attachment theory will be used to discuss the findings as they relate to previous research. Implications for future research and practice as well as limitations of the study will also be discussed.

Findings

Descriptive statistics were used to answer the research questions that focused on prevalence rates. Within this study, 79% (n=140) of the subjects were abused by other children while 8% (n=14) were abused by an adult, and 13% (n=23) experienced abuse at the hands of both children and adults. Other studies have found high frequencies of sexual abuse perpetrated by siblings, (Shaw, Lewis, Loeb, Rosado, and Rodriguez, 2000) and while this study found high rates of children as perpetrators, there was no significant indication of a familial relationship. In other words, there was a high prevalence of child on child abuse regardless of relationship. The majority of the perpetrators tended to be non-family 57%, while 23% were family members, and 20% of the subjects were victimized by both family members and non-family. This finding is surprising as previous research indicates that victims are more likely to experience abuse at the hands of family members (Shaw, et al., 2000).

However, Rudd and Herzberger, (1999) research indicates that parents or caregivers may view sibling sexual relationships as developmentally exploratory in nature; therefore, normalizing the abuse and minimizing the experience of abuse for the victims. While this is clearly plausible, it is beyond the scope of this study to use this as an explanation for the current findings.

Perpetrator Impact on Self-Worth and Self-Efficacy

Perpetrators' relationship to the victim. The perpetrators' relationship to the victim's did not have an impact on victims' levels of self-worth or self-efficacy. Specifically, the self-worth and self-efficacy scores of the victims were not significantly different based on their relationship to the perpetrator nor were they as low as anticipated. The self-worth mean scores for victims who were abused by family, non-family, and both family and non-family were relatively high (averaging over 3 out of a 4 point Likert scale). Similarly, the self-efficacy mean scores for CSA victims showed little variance and while slightly lower than the self-worth means, they still reflected high levels of feelings of self-efficacy, contrary to conventional logic and the findings of previous research (Kendall-Tackett, et al., 1993; Browne & Finkelhor, 1986; Cherlin, et al., 2004; Easton, et al., 2011). See Table 1.

Attachment theory may provide a partial explanation for the lack of findings regarding perpetrators' impact on CSA victims' self-esteem scores (as operationalized by self-worth and self-efficacy). Children's attachment to their parents or caregivers is of significant importance in determining their level of well-being (Bowlby, 1969). The

stronger attachment that exists, it is more likely that the child will have greater self-esteem. Given the fact that the respondents were victimized primarily by other children, their attachment to parents or caregivers was most likely not impaired by the abuse. This could account for the reason the self-esteem scores were not as low as anticipated.

Table 1

Impact of Perpetrator Relationship on Self- Esteem

		Relationship		
		Both (n=36)	Non-family (n=101)	Family (n=40)
Self-worth*	M	3.18	3.18	3.34
	SD	.63	.57	.53
Self-efficacy**	M	3.06	3.18	3.31
	SD	.71	.61	.61

* p=.37

**p=.13

In addition, research has shown that high levels of parental support lessen the impact of CSA and lead to higher levels of global self-worth (Guelzow, 2002). Finkelhor et al., (1990) estimates that 20-40% of CSA victims will not experience problems

adjusting in later life. This can be explained by the ways in which the individual copes with the abuse. There are several factors that can determine the likelihood of the victims' utilizing positive coping skills such as personality, family characteristics, and the quality of relationships that exist in the individual's life (Finkelhor, et al., 1990). Examples of healthy factors could include families in which there is emotional support as well as members being secure in their individual identities. Family involvement and support can also contribute to better coping skills and outcomes (i.e., higher levels self-worth and self-efficacy) for CSA victims. Elliott and Carnes (2001) found that the more supportive the parent is to the child victim, the less likely they are to develop emotional and behavioral problems. However, the alternative is also true. If a child does not grow up in a home with appropriate role models, and parents are not protective, then the child is more likely to develop an insecure attachment and therefore may be less able to cope with the abuse (Ainsworth et al., 1978; Alexander, 1992; Dimitrova et al., 2010).

Another reason for the lack of findings with regard to self-worth and self-efficacy could be due to the fact that CSA is an issue that is openly discussed today. In disclosing and discussing their abuse with someone, survivors are able to come to terms with what has happened to them and perhaps come to realize that the abuse was not their fault. Professional resources that are readily available to and utilized by survivors could help foster a greater sense of self-worth. It is unknown whether any of the participants in this study had been involved in any type of counseling aimed at coping with the abuse as a child. If so, such an intervention could explain the lack of findings impacting self-worth and self-efficacy in this study.

Tremblay's, et al. (1999) results indicate that children who are sexually abused do sustain high global self-worth; however, female CSA victims who did not have the support of their fathers were more likely to engage in emotion-focused coping strategies that can lead to lower levels of global self-worth. According to the stories of female survivors of CSA, the women who reported more life satisfaction and attributed the abuse to the offender's personality managed to keep their self-esteem intact whereas, survivors who blamed themselves for the abuse reported both lower levels of self-esteem and lower levels of satisfaction from life (Lev-Wiesel, 2000). These findings are of interest and are clearly important in efforts to understand the long-term consequences of CSA, however, the use of factors such as parental relationships and attribution of blame for the abuse to explain the specific results of this study is speculative. These women may have had preventive factors in their lives that had positive effects on self-worth and self-efficacy. It is impossible to determine what they were because these types of questions are clearly beyond the scope of this study.

Perpetrators' identity. Victims' levels of self-esteem (i.e. self-worth and self-efficacy) did not seem to be affected whether the perpetrators were children, adults or both. Also, as with the previous analysis, the scores were relatively high (over 3 out of a 4 point scale). See Table 2.

It would seem logical to speculate that at the very least, being a victim of CSA at the hands of both another child and an adult would have a detrimental impact on a person. While the scores of victims of both a child and an adult perpetrator are

indeed the lowest, the difference between the self-worth and self-efficacy scores for all three groups of victims was nonsignificant. Again, attachment theory may help to provide an understanding for the lack of findings. It could be that as the subjects were college students, they have grown up pursuing academics and spending time with peers, which could be indicative of people with secure attachments. Based on what is known about attachment theory, it could be speculated that college students may have been able to develop strong relationships with other role models in their life and pursue higher education goals because of the earlier foundation of a secure attachment. Securely attached children may have beliefs that their worth is tied to what they do or who they are (Bartholomew, 1990). Considering individuals who have chosen to pursue a higher education, Kenny (1987) has found that adolescents who attend higher education institutions and who are securely attached to their parents regularly display healthier adjustment when compared with those who are less securely attached. These findings show that the parent–adolescent attachment bond remains an important concept even in late adolescence.

This could help to explain why many students chose to seek higher education in order to please their parents. For example, when facing adulthood, many adolescents are obligated to individualize their life courses and identities by making decisions such as personal relationships, gaining educational credentials and employment experience, and planning for the future. Young adults who address these issues in a positive manner may be most likely to form a realistic sense of identity that can then be used to make life decisions about social resources and positions

(Schwartz, Côté, and Arnett, 2005). Adolescents who have a secure attachment can be seen as also having a strong sense of identity which could contribute to decisions to better one's self through a higher level of education.

Table 2

Impact of Perpetrator Identity on Self- Esteem

		Identity		
		Child (n=140)	Adult (n=14)	Both (n=23)
Self-worth*	M	3.23	3.40	3.04
	SD	.56	.62	.58
Self-efficacy**	M	3.20	3.29	3.03
	SD	.63	.63	.64

*p=.08

**p=.34

Perpetrator Impact on Level of Severity of Child Sexual Abuse

Perpetrators' relationship to the victim. There were no differences in the level of severity of abuse based on the perpetrators' relationship to the victim. In other words, there were no differences in severity by family, non-family and both family and non-

family members. In the current study, the perpetrators' relationship to the victim tended to be non-family 57% or (n=101) while 23% (n=40) were family members, and 20% (n=36) of the subjects were victimized by both family members and non-family. This study's findings that family members comprised a minority of the perpetrators compare with Finkelhor's, et.al., 2008 study, which showed that family members were the assailants in only 10 percent of cases. In addition, 81% of CSA victims were aged 12-17 and 29% of the perpetrators were aged 17 and younger (Finkelhor, et. al., 2008). In other words, even though the focus was on adolescents, these victims tended to be assaulted by peers rather than adults (Finkelhor, et. al., 2008).

In contrast, an earlier study reporting that girls were more likely to be abused by family members (Finkelhor, Hotaling, Lewis, & Smith 1990) was not supported by the current study. Shaw, et., al. (2000) reported findings providing mixed support for this study stating that child victims of juvenile perpetrators were more likely to be sexually abused by siblings, females to whom they were not related and with abuse occurring in school or a relative's home.

Perpetrators' identity. There was a significant effect found for the perpetrator of the abuse on levels of severity. The level of severity of the abuse was significantly higher if the victim experienced the abuse at the hands of both another child and an adult (M=19.13) as compared to levels of severity of abuse when perpetrated by another child only (M=9.03) or an adult only (M=10.21). This finding, on the surface, is straightforward and logical; however, an explanation is somewhat complex. One way of accounting for this finding involves the idea that with multiple perpetrators there is a

greater likelihood of more frequent instances of abuse and hence an increase in the severity of the abuse.

Logically, victims who were abused by both another child and an adult had to have reported at least two instances of abuse. The majority of the victims who reported CSA by one perpetrator (i.e., child only and adult only) also reported only one instance of sexual abuse. However, when comparing subjects who reported multiple instances of abuse in the child perpetrator only group to the “both” or multiple perpetrator group, it was found that although there were fewer subjects in the both group, the instances were proportionally more frequent. Furthermore, the victims in this group reported more severe levels of abuse. Multiple perpetrators, therefore, made a difference to both the severity and frequency of instances of abuse. Simple probability would support this finding in that experiencing more frequent CSA abuse at the hands of multiple perpetrators significantly increases victims’ chances of experiencing severe levels of abuse.

Multiple perpetrators as well as frequency of abuse have important implications concerning the impact of CSA on victims. The recurrence of sexual abuse in children is devastating. It must be especially so when a child is sexually abused by both a child and an adult, as this study found. Severe forms of CSA that are more frequent and occur with more than one abuser may increase the amount of traumatic sexualization and sense of powerlessness (Easton et al., 2011). If children experience sexual abuse with another child and an adult as well, a state of confusion may exist as they are not cognitively or emotionally able to deal with sexual abuse at the hands of perpetrators of such discrepant

ages. Finkelhor and Browne (1985) suggest that a child's age and stage of development at the time of the abuse may affect the level of traumatic sexualization, meaning younger children may be less aware of the implications of the sexual experiences. In fact, children often react to their own sexual abuse or exposure to sexual content by exhibiting sexually inappropriate behavior such as sexually abusing other children (Gil & Johnson, 1993).

Interestingly, a review of the research with regard to this specific finding has failed to find similar results (i.e., severity increases with child and adult perpetrators). A literature review of 90 articles did not report any studies that discussed a child being sexually abused by both a child and adult before the age of 12. What the majority of previous research does report is that it is common for CSA victims to be revictimized (Coid, Petruckevitch, Feder, Chung, Richardson, and Moorey, 2001); Fergusson, Lynskey, and Horwood, (1996). Revictimization is a term that does apply to this study, however, typically in empirical research it means that if a child is sexually abused, he or she will likely be abused as an adolescent and perhaps as an adult. It is more accurate to this research finding to use the terms "multiple" abuse occurrences and "multiple" perpetrators. This may be an important distinction for future research.

Conclusions

This study examined children under 12 who had been sexually abused. It was found that CSA was more severe when children are abused by both another child and adult. Multiple perpetrators also impacted frequency of abuse. Severity was not impacted, however, by the perpetrators' relationship to the victim. The majority of

perpetrators were non-family members, although this was not expected. There was minimal impact of CSA on self-efficacy and self-worth. Also alarming was the high number of children abused by another child.

Limitations. This study used a sample of college students. College students are thought to be a higher functioning group of the population, therefore, it may be more likely for them to have higher self-esteem. The students completed the questionnaire from their own perspective of the abuse. Considering that the abuse occurred before the age of 12, there may have been lapses in memory or details from the incident that they did not remember.

Implications for research. Research on the topic of CSA is critically important given the impact of the problem on society. Current studies focus on a range from risk factors for abuse to treatment practices for child sexual abuse victims. This study should be replicated with a new group of similar aged college students. It would be interesting to see what changes there would be in the awareness of CSA since the original study was completed and if that would influence people's perception of their own abuse as well. Qualitative research methods that would include interviews with CSA victims would produce a deeper and perhaps better look into victims' variety of experiences and would help determine the effects of abuse on the individuals to a greater degree.

In addition, it would be important to have questions geared at attachment to be used in determining the victims' reported level of attachment to the abuser and compare that also with self-esteem. In this study, participants were not able to discuss their

rationalization of the abusive behaviors as it was influenced by their relationship to the perpetrator. It would be essential in future studies to look at the reported severity of abuse and relationship to the perpetrator with regard to perceptions of the victim's abuse. Also, the response from family members to the abuse disclosure would be an interesting factor to examine closer.

More importantly, there needs to be a much more comprehensive and exhaustive way to document and record statistics of child abuse that occurs in all three areas of physical, sexual, and neglect abuse. As noted earlier, these types of abuse tend to co-occur. Currently, it would be easy to potentially miss a child victim due to the way statistics are reported nationally, statewide and locally. Also, it is necessary to develop new approaches to accurately count sibling sexual abuse or child on child sexual abuse and to determine whether the abuse was abusive or exploratory in nature. The age difference between the victim and abuser is a huge factor that needs to be considered in state and national reports of CSA.

Implications for practice. There is a need for theory and research that integrates each area of child abuse on a developmental level. Children experience a range of risk factors based on their developmental age, therefore, it is critical to understand how these children at various ages are at risk and how adults and professionals can help children learn ways to react and cope to the potential danger of child abuse (Finkelhor & Dzuiba-Leatherman, 1994). Prevention programs that teach personal safety, life skills, and social skill development, should be utilized and studied as to their effectiveness. It is imperative that children are learning the dangers of CSA and be given tools to help them keep

themselves as safe as they possibly can. This is also true for parents and community members. They, too, have a role in protecting our future. Parents who are insecurely attached to their children are at an increased risk of not protecting their children from sexual perpetrators (Alexander, 1992).

Also, important to child development and their self-esteem is learning more about children's disclosure practices and how they differ based on age. Research involving how adults can support children by creating an open climate in which to share their abusive experiences by allowing them developmentally appropriate ways of sharing and disclosing abuse should be addressed in future studies. This can also eliminate a lot of unnecessary grief for the child when disclosure is done sooner rather than later. The benefit would entail a greater sense of self when help is sought at initial disclosure of abuse.

Counseling programs should focus on treating survivors of child sexual abuse and their co-occurring symptoms, such as mental health problems, eating disorders, etc., as well as practical things such as coping strategies. Practitioners should assist with identifying resources in the community and accessing social support. Perhaps incorporating attachment style parenting into counseling and parenting programs would help to foster stronger parental relationships. Continuing to educate parents and the community about child sexual abuse is an ongoing need.

Overall, this study has found that experiencing more frequent instances of CSA by multiple perpetrators, particularly both child and adult perpetrators, increases the

likelihood of more severe levels of abuse. Further research is required to determine the impact of multiple occurrences of CSA on self-worth and self-efficacy. The implications are clear that CSA has detrimental and long-lasting effects on children, adolescents, and adults and, ultimately, society. Hopefully, community leaders, educators, and researchers can continue to draw attention to ways in which the occurrence of CSA can be minimized. Most importantly, there is also a need for victims of CSA to come forth and tell their stories so that healing can take place and therefore enable others to disclose their own abuse.

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APPENDICIES

Appendix A
Institutional Review Board Approval Letter



October 5, 2012

Kristina Casterline, Dr. Beth Emery
Department of Human Sciences
kmcas1021@aim.com, beth.emery@mtsu.edu

Protocol Title: "Effects of the Severity of Child Sexual Abuse and Perpetrator Relationship on College Females' Self Esteem"

Protocol Number: 13-079

Dear Investigator(s),

The exemption is pursuant to 45 CFR 46.101(b) (4). This is because the research being conducted involves the collection or study of existing data, documents, records etc. and the information is being recorded in such a manner that subjects cannot be identified.

You will need to submit an end-of-project report to the Office of Compliance upon completion of your research. Complete research means that you have finished collecting data and you are ready to submit your thesis and/or publish your findings. Should you not finish your research within the three (3) year period, you must submit a Progress Report and request a continuation prior to the expiration date. Please allow time for review and requested revisions. Your study expires on **October 5, 2015**.

Any change to the protocol must be submitted to the IRB before implementing this change. According to MTSU Policy, a researcher is defined as anyone who works with data or has contact with participants. Anyone meeting this definition needs to be listed on the protocol and needs to provide a certificate of training to the Office of Compliance. If you add researchers to an approved project, please forward an updated list of researchers and their certificates of training to the Office of Compliance before they begin to work on the project. **Once your research is completed, please send us a copy of the final report questionnaire to the Office of Compliance.** This form can be located at www.mtsu.edu/irb on the forms page.

Also, all research materials must be retained by the PI or faculty advisor (if the PI is a student) for at least three (3) years after study completion. Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,
Andrew W. Jones
Graduate Assistant to:
Emily Born
Compliance Officer
615-494-8918
Emily.Born@mtsu.edu

Appendix B

Consent form

Consent Form

You are being asked to fill out a questionnaire packet that consists of this consent form, demographic questions, questions on sexual experiences and self-esteem. In addition, there is a resource list that you may detach and take with you that provides names of service providers who are trained in dealing with the needs of victims of sexual abuse. The questionnaires are identical and deal with topics that are of a sensitive nature. Participation in this study is strictly voluntary. If at anytime you wish to terminate your participation, you may do so without any repercussions. If you are male or an individual under the age of 18, you may not participate in this study.

To protect your confidentiality, do not put your name anywhere on the questionnaire packet. The consent forms and questionnaire packets will be sealed in an envelope before I leave the classroom. The sealed envelope will be taken to a private area where it will be locked in a file box in a locked filing cabinet.

Participation in this research indicates consent. If you do not wish to give consent, you should not participate. If you choose to stop participating partially through completing the questions and wish to withdraw, your data will be destroyed.

This study is not a diagnostic; participating in the study does not classify you as a victim, or indicate a diagnosis of sexual abuse. If you have any questions, please contact people in the resource list or feel free to contact me at (931) 455-4537 or my thesis advisor, Dr. Beth Emery, at extension 2468.

April 9, 2003

Appendix C

Questionnaire

Part I.

1. What is your gender?
 - a. Male
 - b. Female
2. What was your age at your last birthday? _____
3. What is your marital status?
 - a. Single
 - b. Married
 - c. Separated or divorced
 - d. Widowed

Part II.

Choose three sexual experiences- or however many up to three-that you had before the age of 12 with other children. Pick the three most important and answer the following questions about them. Take one experience and answer all the questions on the 2 pages that pertain to it, and then return to answer the same questions about experiences #2 and #3.

No such experience [] Go to Part III.

Experience #1 Experience #2 Experience #3

- | | | | |
|---|-------|-------|-------|
| 4. About how old were you at the time | _____ | _____ | _____ |
| 5. Approximate age of the other person(s) | _____ | _____ | _____ |
| 6. Gender of the other person(s): (circle appropriate response). | | | |
| a. for male | | | |
| b. for female | 1 2 | 1 2 | 1 2 |
| 7. Relationship to other person(s): (circle appropriate response) | | | |
| a. Stranger | 1 | 1 | 1 |
| b. Person you knew, but not friend | 2 | 2 | 2 |
| c. Friend | 3 | 3 | 3 |
| d. Niece or nephew | 4 | 4 | 4 |
| e. Cousin | 5 | 5 | 5 |
| f. Brother | 6 | 6 | 6 |
| g. Sister | 7 | 7 | 7 |

2.

8. What happened? (Circle 1 for Yes or 0 for No for each line.)

	Yes	No	Yes	No	Yes	No
a. An invitation or request to do something sexual	1	0	1	0	1	0
b. Kissing and hugging in a sexual way	1	0	1	0	1	0
c. Other person showing his/her sex organs to you	1	0	1	0	1	0
d. You showing your sex organs to other person	1	0	1	0	1	0
e. Other person fondling you in a sexual way	1	0	1	0	1	0
f. You fondling other person in a sexual way	1	0	1	0	1	0
g. Other person touching your sex organs	1	0	1	0	1	0
h. You touching other person's sex organs	1	0	1	0	1	0
i. Intercourse	1	0	1	0	1	0

9. Who started this?

(Circle 1 for you 2 for other person.)

	You	Other	You	Other	You	Other
	1	2	1	2	1	2

10. Did other person(s) threaten or

force you? (Circle)

a. Yes	1	1	1
b. A Little	2	2	2
c. No	3	3	3

11. Did you threaten or force other

person(s)?

a. Yes	1	1	1
b. A little	2	2	2
c. No	3	3	3

12. Over how long a time did this go on? _____

13. In Retrospect, would you say that this

experience was : (Circle appropriate response)

a. Positive	1	1	1
b. Mostly Positive	2	2	2
c. Neutral	3	3	3
d. Mostly negative	4	4	4
e. Negative	5	5	5

Now go back and answer the questions for experience #2 and then again for #3.

Part III.

Now think of three sexual experiences-or however many up to three-that you had before the age of 12 with an adult including strangers, friends, friends of the family, or family members. Pick the three most important to you and answer the following questions.

3.

Answer the questions the same way as before with Experience #1 being first.

No such experience [] Go to Part IV.

Experience #1 Experience #2 Experience #3

14. About how old were you at the time _____

15. About how old was the other person _____

16. Was the other person:

Circle 1 for male

2 for female

1 2 1 2 1 2

17. Was the other person: (Circle appropriate response)

a. a stranger	1	1	1
b. a person you knew, but not a friend	2	2	2
c. a friend of yours	3	3	3
d. a friend of your parents	4	4	4
e. a cousin	5	5	5
f. an uncle or aunt	6	6	6
g. a grandparent	7	7	7
h. a brother	8	8	8
i. a sister	9	9	9
j. a father	10	10	10
k. a stepfather	11	11	11
l. a mother	12	12	12
m. a stepmother	13	13	13

18. What happened? (Circle 1 for Yes or 0 for No.)

	Yes	No	Yes	No	Yes	No
a. an invitation or request to do something sexual	1	0	1	0	1	0
b. Kissing and hugging in a sexual way	1	0	1	0	1	0
c. Other person showing his/her sex organs to you	1	0	1	0	1	0
d. You showing your sex organs to other person	1	0	1	0	1	0
e. Other person fondling you in a sexual way	1	0	1	0	1	0
f. You fondling other person in a sexual way	1	0	1	0	1	0
g. Other person touching your sex organs	1	0	1	0	1	0
h. You touching other person's sex organs	1	0	1	0	1	0
j. Intercourse	1	0	1	0	1	0

4.

(Circle appropriate response)

	You	Other	You	Other	You	Other
	1	2	1	2	1	2
19. Who started this?						
20. Did other person threaten or force you?						
a. Yes		1		1		1
b. A little		2		2		2
c. No		3		3		3
21. Did you threaten or force other person?						
a. Yes		1		1		1
b. A little		2		2		2
c. No		3		3		3
22. Over how long a time did this go on?						
23. In retrospect, would you say this experience was						
a. Positive		1		1		1
b. Mostly positive		2		2		2
c. Neutral		3		3		3
d. Mostly Negative		4		4		4
e. Negative		5		5		5

Now go back and answer the questions for experience #2 and then again for #3.

Part IV.

Now think of sexual experience you had after the age of 12 but before the age of 18 with a family member or relative, including cousins, uncles, aunts, brothers, sisters, grandparents, mother or father, a guardian, or a close friend of a parent. (If this experience was described in a previous section, do not repeat it.) Pick the three most important to you and answer the following questions.

No such experience [] Go to Part V.

Experience #1 Experience #2 Experience #3

24. About how old were you at the time _____

25. About how old was the other person _____

5.

26. Was the other person:
Circle 1 for male or 2
for female

1	2	1	2	1	2
---	---	---	---	---	---

27. Was the other person: (Circle appropriate response)

a. a cousin	1	1	1
b. an aunt or uncle	2	2	2
c. a grandparent	3	3	3
d. a brother or sister	4	4	4
e. a parent	5	5	5
f. a step-parent	6	6	6
g. a guardian	7	7	7
h. a close friend of a parent	8	8	8

28. What happened? (Circle 1 for Yes or 0 for No for each.)

	Yes	No	Yes	No	Yes	No
a. An invitation or request to do something sexual	1	0	1	0	1	0
b. Kissing and hugging in a sexual way	1	0	1	0	1	0
c. Other person showing his/her sex organs to you	1	0	1	0	1	0
d. You showing your sex organs to other person	1	0	1	0	1	0
e. Other person fondling you in a sexual way	1	0	1	0	1	0
f. You fondling other person in a sexual way	1	0	1	0	1	0
g. Other person touching your sex organs	1	0	1	0	1	0
h. You touching other person's sex organs	1	0	1	0	1	0
j. Intercourse	1	0	1	0	1	0

29. Who started this?

You	Other	You	Other	You	Other
1	2	1	2	1	2

30. Did the other person threaten or force you?

a. Yes	1	1	1
b. A little	2	2	2
c. No	3	3	3

31. Did you threaten or force the other person?

a. Yes	1	1	1
b. A little	2	2	2
c. No	3	3	3

32. Over how long a time did this go on? _____

6.

33. In retrospect, would you say this experience was

- | | | | |
|--------------------|---|---|---|
| a. Positive | 1 | 1 | 1 |
| b. Mostly Positive | 2 | 2 | 2 |
| c. Neutral | 3 | 3 | 3 |
| d. Mostly Negative | 4 | 4 | 4 |
| e. Negative | 5 | 5 | 5 |

Now go back and answer the questions for experience #2 and then again for #3.

Part V.

Now think of any sexual experience after the age of 12 before the age of 18 with a non-family member. Pick up to 3 experiences if you need to. (Once again do not repeat describing any experience that you have previously described.)

No such experience [] Go to Part VI.

Experience #1 Experience #2 Experience #3

34. About how old were you at the time _____

35. About how old was the other person _____

36. Was the other person:

Circle 1 for male or
2 for female

1 2 1 2 1 2

37. Was the other person:

- | | | | |
|--------------------------------|---|---|---|
| a. a stranger | 1 | 1 | 1 |
| b. a friend | 2 | 2 | 2 |
| c. an acquaintance | 3 | 3 | 3 |
| d. a boyfriend/girlfriend/date | 4 | 4 | 4 |

38. What happened? (Circle 1 for Yes or 0 for No for each.)

- | | Yes | No | Yes | No | Yes | No |
|--|-----|----|-----|----|-----|----|
| a. An invitation or request to do something sexual | 1 | 0 | 1 | 0 | 1 | 0 |
| b. Kissing and hugging in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| c. Other person showing his/her sex organs to you | 1 | 0 | 1 | 0 | 1 | 0 |
| d. You showing your sex organs to other person | 1 | 0 | 1 | 0 | 1 | 0 |
| e. Other person fondling you in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| f. You fondling other person in a sexual way | 1 | 0 | 1 | 0 | 1 | 0 |
| g. Other person touching your sex organs | 1 | 0 | 1 | 0 | 1 | 0 |

- 7.
- | | | | | | | |
|---|---|---|---|---|---|---|
| h. You touching other person's sex organs | 1 | 0 | 1 | 0 | 1 | 0 |
| j. Intercourse | 1 | 0 | 1 | 0 | 1 | 0 |
39. Who started this?
- | | | | | | | |
|--|-----|-------|-----|-------|-----|-------|
| | You | Other | You | Other | You | Other |
| | 1 | 2 | 1 | 2 | 1 | 2 |
40. Did other person threaten or force you?
- | | | | |
|-------------|---|---|---|
| a. Yes | 1 | 1 | 1 |
| b. A little | 2 | 2 | 2 |
| c. No | 3 | 3 | 3 |
41. Did you threaten or force other person?
- | | | | |
|-------------|---|---|---|
| a. Yes | 1 | 1 | 1 |
| b. A little | 2 | 2 | 2 |
| c. No | 3 | 3 | 3 |
42. Over how long a time did this go on? _____
43. In retrospect, would you say this experience was
- | | | | |
|--------------------|---|---|---|
| a. Positive | 1 | 1 | 1 |
| b. Mostly Positive | 2 | 2 | 2 |
| c. Neutral | 3 | 3 | 3 |
| d. Mostly Negative | 4 | 4 | 4 |
| e. Negative | 5 | 5 | 5 |

Now go back and answer the questions for experience #2 and then again for #3.

Part VI.

This section is for experiences after the age of 18.

Answer Yes or No

44. Have you ever had intercourse with an individual when you both wanted to? _____
45. Have you ever had an individual misinterpret the level of sexual intimacy you desired? _____
46. Have you ever been in a situation where an individual became so sexually aroused that you felt it was useless to stop them even though you did not want to have sexual intercourse? _____
47. Have you ever had sexual intercourse with an individual even though you really didn't want to because they threatened to end your relationship otherwise? _____
48. Have you ever had sexual intercourse with an individual when you really didn't want to because you felt pressured by their continual arguments? _____

8.

49. Have you ever found out that an individual obtained sexual intercourse with you by saying things that they didn't really mean? _____
50. Have you ever been in a situation where an individual used some degree of physical force to try to make you engage in unwanted kissing or petting? _____
51. Have you ever been in a situation where an individual tried to get sexual intercourse with you when you didn't want to by threatening to use physical force if you didn't cooperate, but for various reasons sexual intercourse did not occur? _____
52. Have you ever been in a situation where an individual used some degree of physical force to try to get you to have sexual intercourse with them when you didn't want to, but for various reasons sexual intercourse did not occur? _____
53. Have you ever had sexual intercourse with an individual when you didn't want to because they threatened to use physical force if you didn't cooperate? _____
54. Have you ever had sexual intercourse with an individual when you didn't want to because they used some form of physical force? _____
55. Have you ever been in a situation where an individual obtained sexual acts other than penetration with you when you didn't want to by using threats or physical force? _____
56. Have you ever been raped? _____

Part VII.

Below is a list of statements dealing with your general feelings about yourself when you were a child and now. (Circle 1. for Strongly Agree, 2. for Agree, 3. for Disagree, and 4. Strongly Disagree for each.)

	SA	A	D	SD
57. I feel that I am a person of worth, at least on an equal plane with others.	1	2	3	4
58. I feel that I have a number of good qualities.	1	2	3	4
59. All in all, I am inclined to feel that I am a failure.	1	2	3	4
60. I am able to do things as well as most other people.	1	2	3	4
61. I feel that I do not have much to be proud of.	1	2	3	4
62. I take a positive attitude toward myself.	1	2	3	4
63. On the whole, I am satisfied with myself.	1	2	3	4
64. I wish I could have more respect for myself.	1	2	3	4
65. I certainly feel useless at times.	1	2	3	4
66. At times I think I am no good at all.	1	2	3	4